

Panaceon Healthcare Ltd

Chapel View Care Home

Inspection report

1 Spark Lane
Mapplewell
Barnsley
South Yorkshire
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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Chapel View Care Home is a care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can accommodate up to 37 people in one adapted building. Accommodation is spread over two floors. At the time of this inspection there were 31 people living at Chapel View Care Home.

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

People told us they felt safe living at Chapel View Care Home. Comments from people included, "The staff always check I'm alright. They are all very good" and "The staff are excellent. There's enough of them."

Staff had received training in protecting vulnerable adults from abuse. There were systems in place to manage risks to people. There were enough staff employed to meet people's care and support needs in a timely manner. Safe procedures were in place to make sure people received their medicines as prescribed.

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.

The service was well-led. Comments about the managers were positive. There were effective systems in place to monitor and improve the quality of the service provided. The provider had a comprehensive set of policies and procedures covering all aspects of service delivery.

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

Rating at last inspection

The last rating for this service was good (published 25 March 2020).

Why we inspected

We received concerns in relation to staff conduct and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from the concerns. Please see

the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chapel View Care Home on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chapel View Care 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 team was made up of two inspectors.

Service and service type

Chapel View Care Home 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. Chapel View Care Home is a care home without 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 April 2022 and ended on 28 April 2022. We visited the service on 26 April

2022.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners and safeguarding team, and from Healthwatch, Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived at Chapel View Care Home and five of their relatives about their experience of the care provided. We met with the deputy manager. The manager was on annual leave at the time of this inspection. We spoke with six members of staff.

We observed daily life in the service. We looked around the building to check environmental safety and cleanliness. We looked at written records, which included four people's care records and four staff recruitment files. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing the provider's audits and satisfaction surveys.

Is the service safe?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Chapel View Care Home. Relative's confirmed this, "Anything wrong they do ring me up straight away. I do feel my [relative] is properly cared for. Any concerns I would raise them. I have no qualms about the care they receive" and "I know [my relative] is happy, so I am happy."
- Staff confirmed they had received training in safeguarding vulnerable adults from abuse. Staff were confident any concerns they raised would be taken seriously by management.
- There were systems in place to record safeguarding concerns raised with the local authority, the action taken and the outcome.
- The provider was responsible for managing small amounts of money for people living at Chapel View Care Home. We saw the administrator kept an accurate financial record for each person.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Risks to people were assessed and recorded. Care records contained guidance for staff on how to best manage these risks.
- Accidents and incidents were recorded with details of the action taken by staff at the time. The manager had a system in place to track and analyse events, including any safeguarding concerns, to establish whether there were any lessons learnt to be shared with staff.
- Regular checks of the building and the equipment were carried out to help keep people safe.
- Risks to people in the event of a fire were regularly reviewed. People had individual personal evacuation plans in place to be followed in the event of an emergency.

Staffing and recruitment

- Recruitment processes were safe. Recruitment files contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) reference number. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks help employers make safer recruitment decisions.
- There were enough staff employed to meet people's needs in a timely way. A member of staff told us, "There are now five [care] staff on shift all the time. This allows us more time to have conversations with people rather than just running about constantly." A relative said, "There are always staff about and you can always find someone to assist."
- There was an effective staff dependency tool in place to assess how much support people needed. This meant staffing levels were regularly reviewed and amended to meet the current identified needs of people living at Chapel View Care Home.

Using medicines safely

- Medicines were managed safely. Medicines were stored securely and within safe temperature ranges.
- Medicines were dispensed appropriately. Senior care staff took responsibility for dispensing medicines. They had received training in medicines management and their competency in this area was checked. We saw the senior care worker was very respectful of people's privacy and dignity when supporting people with medicines.
- Some people required medicines as and when required (PRN). We saw there was some information and guidance for staff as to when people might need their PRN medicines. However, we found people's care records would benefit from more information as to what the medicine was for and how staff can recognise when it is needed. We spoke with the deputy manager about this and they agreed to update people's care records.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was taking place in accordance with the current government guidance.

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.

At our last comprehensive inspection, we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had been in post for approximately two months at the time of this inspection. We were told they were in the process of applying for registration with CQC.
- The provider had purchased a comprehensive set of policies and procedures. We saw these reflected current legislation and good practice guidance. They had been amended to ensure they followed local protocols.
- There were effective quality assurance and governance systems in place to assess the safety and quality of the service. Any issues identified were recorded and acted upon. For example, the activities audit undertaken in March had identified people wanted more trips out and these were being arranged.
- The provider kept oversight of the service by regularly visiting and completing provider audits.

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

- People living at Chapel View Care Home and their relatives told us they thought the service was well managed. A relative told us, "[Name of deputy manager] is brilliant, really good. She is there a lot, including weekends. She rings me up and explains what is going on. Very helpful."
- Staff told us they felt supported by the managers. Comments included, "I can always go straight to [name of deputy manager] or [name of manager]. They are approachable" and "[Name of deputy manager] is very good, very helpful, I can go to any of them [manager, deputy manager and administrator] anytime. They will all help you."
- It was clear from our observations of staff interactions they were committed to providing person centred care and respecting people's needs and preferences.
- The provider continued to ensure the ratings from their last inspection were clearly displayed on the premises and their website.

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

- There were systems in place to ask people living at Chapel View Care Home and the staff for their views of the service. Staff confirmed they attended team meetings. A member of staff told us, "We have staff meetings and flash meetings daily." The deputy manager told us resident's meetings were to be re-introduced now there was an activity coordinator in post.

- The provider sent out satisfaction surveys to people, their visitors, staff and visiting professionals. Staff confirmed they were asked for their views of the service via questionnaires, however some staff told us they did not always get informed of any outcomes.
- The deputy manager was keen to re-establish links with the local community as the COVID-19 pandemic lockdown eased.
- The deputy manager told us they had developed a good working relationship with the local GP surgery and local authority commissioners.