

Countrywide Care Homes (2) Limited

Mary Chapman Court

Inspection report

Mary Chapman Close
Dussindale
Norwich
Norfolk
NR7 0UD

Tel: 01603701188

Date of inspection visit:
09 October 2023
26 October 2023

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08 November 2023

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

Mary Chapman Court is a residential care home providing accommodation and personal care to up to 34 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 29 people using the service.

Mary Chapman Court is split across two floors. All bedrooms have a wash hand basin and toilet. There are shared bathrooms and living areas located on each floor. In addition, the care home has a private enclosed garden.

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

Information relating to the reason for administration of 'as required medicines' was not consistently recorded. The registered manager took action during the inspection to address this shortfall. Staff had received training in the safe administration and management of medicines.

Staff provided mixed feedback regarding the staffing levels in the service. The registered manager shared with us processes in place to ensure staffing levels were appropriate. This was regularly reviewed to ensure people's needs were met.

People told us they felt safe. Risks to people's safety were assessed and measures were in place to mitigate risk of harm.

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.

A process was in place to ensure staff were safely recruited. Staff received a robust induction and further training which equipped them for their role.

There were systems in place to monitor the quality and standard of care at the service. Where shortfalls were identified, actions were implemented to support making improvements.

Relatives spoke highly of the registered manager and staff. One relative said, "The registered manager and staff try hard to provide good care. They are all passionate about people and putting their needs first. Staff are very welcoming, passionate, and caring."

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 29 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mary Chapman Court 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.

Mary Chapman Court

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.

Inspection team

This inspection was conducted by 1 inspector, an inspector from the CQC medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mary Chapman Court 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. Mary Chapman Court 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 09 October 2023 and ended on 26 October 2023. We visited the service on 09 October 2023. A member of CQC medicines team visited the service on 17 October 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 2 relatives about their experience of the care provided. We received feedback from 12 members of staff including the registered manager, regional director, kitchen staff, senior care workers and care staff.

We reviewed a range of records. This included 6 people's care records and numerous medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed.

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

Using medicines safely

People were supported to receive their medicines in a way that was not always safe.

People received their medicines safely but some processes required strengthening to ensure best practice was always followed. For example, safe storage of creams and where pain patches were applied on people's bodies. The registered manager rectified these issues during the inspection.

When people received medicines 'as needed', there was guidance in place for staff to follow to ensure these were administered appropriately. Further detail was needed in some of the guidance and the registered manager responded promptly when this was brought to their attention.

Staff had been assessed as competent to give people their medicines. Senior staff carried out frequent checks of medicines. Records showed that people received their medicines as prescribed. People received regular reviews of their medicines by prescribers.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

The systems and processes in place kept people safe from potential harm and abuse. Staff had received safeguarding awareness training and were aware of their responsibility in recording and reporting concerns. People and their relatives told us they/their family member felt safe at the service. One person told us, "I feel safe and secure. I only have to ring a bell, and someone comes."

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

Risk assessments provided information to direct staff to mitigate risk as far as possible. For example, where a person was at risk of falls at night, a mat had been put in place next to their bed. This reduced risk of injury should the person roll out of bed at night.

Staff recognised potential risk and made appropriate referrals to external professionals. For example, where a person had experienced a decrease in their weight, a referral had been made to the dietician.

Staffing and recruitment

The provider operated safe recruitment processes.

A process was in place to ensure suitable staff were recruited safely to the service. This included obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We received mixed feedback from staff regarding staffing levels in the home. We discussed this with the registered manager who told us a dependency tool was used and regularly reviewed to ensure safe staffing

levels were in place. In addition, recent recruitment had taken place to fill vacancies. On the day of our inspection people were responded to in a timely manner.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

The environment was clean and there were no malodours. A compliment of housekeepers were employed to maintain the cleanliness of the environment.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Relatives and friends were encouraged to visit the care home when they chose.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

The registered manager maintained a log of incidents and accidents. These were regularly analysed to see where improvements could be made to the quality and standard of care.

Outcomes of incidents and accidents were discussed with staff in shift handovers, team meetings and supervisions, and were used to support driving improvement to the quality and standard of care.

Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

The provider was working in line with the Mental Capacity Act.

People's records contained information to enable staff to support people in the decision-making process. Staff had completed training in mental capacity awareness and understood how to apply this in their role. A relative said, "[Family member] loves the care staff, they're really good. They talk to [family member] and not over them."

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 inspection we rated this key question good. At this inspection the rating 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

The provider had systems to provide person-centred care that achieved good outcomes for people. Various processes were in place to obtain feedback from people, their families, professionals and staff. These included surveys, meetings, newsletters and management observations of staff practice.

Minutes of a residents meeting showed there had been discussion about sandwich filling options. We saw changes which had been made to the menu as a result of this so people could have options which they preferred.

We received some mixed feedback from people and their families about the staff. One person said, "They're all wonderful, including the registered manager. It feels like home." Another person told us, "Most care staff are very good, a few a bit iffy." We fed this back to the registered manager who told us they would take action to address this.

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

The provider understood their responsibilities under the duty of candour.

The registered manager conducted reviews of complaints, incidents and accidents and made apologies to people and their families when required.

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

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

A robust quality assurance system was in place which was effective in identifying shortfalls in the quality and standard of care.

An improvement plan was in place which was updated to reflect actions taken to address shortfalls. This was overseen by the regional director and actions signed off when completed.

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

The registered manager welcomed feedback and used this to support with making improvements in the service.

Staff supervisions provided opportunity for discussions to take place regarding learning and development. A staff member told us, "The registered manager is professional and supportive. They have provided support to assist me with personal development." Another staff member said, "The registered manager is knowledgeable and helpful. [Registered manager] helped me with completing areas of training courses I struggled with."

Working in partnership with others

The provider worked in partnership with others.

The registered manager and staff team had built an effective working relationship with the community health team, seeking support and guidance where required.

A professional told us, "Care staff have worked well with community nurses if support is required to achieve a person-centred approach, with good liaison and team work."