

Enter and View Report The Chapel House



Care Home Contact Details:

The Chapel House,
Chapel House Lane,
Puddington,
Neston, CH64 5SW

Date of Visit: 14th Aug 2018

Time of Visit: 10:00am

Healthwatch Cheshire Authorised Representatives:

Andrew Pleass, and Pat Clare,

Chapel House Staff Present:

Gemma Kendall - Registered Mental Nurse - Acting Home Manager

Tony - RGN, Duty Manager (days)

Kim - Health Care Assistant

Martin - Care Worker (Kitchen)

Catrina Moore - Provider/ Dementia Resource Community

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Cheshire, Denton Drive, Northwich, Cheshire, CW9 7LU Tel: 0300 323 0006

1. Description & Nature of Service

Group : [Dementia Resource Community](#)

Person in charge: Kim Dawson (Manager)

Local Authority / Social Services: Cheshire West and Chester Council ([click for contact details](#))

Type of Service: Care Home with nursing - Privately Owned , Registered for a maximum of 35 Service Users

Registered Care Categories*: Dementia • Old Age

Specialist Care Categories: Alzheimer's

Admission Information: Ages 65+.

Single Rooms: 29

Shared Rooms: 3

Rooms with ensuite WC: 10

Facilities & Services: Day Care • Smoking not permitted • Lift • Wheelchair access
• Gardens for residents

(Information taken from www.carehome.co.uk)

Latest Care Quality Commission* Report on The Chapel House: A CQC inspection ([December 2017](#)) rated the home as OUTSTANDING with extremely favourable comments recorded on the strength of leadership and responsiveness.

Website information: The homes own website states -

“We pride ourselves on our ability to meet needs in a kind, compassionate, caring, fun and safe environment. Our role is to enrich life, promote wellbeing and ensure that our family members are sensitively supported, working with their relatives to help support them in an inclusive and open environment. “

On this visit representative were keen to see how these stated aims are delivered in the actual home environment.

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives at the time of the visit.

4. Purpose of the Visit

- To enable Healthwatch Cheshire Representatives to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire Representatives to observe how the service delivers on the statements it advertises on its website

5. Introduction/Orientation to Service

On arrival Representatives were met by Tony (Registered General Nurse) who asked us to be seated whilst he found Gemma Kendall, who has been filling the role of Nursing Home Manager since January 2018, whilst the Registered Manager, Kim Dawson is on maternity leave. Gemma led us through to a quiet area on the second floor. She was welcoming, open and happy to answer all our questions.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the reps:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents

- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors

7. Summary of Key Findings

- Caring, well-run nursing home mainly for elderly residents suffering high levels of dementia
- Well-staffed with experienced, compassionate health care professionals
- Well-led and supported by proactive, innovative and dedicated owners
- Representatives engaged with four staff directly, two indirectly, and with the provider directly
- One visitor engaged with
- Two resident discussions

8. Detailed Findings

8.1 Location, external appearance, ease of access, signage, parking

The facility is located in a rural area close to the small village of Puddington. The Care Home is not well signed from main road. There is a large car park, which serves Chapel House and the adjacent Residential Home, Plessington Court. A small faded sign was noted at the entrance to the car park but it was not visible from the main road. Both homes are clearly identified.

Impressively built in the style of 'Lutyens' the building exterior is very much that of a 'dolls house' and was converted for care home use in 1987.



From its exterior Chapel House appears attractive and well maintained. There are attractive window boxes and planters.

8.2 Initial impressions (from a visitor's perspective on entering the home)

The entrance foyer displays photographs of the staff as well as leaflets regarding the services available and other support networks. There is a visitor's book and hand sanitiser. There is code/fingerprint access. The bell for visitors is outside.



The door was answered promptly and we were welcomed by a member of staff - (Tony). We were asked to sit down whilst Tony found the manager.

Our first impression was unusual:

- A resident lying out on a bench seat (she seemed to be asleep) and was wearing a head protection helmet.
- Entrance to the staircase was blocked by a large sideboard

(Both had a sensible safety rationale as we found out later)

A notice-board near the entrance displayed pictures and cards from friends and families.

The area looked clean and there were no unpleasant odours. Throughout the home decoration appeared clean with neutral colours on walls, pictures hung nicely and laminate flooring

Several areas were visible, a dining room, lounge and a small 'medicines storage area' where several staff were working.

Gemma Kendall, who is the manager whilst Kim Dawson is on maternity leave, joined us. She asked if we just wanted to be shown round but we said we would rather sit with her and discuss the service but then would like to see the Home, the staff and the residents.

Other staff members were holding a meeting in the conservatory so we went to the top floor where we found a quiet area. Gemma was very open and pleasant and spent a long time answering our questions

Chapel House was established by a local couple and the registered owner is now their daughter. We were told that the facility has a good reputation locally.

8.3 Facilities for and involvement with family/friends

Chapel House provides Nursing/specialist care for 30 residents. Most have dementia or other long term conditions. There are 25 female and 5 male residents at present. The facility is full and there is a waiting list. Staffing levels are above the basic requirement and there is a mix of general nurses, mental health nurses, health care assistants, apprenticeship trainees and other support staff. A mix of staff was visible and they all seemed to be well presented and involved.

Staff retention is good despite the distance from a bus route. Gemma said most staff share lifts. Agency staff are used occasionally. Gemma has worked here for five years and was the night manager before taking on her present role.

Referrals come from several routes and funding is also mixed. Visitors are welcome at any time. Some like to assist with the care of their relatives, which is encouraged. They may also share mealtimes. Facilities are made available if relatives need to stay overnight when relatives are at end of life.

On the ground floor there are three lounges, a conservatory, and a dining room. There is a café in the grounds, which is open to visitors, residents and the local community. It is a way of normalising the area. It is easily accessible with wheelchairs

8.4 Internal physical environment

8.4.1 Décor, Lighting, heating, furnishing & floor coverings

We were shown round the three floors. All areas looked clean. The ground floor was laminated but the two upper floors were carpeted. There were no obvious hazards. There were hoists, rails, fire extinguishers and escape routes marked.

One area had been changed recently to provide wheelchair access to the rooms via a ramp.

We saw several bathrooms and toilets as well as looking in one bedroom which was vacant as the lady was currently in hospital. It looked attractive and had personal touches.

All rooms have locks for security. The locks can be opened from the inside. Visitors can have to code to access the key boxes.

Doors are numbered and show the name of the resident.

All windows overlook gardens and fields.

Rooms vary in size and facilities. Not all have en suite but most residents are not able to use these facilities unaided.

We were also invited into the kitchen where lunch was being prepared.

The cook showed us the 'Appetito'* meals, how they are matched to the resident's requirements and special diets. The menus were displayed on the wall there are several refrigerators and a cooker which can be used to provide other foods on request e.g. bacon sandwiches or an omelette.

(*A food producer for the health and social care sector.)

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

- Fresh smelling, regular deep cleans
- Bathrooms, toilets and communal areas all very clean
- Hand sanitiser at entrance
- Kitchen small, but clean, many notices on hygiene measures

8.4.3 Suitability of design to meet needs of residents

The service seemed to be well adapted to meet the needs of the residents.

Personal requirements took preference e.g. the lady in the Reception likes to lie on that bench. Another lady with Huntington's disease was lying in a special chair in one lounge to allow her to sit out of bed something that is much better for her skin management.

Other points:

- Old building but extensively modernised
- Approx 30 % of bedrooms are en-suite (toilet/washbasin)
- Showers, bathrooms and toilets on each floor
- Ramp installed on upper floor to improve access to and from bedrooms for less mobile residents
- Hoists in bathrooms
- Evacuation chairs and wheelchairs in evidence
- Bedroom doors locked from outside to prevent resident entry into wrong room but always unlocked from inside to allow egress
- Pressure mats in bedrooms, CCTV in corridors and all communal areas
- Needs and mobility of residents are key criteria for bedroom allocation.

8.5 Staff support skills & interaction

8.5.1 Staff appearance/presentation

- Nursing staff wear uniforms, embroidered badges, care assistants yellow coloured t-shirts
- Six Day nurses on duty - mixture of qualified general and mental nurses
- Two Night nurses
- 13/14 HCAs
- Aim for maximum resident: staff ratio of 5:1
- ***"We aim to over-recruit."*** (Gemma and Catrina) ***"... to ensure***

sufficient numbers and that staff have appropriate personal qualities.”

- All staff seemed to love their work and like working at Chapel House. We spoke to one of the Day Managers. He had worked here for ten months and travels in daily from North Wales. Kim, a HCA has been trained to NVQ Level 3 and she has worked at Chapel House for six years.
- A local GP was observed providing her weekly visit for residents. Most residents are registered with the two practices in Neston.
- Hospital appointments are at Arrowse Park or Countess of Chester hospitals. A minibus is shared with the adjacent Plessington Court home and is used to take residents for appointments - always accompanied by a member of staff.

8.5.2 Affording dignity and respect/Approach to care giving

- Through numerous initiatives, the parent company, Dementia Resource Community, demonstrates great commitment to understanding and treatment of dementia, not only in their care homes but also in involvement in the wider community e.g. :
 - Provision of Admiral Nurses - (*Specialist Dementia Nurses*)
 - Namaste programme - (*Compassionate meaningful programme of activity*). - *N.B. point 8.7.4 below*
 - Montessori Training programme - (*A tailored care and sensory programme. The aim is to enable greater independence for severely impacted dementia sufferers*).
- Care plans reviewed systematically each month - all online
- One resident needed 24 hour one to one care. We observed her walking with her HCA who showed patience and encouragement (this service is provided by Agency staff and has separate funding)
- End of life care-the six step programme is followed.

8.5.3 Effective communications - alternative systems and accessible information

- Doors to all bedrooms have a picture of a bed (mainly pink) and the resident's name
- Namaste programme- designed for people who cannot easily communicate - uses touch, feeling, meditation to help relaxation - developed and monitored in conjunction with Worcester University
- The owner, who aims to introduce the approach soon, has undertaken Montessori training with Australian specialist Ann Kelly. Its aims to tailor stimulation for individuals with mild to moderate dementia, to enable residents to be more independent. It will be evaluated by Chester University from October.
- An [OMI](#) table has recently been purchased. This involves overhead projection of images on to a table. It is interactive: residents wipe away clouds to reveal underlying images, for example photos to stimulate memory. It can be used by residents in wheelchairs.

8.5 Physical Welfare

8.6.1 Appearance, dress & hygiene

- Other than a few residents who receive 24 hour bedroom nursing, the majority of residents were downstairs in the three main lounges
- All were fully and neatly dressed
- All were clean
- One resident, at risk of seizures, was wearing head protection
- There is an on-site laundry
- Hairdresser/Pamper room -hairdresser visits weekly

8.6.2 Nutrition/ mealtimes and hydration

- Main meals - lunch and evening - are provided by Appetito service
- The meals are delivered weekly each Tuesday: meals are reheated on site
- The monthly menu planner and the number of individual portions is displayed in the kitchen
- All kitchen staff are trained in the Appetito service
- Breakfast generally consists of toast or cereals but Chapel House will provide cooked options on request
- There is a drinks trolley each morning and afternoon
- Appetito meals are tailored to individual resident diets
 - Portion sizes, soft/pureed requirements, thickened fluids etc
 - 'Moulded' to resemble individual food items
- Staff say the meals help them monitor resident intakes more accurately
- Visitor unprompted quote '*The food is good*'
- Most residents eat in dining room. Interaction between them said by Gemma to be '*fluid*' -depending on their mood at the time
- Specialist advice can be sought from a Dietician.

8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities

- Of the current 30 residents 29 require both dementia and nursing care
 - One gentleman only receives nursing care
- All nurses are qualified to dispense medication
 - One nurse responsible for ordering medication - all checked on arrival
- HCAs have NVQ qualifications but some also receive specific medication training and qualifications
- All residents are currently registered with Neston Surgery
 - Re-registration on arrival at Chapel House, but they can retain previous GP if desired
 - Dr Allister-the local GP, visits each Tuesday, (we saw her)

- Chiropodist visits weekly (Saturday)
- Hairdresser weekly (Tuesday)
- Optician -
 - Visits every few months
 - Optical prescriptions are recorded in care plans
 - Details of vision with and without glasses
 - Pictures of resident glasses in patient folders for identification

8.6 Social, emotional and cultural welfare

8.7. 1 Personalisation & personal possessions

- One temporarily unoccupied bedroom visited
 - Family photos displayed on walls, small personal objects - dolls, soft toys
- No current residents smoke
- Several residents enjoy wine with meals
- One male resident enjoys a glass of Guinness

8.7.2 Choice, control & identity

- DOL applications are in progress for all residents - approximately one third are currently in place
- Montessori programme to stimulate a degree of independence
- Key pad exit from bedroom areas to limit nightly wandering
- Bedroom doors are locked from outside as previously mentioned

8.7.3 Feeling safe and able to raise concerns/complaints

- All staff have peak evacuation plans in their personal folders
 - In case of fire all keypads disable - doors openable
- Fire zones and equipment in building are clearly marked
- Weekly and monthly fire checks take place
- PAT testing visit in progress on day of our visit
- Visitor, from Delamere, unprompted comments: *“Staff are wonderful. I can’t fault it. I couldn’t find anywhere nearer home where I could leave my husband. They just weren’t good enough”*

8.7.4 Structured and unstructured activities/stimulation

- Silvia, Activities Coordinator, works each morning. On leave on day of Representatives visit
 - Runs Namaste programme (holistic therapy using a variety of music, sensory and emotional stimulation.
 - Some residents participate daily
- Afternoons see less structured activities

- Quizzes, painting nails
- A singer visits e.g. for birthday celebrations
- Gemma - *“It can be changeable whether or not residents wish to participate”*
- Chapel House has a minibus available but many residents are not sufficiently mobile to allow them to make many trips
 - Minibus often used to take residents to hospital appointments accompanied by a member of staff.

8.7.5 Cultural, religious/spiritual needs

- A vicar visits weekly and brings communion
- A few ladies regularly go to church with their family
- Six Steps End of Life programme in place - fulfilling extra care/spiritual needs
 - Relatives can stay if required
 - Gemma - *“Most residents do die here.”*

8.7.6 Gardens - maintenance & design/suitability for use/enjoyment

- Rural location - overlooking North Wales
- Large level rear garden - plenty of seating - planting - bird feeders - children’s outdoor play equipment!
- Manager considering “false grass” which makes wheelchair access easier.
- Airy conservatory overlooking garden
- GIFT/Admiral Nurse café with indoor and outdoor seating

9. Observations

9.1 Elements of observed / reported good practice

- Display board of staff photos in entrance porch
- Wide range of dementia care leaflets available
- Total holistic commitment of provider to dementia care and treatment
- Namaste programme
- Admiral Nurse visits
- Montessori training programme planned
- OMI table (interactive unit that provides stimulus)
- Manager attends CCG meetings each month - Care home manager best practice discussions
- 1 RGN attends monthly palliative care meetings
- There is a sense of a drive to continual improvement.
- Caring is at the heart of the service.

9.2 Other observations / findings of note applicable

- Dementia Resource Community have secured a commissioned post (funding) through Cheshire West CCG as a result of which 1 additional Admiral Nurse will be available for the community

- Waiting list for places at Chapel House

10. Comparisons

10.1 Comparisons of observations against providers website

No discrepancies noted

10.2 Comparisons with previous Healthwatch visit (s) where applicable

The provider's proactive approach to dementia care and treatment both in the home and in the wider community has clearly progressed and developed still further since the 2014 Healthwatch visit.

11. Recommendations

- Consider improvements to entrance signage
- Maintain the 'Outstanding' recognition!
- If staircase in Reception is a risk, consider a more permanent barrier
- Continue to work with local community and encourage volunteer visitors/friends

| Feedback from Provider of Service |
|---|
| <i>At time of publication - No feedback received.</i> |