The Chase Care Home Ltd

The Chase Rest Home

Inspection report

The Chase
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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

This inspection took place on 12 June 2018 and was unannounced. At the last inspection we found two breaches of the regulations and the service was rated as requires improvement in safe and well-led. Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions of safe and well led to at least good. At this inspection we found there had been improvements to the quality of care provided, and the service is now rated as good. The service was no longer in breach of legal requirements.

The Chase Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People had care needs relating to their mental health, dementia or older age.

The Chase Rest Home can accommodate up to 24 people. There were 16 people living in the home at the time of our inspection. Each person had their own private room with toilet and sink, and there were shared bathroom facilities.

The service had a registered manager. A registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As far as possible, people were protected from harm and abuse. Staff knew how to recognise the signs of abuse and what they should do if they thought someone was a risk. The home was clean, and people were protected from the risks of poor infection and prevention control.

There were enough staff to support people to stay safe and meet their needs. Staff knew how to report incidents and accidents, and if these did occur, they were properly investigated. Information about these types of incidents were shared, so staff could learn from mistakes. Risk assessment and risk management practices were robust.

People were supported to eat and drink enough, and specialist dietary needs were met. People gave us positive feedback about the quality of the food. People were able to access the healthcare they needed to remain well and their medicines were safely managed.

People were supported to express their choices and preferences and staff supported people in the least restrictive way possible. People led the lives they wanted to and were able to maintain contact with those people that were important to them. People were able to participate in a range of activities, and go out when they wanted to.

People experienced care that met their needs, and were supported by kind, caring staff. People had their privacy and dignity respected, and staff knew what to do to make sure people's independence was promoted. People experienced person centred care and were supported to make their end of life care wishes known.

People had their care needs regularly assessed, and people were involved in their care reviews. People experienced care and support that was in line with current guidance and standards. Staff made sure they worked within the organisation and with others, to make sure people received effective care. The building and environment was properly adapted to meets the needs of the people who lived there.

Staff were properly supported with training, supervision and appraisals to make sure they had the skills they needed to provide good quality care. Specialist training had been arranged where needed, for example dementia care.

People were asked for their consent before any care was given, and staff made sure they always acted in people's best interests. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be deprived of their liberty for their own safety or unable to make informed choices about their care.

People had access to a complaints process, and said they would be happy to raise a complaint if they ever needed to. There had been no recent formal complaints, but the registered manager and staff knew what action to take if a complaint were made.

The service was well-led and staff felt supported. People's views were sought and acted on to improve the service. Regular checks and audits were carried out to make sure people experienced good quality care and staff provided good support. The registered manager had notified the CQC of events that were reportable. The service had met all the fundamental standards and the registered manager and staff had improved the service so it was now good. Further information is in the detailed findings below.

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.

People were protected from the risks of harm, abuse or discrimination. Risk assessments and risk management plans were in place and helped to keep people safe.

people's medicines were safely managed and there were enough staff on duty to meet people's needs.

Appropriate checks were completed to ensure suitable staff were employed to work at the service.

The environment and equipment was safely maintained and infection control practices were safe. The service learned from mistakes and made improvements where necessary.

Is the service effective?

Good

The service was effective.

People were cared for by staff that had received training and had the skills to meet their needs.

People's nutrition and hydration needs were met, and food was homemade and nutritious.

Staff asked for people's consent before providing care and had a good understanding of the Mental Capacity Act 2005 (MCA). The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. People were treated in a kind and compassionate way.

People's privacy and dignity were respected and their independence was promoted.

People were supported to make their own decisions and choices throughout the day.

Is the service responsive?

Good

The service was responsive.

People's care plans provided staff with information about their preferences and support needs and people were involved in planning their own care.

People were asked for their feedback about the service and this was acted on. There was a complaints procedure in place. Complaints and concerns raised had been investigated and action taken to put things right.

People were properly supported with end of life care.

Is the service well-led?

Good

The service was well-led.

There was clear leadership and staff understood their roles and responsibilities. The registered aimed to learn continuously and supported the staff to do so.

Systems and processes for monitoring quality had been improved and were effective in driving improvements. People and staff were engaged and involved in the running of the service.

The Chase Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 June 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection the registered manager completed a 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. We used information the provider sent us in the Provider Information Return to inform the inspection.

We reviewed the last inspection report and other information including any notifications we had received. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We spoke with five people living in the home, three members of staff and the registered manager. We sampled various records including three care plans, medicine records, quality audits, and staff recruitment and training records. We observed how people were supported and how staff interacted with people.

Good

Is the service safe?

Our findings

At our previous inspection on 12 and 18 April 2017, we found people were not always safe, and there was a breach of regulation regarding cleanliness in the home and maintenance of the environment. At this inspection we found the registered manager and provider had taken action and the home was now clean and well maintained. Recruitment practices had also been improved and were now robust. People were safe and they told us they felt safe. When we asked one person if they felt safe in the home they replied, "Oh yes."

At the last inspection, we found people's rooms and communal hallways and bathrooms had not been maintained and cleaned to an acceptable standard. Adequate maintenance had not been completed around the building including radiator covers not in place where they should be and broken items of furniture and equipment. Levels of cleanliness had not been maintained and people's safety was put at risk due to unsafe, poorly maintained and unclean equipment. We also found concerns with the laundry room and cupboard containing substances which could be hazardous to health (CoSHH) not being locked. A fire safety risk assessment had been completed but had not been dated and it was unclear who had completed the audit so the registered manager could not demonstrate if the risk assessment had been completed by a suitably trained person.

At this inspection we found the registered manager and provider had taken all of the appropriate action to make sure people were safe in the environment they lived in. Risks in the environment had been properly assessed and managed. For example, at the last inspection we found the provider was not taking all of the relevant action to prevent the risk of legionella. Legionella is a bacteria which can cause Legionnaire's disease, and older people may be more vulnerable. At this inspection we found the provider had taken the right action, such as flushing taps and showers and monitoring water temperatures to make sure, as far as possible, the risk to people was reduced. The home was now clean, and broken and stained or dirty furniture had been repaired or replaced. The relevant radiator covers were in place, and the laundry and CoSHH cupboard were now locked, to make sure people who may be confused due to their dementia could not access these areas.

A new fire risk assessment had been completed, and the fire and rescue service visited in June 2017 when they judged the home to be satisfactory. In one person's room we identified a door closure which posed a risk to people's safety and had not been highlighted as part of these fire risk assessments. We told the registered manager about this, and they contacted the provider so this could be rectified as soon as possible.

Staff had training about how to recognise and report abuse, and knew what they should do if they thought someone was at risk, such as report it to the registered manager or local authority. The registered manager was aware of safeguarding policies and procedures and knew what action to take if there were any reports or incidents.

People's money was managed safely. Records and receipts were kept of any expenditure. The registered manager had oversight of the records and receipts which were not checked regularly by anyone else. The

registered manager agreed they would make sure the provider did regular spot checks for more robust monitoring. Some people had appointees to manage their money and this information was recorded.

People were safe because individual risk assessments and risk management practices were good. For example, one person could have been at risk of developing a pressure ulcer due to reduced mobility. A risk assessment was completed, and a referral made to the relevant health care professional. The professional visited the person and completed an assessment, and found staff had already taken the right action to reduce the risk for the person.

There were enough staff on duty day and night to give people the support they needed. People's level of needs were assessed and the registered manager made sure there were enough staff to safely meet people's identified care requirements. People told us the staff were there when they needed them. One person described the staff as 'genuine' and said, "All of the staff are very nice." We observed staff in communal areas and they responded when people needed them. For example, one person wanted to go outside so staff walked around the garden with them.

There were no current staff vacancies and permanent staff usually covered any shortfalls including sickness. Occasionally, temporary staff from an agency were used to make sure there were enough staff on duty. Most staff had worked at the service for some time and knew people well. Staff we spoken with said they enjoyed working at the service and felt the staff team worked well together.

The registered manager carried out recruitment checks on prospective staff before they started work at the service. We checked the staff files of the two newest members of staff. There was a record of their interviews and the application forms showed qualifications and employment history and included a health declaration. Written references were sought and checked and a criminal background check was carried out to make sure staff were safe to work with people. Recruitment records were organised and held securely.

Medicines continued to be managed safely. People told us they were happy about the arrangements for their medicines. One person said, "Staff look after my tablets, that suits me." Staff had a good understanding of the medicines people were prescribed and had been trained in safe administration of medicines. We observed staff administering medicines in a personalised way to people. Staff went to each person individually and went back if people were not ready to take their medicines for example, if they were eating. Staff chatted with each person and gave them the time they needed. Staff had their competency to administer medicines assessed regularly to make sure their practice remained safe.

The storage of medicines was safe and at the right temperature. The temperature was taken every day to check that it was within safe limits so the medicines would not be affected. Medicines records were completed accurately and were up to date showing medicines received into the service, administered and disposed of. Creams were stored safely and body map illustrations were used so the staff knew where and how often creams should be applied. There was guidance about giving people medicines on a 'when needed' basis for example, pain relief including how much to give and the time gaps needed between doses.

The home was clean, and staff and the registered manager had taken action to make improvements to the cleanliness after concerns were raised at the last inspection. Staff understood the importance of maintaining cleanliness and the registered manager made regular checks to make sure cleaning practices were good. Staff understood what to do to reduce the risk of cross infection when dealing with soiled laundry and used personal protective equipment (PPE) such as gloves or aprons when needed. Food hygiene practices were good, and the home had been given a food hygiene rating of five at a recent

environmental health inspection.

Incidents and accidents continued to be well managed. Any concerns were reported and the registered manager had oversight of any incidents that occurred, such a fall. Incidents and accidents were analysed monthly and any trends or themes were identified. Appropriate action was taken to reduce the risk of the incident happening again.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and the care and support they experienced was effective. Before moving to the home people had a pre-admission assessment with the registered manager. People and those that were important to them were involved. People could make their choices and preferences known, and these were incorporated in their person-centred care plan. People's mental health needs were assessed and monitored, so staff knew what to do to help support people to remain well. If people's health needs changed, staff and the registered manager took the right action, such as reviewing the person's care plan. People's care needs and care plans were regularly reviewed and updated to make sure each person experienced care that was right for them, and met their identified needs.

People experienced effective care because staff were well trained and supported to meet people's needs. Staff training was up to date, and care workers were supported with regular supervision and appraisal. They had regular opportunities to talk about the people they supported, and reflect on their practice. There was a training plan in place which identified when staff needed training or updates. This included training such as safeguarding, infection prevention and control, moving and handling and equality and diversity. Additional training that related to the specific needs of people living in the home was provided such as supporting people with diabetes, bipolar disorder or dementia.

Newly employed staff completed an induction period. Staff who were new to care were supported to complete the Care Certificate. This trained staff in a nationally recognised set of standards that health and social care workers should meet in their daily working life.

People's nutrition and hydration needs were met. Food was home cooked and nutritious and people gave very positive feedback about the quality of the food. When talking about the food one person said, "the food's lovely. Very good. The chef, he's a good cook. He gives you lovely meals." There was a two week rolling menu, and people were able to make suggestions about what meals they would like at regular meetings with the registered manager and staff. If a person did not like what was on the menu for a particular meal, an alternative was always made available. One person explained, "everyday changes. If you don't like what's on they will do something else like an omelette". People were encouraged to drink enough fluids and jugs of water and squash were always available.

Staff worked with staff from other organisations to make sure people had the support they needed, such as the community mental health team. People were supported to work with other healthcare professionals so they maintained good health. Everyone was registered with a doctor of their choice and staff and the registered manager made sure people had regular heath checks and medicines reviews. People also visited the dentist and opticians for regular check-ups. People's health needs were monitored by staff who took prompt action if people became unwell or their health needs changed.

Each person had a sink and toilet in their own room. Bathroom facilities were shared. People we spoke with told us they were happy with these arrangements, and they could use the bathroom for a shower or bath "whenever they wanted too". People also said they were happy with the décor and the furnishings in their

own rooms and around the home. One person told us the provider, "gets things done that need doing" when talking about the new carpet and bed linen "which I chose", in their room. The registered manager and provider had considered renovations that may need to be made to the home in future and had a home improvement plan in place. This plan was designed to allow for improvements to the environment such as refreshing the décor, or upgrades to bathroom facilities, such as adding a walk-in shower.

People had access to a garden and this was regularly used. One person, who was sitting by the door to the garden said, "we are enjoying the scenery" and another "we are lucky, we have a lovely garden". There was appropriate space in the home for people to spend time with their visitors and to take part in activities.

Staff involved people in decision making and made sure they asked people for their consent before providing care and support. Staff understood the Mental Capacity Act and how it related to the people they supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for those people that lacked capacity to make a decision about leaving the home unaccompanied. Where a DoLS had been granted, staff made sure they met the conditions of the DoLS.

People had their capacity to make decisions about their care and day to day life assessed. Best interest decisions were person and decision specific and detailed how the person was involved in the decision making if possible, as well as those important to them, such as a relative or health care professional. Examples of specific decisions were leaving the home unaccompanied, or self-managing medicines. Staff always acted in people's best interests.

Good

Is the service caring?

Our findings

People were treated with respect and compassion by kind and caring staff. People gave us positive feedback about the caring nature of staff. Comments included, "very nice staff. Genuine staff who are there when you need them" and "I do love this care home, and all the girls that look after us".

There was a relaxed atmosphere in the home and it was clear staff knew people and their preferences well. Everyone was engaged with staff and what was going on, and the home felt friendly and companionable. People described the service as "homely and comfortable" and this was directly related to the caring staff. People's privacy and dignity was respected and staff knew how people preferred to live their lives. Each person's room was their own, and staff did not enter without the person's permission. People's confidentiality was protected and written records were locked away.

People were given choice and control over their own lives, and were encouraged to be as independent as possible. One person told us how staff had helped them to become completely self-supporting with their personal care needs, and how important this had been for them. Another person said, "we go out if we want to" and another that they would, "go to town" and staff "are quite happy to go"[to support the person]. Staff encouraged people to be as independent as possible and offered the right support when people needed it. This demonstrated that staff actively supported and encouraged people to become and feel independent in their lives, as much as they could be.

People were encouraged to maintain relationships that were important to them, and visitors were welcomed at any time. People described how they were helped to stay in contact by telephone with those friends or family members who lived some distance away and were not able to visit frequently. People were encouraged to be in touch with their social worker or community mental health worker if and when it was needed, to help people access support and advice outside of the home.

Staff treated each person as an individual and adjusted the way they communicated to suit each person. Staff were kind in their approach, and encouraged people to be as involved as possible.. When one person was finding an activity difficult, staff encouraged the person in a concerned and meaningful way, to enable the person to continue with the activity. If a person became anxious staff used humour, when appropriate, to help engage the person, and people and staff frequently laughed together. One person said, "staff are very nice to us".

People were listened to and were encouraged to make choices about their everyday life, as well as about their specific care needs. People told us they could go out with or without the support of staff when they wanted to, and could join in whatever they wanted to in the home. People chose when they got up and went to bed in the evening, as well as where they wanted to eat their meals.

Staff knew people well and understood each person's individual needs and preferences. People knew staff well and said they were happy to approach staff them if they had any concerns or if they just wanted to talk. Staff approached people in a respectful way and called people by their preferred name.

Good

Is the service responsive?

Our findings

People continued to experience care that was person centred and focused on them as an individual. Person centred care assessment, planning and delivery was an important part of the service and considers the whole person, their individual interests, preferences and needs. People had regular reviews of all their care needs and care plans and risk assessments were amended if necessary. People's care plans were clear and detailed and gave staff the information they needed to give people the care and support they needed.

People were encouraged to make choices and were helped by staff to be as involved as much as they could or wanted to be. Staff were responsive to people's individual needs and communicated well with people and each other. Staff responded well to requests for support and helped people be as independent as they wanted to be. People were able to join in activities in the home if they wanted to. One person said there was a "good entertainment schedule", and they were looking forward to planting seeds in the garden that afternoon.

People were supported with their religious and spiritual needs. A local church visited the home regularly and the people that chose to attend told us how important this was to them, and how much they enjoyed the service. One person told us they used attend a place of worship of their choice, but they now preferred to join in with the service at the home.

People's concerns and complaints were listened to and there was an appropriate complaints policy and procedure in place. People we spoke with had not made a complaint. One person said, "I don't think there's anything to complain about, I'm quite happy here". Another person told us about the registered manager and said, "you feel quite happy to go to her" and, "she will listen and do something." Other people said they would happily raise any concerns with staff or the registered manager and that their concerns would be listened to. A recent complaint had been made about the laundry. The registered manager had taken action and made sure stain remover was added to the wash to help resolve the problem. People had been encouraged to let staff know if they had any special requests or feedback and a 'wish tree' had been introduced. This encouraged people to make their wishes known by writing it on a paper heart and attaching it to the tree. The paper hearts were then read by staff or the registered manager.

People were also able to give regular feedback and raise concerns at regular meetings, and these were recorded in a 'concerns book'. To make sure people knew their concerns had been heard and acted on, the registered manager had introduced a 'you said, we did' display in the hall. This showed what people had suggested and what the registered manager had done about those suggestions. One example was some people found it difficult to put their wishes on the wish tree, so staff now made sure they asked people if they had a wish, and then wrote down what it was and added it to the tree on the persons behalf.

People were supported at the end of their life, so their needs and preference could be met in a comfortable and pain free way. People were asked about their preferences for end of life care and were supported to make plans for this. Spiritual needs were recorded and people's preferences about funeral arrangements were noted where appropriate. When needed, health care professionals were involved such as the GP or

district nurse. Plans were based on the Preferred Priorities of Care (PPC), which is a document which can help people and those involved in their care understand and record what is important for the person at the end of their life. This information can be used in future if others have to make decisions on a person's behalf.

Good

Is the service well-led?

Our findings

At the last inspection, we found a breach of regulation because the provider's quality monitoring systems were not robust. They had failed to identify areas of improvement that we found at the last inspection. At this inspection we found the provider and registered manager had taken action and more thorough quality monitoring systems had been developed. Quality monitoring systems were now in place. The service had employed an external consultant to give them advice to make the necessary improvements to meet the requirements of the regulation and to help improve the quality of the service provided. These included checks on cleanliness and infection prevention control, risks in the environment and recruitment practice. Other areas covered included health and safety checks and medicines audits. Any areas identified for improvement were addressed. The registered provider also visited the home regularly, to make sure quality standards were maintained. They reviewed the registered managers quality assurance audits and asked people for feedback about the service.

People and staff, were asked for their opinions about the quality of service during regular meetings and in surveys. Areas covered included the quality of food, types of activities available and cleanliness. Most of the responses were positive, and where a person or member of staff had made a suggestion for improvement, the registered manager had noted these and taken appropriate action where possible. This included speaking with people individually to resolve minor issues around seating arrangements, and making improvements to activities offered.

We asked one person what the best thing about the home was and they replied, "the manager, because she makes you feel comfortable". The registered manager and staff promoted a culture that was person centred and staff aimed to deliver good quality care. Staff wanted to make sure people achieved good outcomes, both health wise and in people's everyday lives. Staff spoke about wanting to provide the right support to people. The registered manager and staff reflected on their practice to ensure they maintained the good standards of care they had achieved in the home.

All of the registration requirements were met. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Responsibilities were clear, and there was a staffing structure in place for the day to day management of the service. Records were robust. They were up to date, accurate and kept securely.

The registered manager at this service maintained contact with another registered manager at the provider's other home. This enabled them to share good practice and discuss areas of practice that might be improved. The registered manager also attended meetings hosted by the local care home association and completed update training sessions relevant to their role, such as medicines administration for managers and managing teams.