Vijay Enterprises Limited

Le Chalet

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced comprehensive inspection took place on 8, 12 and 20 June 2018 and was unannounced.

Le Chalet is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Le Chalet is a care home registered to provide accommodation with personal care for up to 12 people in one adapted building. 12 people lived at the service when we visited, with one of the people in hospital.

We had previously carried out an unannounced comprehensive inspection of this service in March 2015. At that inspection we rated the service as good overall. The effective, caring, responsive and well led sections were good. The safe section required improvement due to low numbers of staff on duty. We then carried out a further comprehensive inspection in February 2017. Following that inspection the service was rated as requires improvement overall. The caring section was good. The safe, effective, responsive and well led sections required improvement. Five breaches of regulation were found. We found concerns relating to people's health, care and welfare. There were not sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times to meet people's needs. The principles of the Mental Capacity Act (2005) had not been followed. The service had not notified the CQC of incidents as required by law. The provider's quality assurance systems did not effectively assess and monitor the quality of the service.

Following the inspection in February 2017, the provider submitted a service improvement plan (SIP) to CQC. We then met with the provider and newly appointed manager to discuss the SIP and the timescales required to meet their legal requirements. The local authority Quality Assurance Improvement Team (QAIT) supported and worked with the service up to December 2017 to address the breaches of regulation.

The manager was now the registered manager of the service. A registered manager is a person who has registered with the CQC 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.

At this comprehensive inspection, we found the provider and registered manager had made improvements to how the service was run. The breaches of regulation had been met. However, there were still further improvements to be made. This related to:

- The management and leadership of the home and the embedding of quality monitoring systems
- The adaptations, fabric and furnishings of the home to make it an environmentally safe and pleasant place for people to live

People and relatives were happy with the care and support provided at Le Chalet. They spoke positively of the management and staff team. There was a relaxed, homely and happy atmosphere at the home.

There were sufficient and suitable numbers of staff on duty to keep people safe and fully meet their needs. The service had recently had two staff members leave. The registered manager had acted quickly and recruited three new members.

Recruitment checks were safely carried out with updated employment records in place. Staff received regular induction, training and supervision. Some of the staff had been historically reluctant to undertake training in the past but the registered manager had addressed this by introducing new training programmes.

People were protected by staff who had been trained in safeguarding people from abuse. They had undertaken training, knew the right action to take and who to inform if abuse had been suspected.

People's needs were assessed before they came to live at the service. People had personalised and comprehensive care plans in place. They contained all the information required and detailed people's preferences, choices and interests. Risk assessments had been carried out in a way to ensure people were restricted as less as possible. People were involved in making decisions about their care. They were referred promptly to health care services when required and received on-going healthcare support.

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. Improvements had been made in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed. Staff knew which people had a Power of Attorney (POA) in place to support the person in decision making. Best interest decisions had been made and involved the relevant parties.

People received their medicines in a safe way and effective systems were in place. The registered manager and staff were committed to ensuring people received end of life care at the service in an individualised way. An activities co-ordinator had been employed. People had a choice of activities and interests to take part in.

Staff were polite and respectful when supporting people. They had built up relationships with the people they supported and knew them and their families well. People's relatives and friends were able to visit at all times and were complimentary of the service. Regular feedback was sought from residents and their relatives.

The majority of staff felt were motivated and proud of their jobs. They felt they were listened to and had confidence in the registered manager. There had been some unsettlement recently in the staff team but this had been addressed by the provider and registered manager.

People were complimentary of the food and enjoyed the choice of home cooked meals. They were given choices and asked about their favourite meals.

There was a complaints procedure in place and people knew how to make a complaint if necessary.

People, relatives and health and social care professionals were complimentary of the registered manager and their approach. They spoke of them having good communication, together with fostering a friendly and open culture at the service. A quality monitoring system had been put into place which monitored and improved various aspects of the service. This was being further developed to cover all areas of the service.

The physical environment was not consistently decorated or adapted to meet people's needs. A maintenance and improvement programme was not in place. Therefore, areas of the home which required refurbishment and maintenance were not monitored. There were no specific dates and timescales for actions to be completed by. Some aspects of the service were tired, not fit for purpose and would benefit from continued investment in the premises.

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 supported by sufficient staff on duty to meet their needs fully.

Individual risks to people were in place and managed safely.

Staff were recruited safely to ensure they were able to work with vulnerable people. They were aware of their safeguarding responsibilities and the correct action to take.

People received their medicines safely and on time.

Incidents and accidents were managed safely.

Infection control procedures were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Some areas of the service were not consistently decorated or adapted to a consistent standard. Some areas of the home were in need of maintenance and updating.

Management and staff were adhering to the principles of the Mental Capacity Act.

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves.

Staff undertook the necessary training to enable them to do their jobs properly. The registered manager was addressing any areas outstanding with individual staff.

People's health needs were managed through regular contact with community health professionals.

People were encouraged to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People gave positive feedback about the caring nature of the staff. They said staff treated them with respect and dignity.

Staff were caring, king and spoke pleasantly to people. They knew people well and had developed effective relationships.

Relatives were complimentary of the staff and were able to visit at any time. They were kept up to date with their relative's wellbeing.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans in place which showed their individual choices, preferences and needs.

Staff engaged with people meaningfully and had positive interactions.

Complaints were managed effectively.

An activities programme had been introduced and activities were ongoing and further developing.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People and relatives were complimentary about the registered manager and their approach at the service.

There were quality monitoring systems in place to review the running of the service and identify any improvements required. The registered manager acknowledged there was still more work to be done.

Policies and procedures and record keeping had been updated.

Notifications had been reported to the Care Quality Commission in accordance with the regulations.

The provider was visible in the service and actively sought the views of people, relatives and staff at the home.

There was no refurbishment plan in place to keep the premises updated and maintained.	

Le Chalet

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 checked 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 8, 12 and 20 June 2018; it was unannounced on all visits. One adult social care inspector carried out the inspection and was accompanied by an expert by experience on the first visit. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). 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 also reviewed other information we held about the service. This included safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We reviewed information about people's care and how the service was managed. These included: two people's care files and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; policies and procedures; action plans; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

We spoke and spent time with all 11 people living at the service and spoke with 11 visiting relatives. We spoke to the provider, registered manager and nine members of staff including senior care staff, care staff, the cook, the activities co-ordinator and housekeeper.

We received feedback from the local authority safeguarding team, quality improvement team and the care homes education team (one nurse and one occupational therapist). We sought feedback from five health and social care professionals and received two responses.

Good

Is the service safe?

Our findings

At the comprehensive inspection carried out in March 2015, the safe section was rated as requires improvement. At the subsequent comprehensive inspection carried out in February 2017 the safe section continued to be rated as still requires improvement. This was because:

•People were at risk because there were not enough staff on duty at all times with the right skills to safely meet people's care and supervision needs

At that inspection we issued a requirement with regard to Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Staffing.

At this inspection improvements had been made. The provider had met the legal requirement to ensure people were safe.

People were supported at all times by sufficient numbers of staff on duty to meet their needs fully and in a timely way. The provider and registered manager kept staffing levels under review. Extra staff were on duty at the busiest times of the day. For example, to help people with their personal care early in the morning or later in the evening.

The current dependency levels of the people who lived at Le Chalet were low; only one person required the use of a hoist and two staff to transfer them safely at all times. There was always a senior care worker on shift who was assisted by two care workers. Care staff were supported by a recently appointed activities person, a cook and two housekeepers. This meant care staff could focus their time on caring and supporting people. There were two waking night staff on duty.

The registered manager also assisted people in the mornings before they started their management duties. They said they enjoyed helping as it kept them up to date with people's needs and monitored staff competencies. The call bell was always answered promptly and staff were readily available and able to help. Care was given in a timely and unhurried manner. The atmosphere was busy but calm and controlled. Care staff had various opportunities to sit, chat and spend quality time with people, especially in the afternoons. Some people chose to snooze but others actively engaged in conversations, jokes and banter with staff. Staff entered the lounge and dining room throughout the day and asked "How are you all doing in here" to check people did not need anything. This lent itself to a home where people were able to relax but felt safe and cared for.

The service had experienced some staff turnover recently. This was due in part to one person not giving any notice of leaving. The vacant shifts had been covered by permanent staff, bank staff or agency staff.. Where agency staff were used, the registered manager used the same agency. They also asked for the same staff for familiarity with the service and people's individual needs. This short term shortage had had no impact on people living at the service.

The registered manager had acted quickly to recruit new staff during the staff shortage period. Two senior workers and a care worker were in the process of undergoing their relevant pre-employment checks and undertaking their induction. Their anticipated start date was end of June 2018. This would make the service fully staffed with some spare staff hours extra to cover any shortfalls, such as annual leave or sickness.

The registered manager had acted quickly to recruit new staff during the staff shortage period. Two senior workers and a care worker were in the process of undergoing their relevant pre-employment checks and undertaking their induction. Their anticipated start date was end of June 2018. This would make the service fully staffed with some spare staff hours extra to cover any shortfalls, such as annual leave or sickness.

Recruitment and selection processes were in place to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. The registered manager was using new recruitment documentation which was more comprehensive than the previous system. It allowed more information to be gained and more information about the prospective employee. The registered manager felt this had been a positive move as the previous employment records lacked detail to show the process was robust.

At the previous inspection in May 2017, we had concerns about environmental risks. We found water temperatures from sinks were above the upper limit as set by the Health and Safety Executive. Following that inspection, the provider confirmed thermostatic mixing valves (TMV's) had been fitted to all taps in the home. On this inspection, we found the TMV's were in place. The hot water temperatures were within limits and were checked and recorded regularly. All windows, with the exception of two on the conservatory, were fitted with restrictors to keep people safe. Following the inspection, the registered manager contacted us; they confirmed all windows which required a restrictor to be fitted had been put in place.

Systems were in place to identify and reduce risks to people. Individual risks were assessed and held within the care records. These included risk assessments for nutrition monitoring, skin integrity, safe moving and handling and falls. The risk assessments were easy to read and showed what measures were in place to keep people safe people whilst not restricting their movements as far as possible. Health and safety risk assessments had been carried out in relation to the building and the garden area and identified any areas of concern with measures in place to reduce the risks.

People felt safe living at the home and with the staff who supported them. Comments included, "I feel safe and trust the staff", "The staff are good listeners" and "They (staff) are good to me." When one person was asked if they felt safe with staff, they said in a jovial and happy way "They're (staff) OK here … he's the worst (joking) … that's what life's all about having a laugh."

Staff demonstrated an understanding of what constituted abuse. They were confident any concerns raised would be dealt with by the registered manager. They knew who to report concerns to outside of the service. Staff had received up to date safeguarding training and there were appropriate policies and procedures in place for reference. There had been one safeguarding concern in the last 12 months. The provider had worked with the local authority and other organisations to resolve this and no further action was taken.

Medicines were kept safely in a secure medicine trolley at the correct temperature. This was clean and tidy with medicines clearly laid out. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (PRN), such as pain relief. Each person's medicine record had a picture of the person so they could be easily recognised. Only senior staff gave out medicines and had undertaken medicine training. Medicines had been signed for and audits were regularly undertaken to identify any shortfalls. Eye drops were kept within guidelines and prescribed skin creams kept in a separate

area. There were body maps to show staff where to apply people's skin creams which included notes such as "thin layer only". However, not all these body maps had been fully completed and the registered manager said they would address this immediately.

People were protected as the provider had appropriate procedures in place to maintain and service equipment in line with their individual contracts. This included checks of: fire and smoke alarms; fire extinguishers; emergency lighting; call bell system; Legionnaire's disease; small electrical appliance testing; hoists; boiler and gas appliances.

Systems were in place to keep people safe in the case of an emergency. A Personal Evacuation Evaluation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in the case of an emergency evacuation of the service. The PEEP's were readily accessible if needed.

Learning from incidents and accidents took place and appropriate changes implemented. Staff recorded all incidents and accidents at the time of the incident. The registered manager looked for trends and patterns and ensured any necessary action was taken to reduce risks.

Infection control measures were in place and housekeeping staff had a cleaning schedule they followed. Communal bathrooms were clean and tidy with disposable towels for people to use. However, some WC's had domestic hand towels in place. These were removed by the registered manager during the inspection as they were not compliant with infection control guidelines. The laundry area was tidy with a system in place to keep soiled and cleaned items separate. Infection control checks were carried out monthly by the registered manager.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection in May 2017, the effective section was rated as requires improvement. This was because:

•□The provider had not acted in accordance with the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was not always sought in line with the legislation and guidance.

At that inspection we issued a requirement with regard to Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Need for consent.

At this inspection improvements had been made. The provider had met the legal requirement to ensure they acted in accordance with the MCA.

At the last inspection in February 2017, we had concerns about some of the areas of the home which required decoration and ongoing maintenance. We discussed these with the provider in June 2017 who confirmed they were committed to updating the service.

At this inspection, we found some areas still required attention. The physical environment of the home was not decorated or adapted to a consistent standard. The facilities and design of the home and gardens were not designed in an accessible way. For example, the bathroom and WC were difficult for people to enter if they had a mobility aid.

There were areas of the service which required maintenance work. These included the inner conservatory wall, unsuitable floor covering in a communal corridor and stained carpets in the dining room. Areas of paintwork were chipped and required redecoration, such as lower door jambs. Private bedrooms had been decorated when a new person came to live at the service.

The service had large gardens and outside space for people to explore and sit. However, the provider had recognised the garden was not a safe and secure place for people to use. There was uneven ground, an unsecured pond and open access to the main road adjacent to the property. The registered manager had carried out a risk assessment and ensured people only accessed the garden with their relatives or a staff member until the works had been completed. Two people accessed the garden during our visits; they chose to sit close to the building in shaded areas with their relatives or staff. Other people told us they did not like going in the garden and declined the offer when staff asked them. Following the inspection, we asked the provider to send us their building/maintenance improvement plan with timescales for action.

On our first visit, there were not enough lounge chairs or dining room chairs for people to use if they wished. Three people told us they chose to spend their time in their own bedrooms. However, by the end of the inspection, there were enough chairs in both the lounge and dining rooms for people and relatives to use if they so wished.

The service had some specialist and adaptive equipment in place. An occupational therapist had recently visit the service and carried out training for staff. They had recommended the provider purchase further specific equipment which was more suitable for people's needs. Some equipment was then purchased but this was of the wrong type. Following the inspection, we asked the provider to confirm whether this equipment had been purchased.

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. We checked whether the service was working within the principles of the MCA and found they were.

People were required to sign a consent form when they came to the service for personal care and support. A capacity assessment was undertaken to identify if the person had the required understanding to make decisions for themselves. Staff involved people in their care and allowed them time to make their wishes known. For example, this was through body language and spoken word. People's individual wishes were acted upon, such as how and where they wanted to spend their time. People said staff gained their consent before carrying out any care or support.

People's legal rights were protected because staff knew how to support them is they did not have the mental capacity to make decisions for themselves. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions for themselves, they worked closely with relevant parties. The registered manager gave two examples of how this process had been recently managed and best interest decisions had been made. Records showed where people had delegated power of attorney (POA) to relatives and friends. One relative who had POA told us the registered manager and staff always spoke to them and kept them updated.

People who lack mental capacity to consent to arrangements for necessary care and 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 is called the Deprivation of Liberty Safeguards (DoLS). The service had liaised with the appropriate professionals and made applications for people who required this level of support to keep them safe. For example, applications had been made in respect of the keypad entry/exit to the home, those people who were restricted in their movements or had restrictive equipment in place such as bedrails. None of the applications had yet been authorised.

The registered manager had worked hard to make sure all staff had undertaken the necessary training required for their roles. There was a copy in each person's staff file of the training attended. Where there were gaps on the training records, the registered manager was working with staff to complete their training. Training included: food hygiene; infection control; moving and handling; safeguarding of vulnerable adults; fire safety; medicines and health and safety. New care workers who had no care qualifications were supported by the registered manager to complete the 'Care Certificate' programme (introduced in April 2015 as national training in best practice). Records confirmed staff received regular supervision and an appraisal (one to one meetings).

Training was delivered by outside training professional and health care professionals. The care homes education team had delivered training on clinical subjects such as dementia awareness, privacy and dignity, skin pressure damage and Parkinson's disease. The occupational therapist for the team had also delivered safe moving and handling training to staff.

The registered manager said it had been historically very difficult to book staff on to training courses as some staff were reluctant to attend and did not feel they needed certain training. They had addressed this issue by informing staff they must attend training in order to continue to do their jobs properly and safely. A health care professional said, "… attendance from Le Chalet staff has been sparse with the same staff turning up to each session … the attendance to sessions has increased and members of staff who have previously resisted attending have started to attend." Another health care professional said, "I have always found (registered manager) to be very open, honest and candid in terms of the challenges that they face in terms of training provision and the associated staff culture regarding this … they have made positive attempts to overcome this challenge."

The staff group was a mix of new and long standing staff. As a result, the team did not always work effectively together and there was some friction between some staff members. There was an atmosphere between some staff not talking to each other at times. Three staff members said, "The last few weeks here, have been like a playground", "We all notice it … it's not new … it makes an atmosphere" and "They (staff) have just got to get over it … we have to be professional here." Whilst staff confirmed there was an atmosphere between themselves, all agreed it had no effect or impact on people living at the home. This was confirmed from feedback from people and their relatives and from our observations. The provider and registered manager were aware of the situation and in the process of managing any issues individually. They were also looking at the possibility of employing different training providers to motivate and encourage staff.

People were supported to have access to healthcare services and ongoing support. During visits, care workers monitored people's health and welfare conditions whilst reporting any changes to the relevant professionals. We observed care staff contacting GP's and community nurses to make appointments and followed up on any tests people might have had, such as urine or blood tests. The registered manager had expressed concern they were not always able to get a dentist to visit the home to carry out regular dental checks on people. However, during the inspection the registered manager had managed to speak with the dental practice to arrange future home visits.

People were encouraged to maintain a balanced diet. Each person we asked about the food gave compliments about the variety and quality served. These included: "I like the food … I never put on any weight but I keep eating"; "The food is very good … we get a choice of meals"; "The food here is very good … not like home but I eat what they give me. Today is fish but I'm having scampi"; "I like the food and they give me a choice", and I'm happy … I have nice meals … I eat my meals in my room." When visiting at lunchtimes, two relatives told us they could smell tempting food aromas around the home. There was a choice of menu but if people did not want the food on offer, they could choose something else. The menus were in the process of being changed and people had been asked for their favourite meals and what they would like to see on the menu.

People were supported at mealtimes to enjoy their meals. Staff passed in and out of the dining room and kept a discreet eye on whether people were eating their meals. A staff member was helping a person with their lunchtime meal but they did not want it. The staff member asked if the person would prefer something else and the person agreed to have a cheese sandwich. Whilst the staff member was arranging the sandwich in the kitchen, another staff member also noticed the person did not want their meal and they offered to make them a sausage sandwich. The person refused and ate the cheese sandwich which was served promptly.

Another person with a small appetite was encouraged to eat their meal. They did not want the meal and told staff "I don't want any more". A staff member quietly asked, "can I tempt you to anymore?" to which the

person refused. However, another staff member encouraged the person to have a 'pudding' and she agreed to have "just a little."

The cook prepared and cooked meals from scratch. Homely meals were served in an appetising way. Snacks and drinks were available when requested. The cook had a good knowledge of people's likes and dislikes of food. People enjoyed daily homemade cakes or pastries which were served at tea time or throughout the day.

People sat at tables with table cloths and condiments in reach. However, jugs of juice were not put on the tables for people to help themselves to. When they required an extra drink, they asked staff. A care worker said this was because one person had got used to tipping the drinks over but this person was no longer living at the home. The registered manager asked for drinks to be put in the centre of tables in future.

People identified as being at risk of weight loss were regularly weighed and closely monitored. Nobody in the home had lost large amounts of weight. The registered manager and staff were aware of what they needed to do is they identified a person at risk, which included contacting the GP and monitoring diet and fluid intake.

Good

Is the service caring?

Our findings

People and relatives were complimentary of the staff and their approach to providing support. They described staff as caring, kind and respectful. On person said, "I think they look after me very well." A relative said, "There are really lovely staff here … very caring … they always look like they are doing the job because they want to not, because they have to …. It makes a difference. One GP said, "I have found the staff helpful and knowledgeable about the patients.""

Staff had a pleasant approach with people and were sitting and chatting with people during the course of the day about the weather, television programmes, activities and their families. There was a relaxed atmosphere at the home, with people doing what they wanted. Staff checked on people's comfort throughout, with some staff being particularly skilled at connecting with certain people who had some difficulty communicating verbally.

Care workers respected people's privacy and dignity and respected their independence. One person described their personal care routine; "They pop a towel over me to protect my dignity and wash me all over … a very good routine." Another said, "The staff respect my dignity … the door is always shut before care." Other people commented, "I choose what I want to wear each day", "I like to wear red, all the staff know that" and "They do encourage me to be independent." One GP commented "There has always been an immediate recognition of the need for privacy - usually I visit at lunch time thus residents are usually in a communal area on arrival. They are then moved to their rooms. Their rooms seem well kept and personalised."
Staff had built up meaningful relationships with the people they supported. Some staff had worked at the service for many years. Staff all demonstrated through their conversations and discussions with people that they knew them and their families well. One person said, "(Care worker) is very nice … she said goodbye last night … I think she has gone on holiday" and "(Care worker) is very good … she can do my care and make the bed at the same time … very efficient."

Staff spoke fondly of the people they supported and were positive about the care provided. Despite occasional disagreements in the staff team, this was not shown or identified in front of people or relatives. People and relatives had only positive comments to give and how well their family members were cared for. Two relatives told us they knew how much their relatives had liked living at Le Chalet as they were always happy to return after an outing. One relative said, "It dawned on me one day … I took (family member) out and before long they said, 'Can you take me home now' … that showed me they were happy as they wouldn't want to come back if they didn't." Another said, "We take my (family member) out but they are always happy to return and that says a lot …it's a happy atmosphere here, home from home with added comfort."

Visitors were welcomed and there were no time restrictions. They said they were always made welcome when they visited the home. One said, "It's open house here … you can visit any time."
Another said, "All the staff chat with me … they all do a caring job … I am here nearly every day and I visit at all times in the morning, afternoon and evening … I have always seen caring staff who take the time to

bother with my (family member) and have a laugh with them which is important … they are really, really lovely staff."

Since our last inspection visit, focus had been given to encourage people to make choices for themselves. For example, the preferred time to get up and go to bed, whether they wanted a male or female care worker to support them and where they wanted to sit. People were asked throughout our visit what they wanted to do and where they would like to go. It was clear staff understood people's needs just by the use of their non-verbal behaviour to show what they wanted. For example, one person was agitated in their chair midmorning. The care worker said, "I bet I know what you want" and the person replied "yes please". A bowl of cornflakes promptly arrived which the person happily tucked into.

Care plans focussed on the person and their individual choices and preferences and contained personal histories. This enabled staff to have a good knowledge of people's past and events which were special to them.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection in February 2017, the responsive section was rated as requires improvement. This was because:

- People were not always able to make choices for themselves
- People received care which was inconsistently planned and recorded in their care plans
- There as a lack of stimulation and activities programme in place; activities were not planned on people's specific interests or hobbies

At that inspection, we issued a requirement with regard to Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Person centred care. At this inspection improvements had been made. The provider had met their legal requirement.

Following the last inspection in February 2017, the service had received guidance and support from the local authority Quality Assurance Improvement Team (QAIT). The main focus of the QAIT team was to support the service to improve people's care planning and risk assessments. They last visited the service in December 2017 but were still available for advice if needed. They commented on the care plans "The care plan I looked at contained information which was person centred and clear … I saw much improvement on my final visit."

The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. Before people came to live at Le Chalet, the registered manager visited them and completed an assessment of their individual care and support needs. People and their families were included in this process and were asked their views on how the person would like to supported. This ensured the service could fully meet the person's specific needs.

Care plans were in place for each person. These were person centred, focussed and contained all the information required to deliver care and support to people in an individualised way. Care plans were recorded in an electronic format, comprehensive, up to date and clearly laid out. They recorded people's individual choices and preferences and how they wanted staff to support them. For example, how they liked their personal care to be given, when they liked to get up and go to bed and how they liked to spend their day.

People's care plans and risk assessments were reviewed monthly or more frequently if required. There was currently no keyworker system in place with a nominated care worker to specifically support people with their wellbeing needs. However, the registered manager said a keyworker system was being introduced into the service so people could have a named member of staff to support them personally.

We looked at how the provider complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the

information required. For example, one care plan read, "Give (person) time to process information, don't give them long sentences to try and comprehend … ask questions so they understand what is needed." Staff ensured people had their spectacles and hearing aids. One person was hearing impaired but chose not to wear her hearing aids which were respected by staff.

The service provided end of life care. However, there was no one receiving this at the time of our visit. The registered manager described the care given to one person who had recently passed away. They had worked in partnership with the local hospice and community nurses to support the person appropriately in their last days. They had received positive feedback from healthcare professionals who were complimentary of how staff had cared for this person at the end of their life. One health care professional said, "The staff and (registered manager) had limited experience within the end of life care journeys for patients, but they excelled in this and were eager to learn more … Le Chalet did an amazing job that was quite complicated by the complexities of my patient … the staff were happy to ask for symptom management advice … all the team at Le Chalet were amazing support for the family."

People were supported to take part in social activities and interests. An activities co-ordinator had been recently employed and delivered 16 hours of activities over four days a week. There was an activities board in the dining room which scheduled the activities for the week. These included exercises, quizzes and arts and crafts. When the activities person was not on duty, a programme of activities was left for the care staff to deliver, such as at weekends.

People's views on the activities were mixed. A quiz took place which people responded to positively and engaged in by shouting out answers. People took part in armchair exercises. One person said, "I do like quizzes" and another said, "I do like the exercises and the word games on the whiteboard". Another person said, "I like the activities." Some people chose not to take part and one person said, "I don't enjoy the activities … I don't like what the organiser does with art and craft and I've told them so."

There were pictures on display of a previous activity centred on the Royal wedding. One person said, "Look at my picture up there … it's a princess for the wedding." A group of people were involved in a gardening project to find out what was growing in the garden at this time of year. The activities co-ordinator planned to put people's individual artwork on the walls of the service and people could see and be proud of their achievements. One person who had recently celebrated their 100th birthday told us how much they enjoyed their party and their 'special' personalised trip to the local beach for a fish and chip lunch and ice-cream. They said, "It was my 100th birthday a few days ago … they bought me flowers and cake and we had a party." There were cards, presents and flowers in the communal areas which represented some of the presents they received for the person's birthday, along with a message from the Queen.

Outside entertainers visited the home. Regular church services took place. One person said, "They have some entertainment … someone comes with a banjo and harmonica – they came in for the birthday party last week." One of the people played their own harmonica during our visit and people and relatives joined in with singing along. Another person spoke of their Chinese meal, beer and chit chat they had enjoyed one evening with the registered manager. A group of people enjoyed an impromptu rock and roll session, with Elvis Presley music and dancing and singing. People also went out shopping regularly or visited a café or restaurant. People had their nails painted and hand massages.

Whilst the activities and equipment were currently limited, the activities co-ordinator had a vision for the future. This included a varied activities programme which would be based on people's interests and abilities. They were in the process of discussing these plans with the provider and registered manager, together with a suggested increase in their hours to cover activities five days a week. Plans included high

level plant beds so people could grow plants or vegetables, baking, sing longs and more trips out to the local area. They also had plans to improve activities for people living with dementia. One person sat with their hands in a 'twiddle muff' and enjoyed the sensory noises and feeling it gave.

Requires Improvement

Is the service well-led?

Our findings

At the last comprehensive inspection in February 2017, the responsive section was rated as requires improvement. This was because:

•□The service had not notified the Care Quality Commission (CQC) of all events related to the running of the service
•□There was a lack of systems in place to monitor and improve the quality of the service

At that inspection, we issued two requirements with regard to Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good Governance and Regulation 18 of the Health and Social Care Act (Registration Regulations) 2009. At this inspection we found the provider had made improvements. The provider had met their legal required. However, continued improvement was still required to fully embed systems in place and resolve staffing issues.

Following the last inspection, CQC met with the provider and manager on 12 June 2017 to discuss the findings of the inspection report and discuss their service improvement plan (SIP), along with dates for completion. The local authority Quality Assurance Improvement Team (QAIT) supported the service with their SIP.

On this inspection, there were a number of quality monitoring systems in use which were used to review and monitor the service. The provider had subscribed and purchased an electronic toolkit to support the service. This had resulted in new records and policies and procedures put into place with systems updated. Staff had instant access to the electronic system; there were three portable laptop computers for them to use. The registered manager said this toolkit had been "invaluable" in the improvement of the service. These included audits on medicines, care records, environment, infection control, health and safety and staff recruitment. These were being increased to cover more areas of the service, such as cleanliness, and were not yet fully embedded into practice.

The service had a registered manager who had managed the service since June 2017. They registered with the CQC in February 2018. A registered manager is a person who has registered with CQC 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. The registered manager was clear at the beginning of the inspection and explained the work undertaken to improve the managing of the service. They were aware there was still more to be done. They said, "We have made a lot of improvements and I have learnt a lot … I feel more confident and there is still a lot to do."

The registered manager lived on the premises. There was no deputy or assistant manager to support them. This meant when they were off duty, no designated person took charge of the home and meant management issues were left for when the registered manager returned to work. For example, people's assessments and care reviews. Three senior care workers were employed but worked delivering care and

support to people; two of which had recently left the service. Staff told us whoever was on that day was in charge of the shift and not overall charge of the home. This meant leadership may not always consistent and staff were not clear about their responsibilities.

The registered manager also felt isolated in their role at times with nobody to discuss or support any decision making. They said it was difficult to actually leave the home as they worried about it continually when not on duty. For example, they had recently travelled abroad on holiday but felt it necessary to ring the service to make sure everything was satisfactory and had only managed to have one day off in one month.

The registered manager and staff were supported by the provider who was in contact by telephone. The visited approximately once or twice a month and undertook monitoring of the service and reviewed the year plan for the service. However, they lived over three hours away and were not able to 'drop in' if required. A senior care worker said, "When (registered manager) is away, they don't put anyone in charge … I think it's wrong … it's usually the person who has been here the longest." Another senior care worker said, "You try to be in charge but some staff do not respect it and do not do what you ask of them." The registered manager had previously discussed the lack of a deputy to support them and discussions around this issue were continuing.

People and relatives had confidence in the registered manager and felt comfortable speaking to them about any concerns they might have about the service provided. The registered manager encouraged open communication with people and was accessible. They regularly spoke with people and visitors at the home to seek their views informally. Relative comments included, "The manager and staff always listen to me … any problems they contact me", "(Registered manager) is great at communication … I often have a chat with them", "I am happy with the service and impressed by the manager", "The manager had dealt with everything efficiently" and "I have valued the input by (the registered manager) … we have good communication."
People and relative interactions with the registered manager were positive, relaxed and genuine. There was genuine banter and laughing shared. One person said, "(Registered manager) pops in quite often and sees everybody." Another said, "What I find so nice here … the manager goes above and beyond". A GP said, "When issues have been complex my dealings with the manager have been very good and suggestions or requests have been fulfilled".
Whilst the staff team were motivated and enjoyed their jobs, there was some disharmony between certain team members (previously recorded). Staff did not always work as a team. The service had recently undergone a period of unrest amongst staff with two senior staff leaving, one at very short notice and unexpected. Staff reported this had been a stressful time and they felt under pressure. The provider and registered manager were working to resolve this and recruited more staff.

The majority of staff had confidence in the registered manager and would be happy to speak to them if they had concerns about the service. Two said, "I feel supported by (registered manager) and if I had any concerns, I would go to them" and "(Registered manager) is fair … I feel I can talk to him and he listens." However, two staff members expressed concern they had not always felt comfortable talking to the registered manager, although one said, "…lately they have got better at listening." The provider and registered manager were aware of the staffing issues and had plans in place to address individual issues.

Regular staff meetings were held with an agenda and minutes taken. The last meeting had been held in May 2018 and showed topics for discussion had included people's rights to privacy, dignity, respect and staff training. Staff way able to be involved in the running of the home if they wished. One care worker gave an example of an idea they had which they felt would improve one person's wellbeing. After discussion with the

registered manager this led to a change in staff practice and improved support for this person.

The provider is required by law to send the CQC notifications about important events at the service. For example, deaths, serious injuries or safeguarding concerns. Since our last inspection, the registered manager and provider had met their legal obligations. They notified the CQC as required, providing additional information promptly when requested. At the beginning of the inspection, whilst the previous inspection rating was on display at the service, it was not on the provider's website. However, by the end of the inspection this was put on in accordance with the regulations.

The provider had an up to date statement of purpose in place which reflected the care and support given. The provider told us their aim was to "…deliver a service which meets or exceeds people and their relative's expectations." Whilst the provider and registered manager commented this continued to be a work in progress, it was obvious improvements had been made since the last inspection. However, there continued to be a lack of investment made in some areas of the premises and garden which required updating, maintenance and redecoration. When asked why their relatives chose to live at Le Chalet, they commented, "We went to look at a few homes in the town and came here and loved it … I knew what I wanted for my (family member) … a 'home from home' … it might not be the most plush but my (family member) is well looked after" and "This place might be a little tired, the decorating could be better … we went to places which were well decorated but they weren't the same … it's a happy atmosphere here."

Surveys were sent out annually to gain people and their relative's formal experiences of the service. These were used to improve the service. They last ones had been sent out in March 2018 and showed positive comments, although the results had not yet been fully analysed.

The service had limited community links with the local areas. The registered manager was aware of this and intended to focus on this in the future, initially by working together with the children's nursery adjacent to the service.