

The Chase Care Home Ltd

The Chase Rest Home

Inspection report

The Chase
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

The Chase Rest Home is a care home that accommodates up to 24 people. The service supports a wide range of people including those living with dementia and other mental health needs. At the time of our inspection there were 19 people living at the service.

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

Since the last inspection the manager had worked hard to make improvements. At the last inspection the manager had only worked at the service for a week. Following the inspection, the manager spent time getting to know people to enable them to be able to develop care plans and documentation. Initially the manager focussed on the areas of high risk, they are aware that further work is required to meet all regulations but have done a lot of positive work to improve. Feedback from people, relatives and staff was positive and people told us they liked living at The Chase Care Home.

Although it was apparent a number of areas had improved, further work was still required to embed changes and develop the service to ensure all regulations were met.

The provider had not maintained appropriate oversight and governance to ensure all areas of the day to day running of the home and health and safety was being monitored effectively. Some issues found at the last inspection had not been addressed. Governance needed to be improved to ensure maintenance was identified and carried out in a timely manner.

Infection prevention and control (IPC) measures needed to be improved, we observed staff not using Personal Protective Equipment (PPE) or handwashing effectively to prevent the risk of infection. Cleaning schedules were not being consistently completed and some areas of the home required further cleaning.

Recruitment records were not robust. Further information was required to ensure that references were accurate and dates of previous employment were correct. Information about staff's working restrictions needed to be explored and recorded.

A lot of work had been completed to improve documentation. However, care plans and risk assessments needed further improvements to ensure information about people's health needs were person centred and up to date.

Staff were aware of safeguarding procedures. Accidents and incidents were reported appropriately, and documentation was completed to ensure a robust process was in place following any accidents or incidents.

New staff completed an induction and were supported during their probationary period. Staff received training and support. Staff meetings had been carried out and staff had one to one and group supervision.

People were involved in choices and decisions and supported to be as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional needs were assessed and managed. Referrals were made to other agencies to support people's mental and physical health. The manager and staff worked with health professionals to ensure people received the support they needed.

Staff were kind and caring. Activities were provided for people and they were supported to spend their time how they chose.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 November 2022). CQC served a Warning Notice to the provider due to the lack of good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found that although improvements had been made in some areas, the provider remained in breach of regulation.

Why we inspected

We undertook this comprehensive inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this inspection and remains requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always effective.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

The Chase Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

The Chase Rest Home is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Chase Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A manager had been in post for 10 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We spoke to the local authority market support team. We reviewed information we have received about the service and the manager and provider's response to these. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 staff including the manager, deputy manager and care staff. We spoke with 10 people who live at The Chase Rest Home and observed care and support for people who were unable to talk to us. We looked at records relating to care provision and the day to day running of the service. This included 3 people's care plans in full and a further 3 people's to look at specific areas in relation to their health and care needs. We asked the provider to send us further information following the inspection. We spoke to a visitor and received feedback from 2 relatives and a health professional following the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured people received safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider was still in breach of this regulation.

- Risks were not always assessed and managed safely. Care plans and risk assessments had been updated and improved since the last inspection, however, care plans still needed to be expanded to ensure that information was in place for staff for all identified health needs. For example, people with diabetes, epilepsy, dementia or those at risk of pressure damage did not have personalised information in their care plans to inform staff how this health need affected the person, signs and symptoms to look out for or actions to take.
- Risk assessments had been put in place for some identified risks. However, the manager informed us they were aware further work was needed to ensure all risks were documented and regularly reviewed.
- One person who had dementia became upset and anxious throughout the inspection. Limited guidance was in place to inform staff of this person's triggers and how staff should respond to them when they became distressed. We saw staff relied on senior staff to de-escalate situations when this person became distressed.
- Risk management relating to health and safety needed to improve further, for example Control of substances hazardous to health (CoSHH) products had been locked in an outside store cupboard and in the laundry. The key to the laundry had been lost and the lock to the CoSHH cupboard had broken. The manager was aware and a new lock had been purchased, however, the lock did not fit. We found both areas unlocked at the start of the inspection. The manager rectified this before the end of the inspection.
- The provider used an external company to carry out legionella testing. However, the legionella certificate was out of date. The manager assured us this would be rectified urgently and confirmed this had been followed up after the inspection.
- At the last inspection there was no fire risk assessment in place. This had been completed. Immediate risks had been rectified and a number of recommended actions were being reviewed as part of the ongoing improvement at the home. However, the manager informed us that some external emergency lighting was still outstanding. We asked the manager to advise us as soon as this was completed.
- People had Personal Emergency Evacuation Plans (PEEPS) these were kept in people's rooms and a grab folder on the ground floor. The manager told us they were working to develop a 'grab bag' to be used in the event of an emergency evacuation. Staff had completed e-learning fire safety training but had yet been trained how to evacuate people using the evacuation equipment in the home. This could put people at risk in the event of emergency evacuation being required.

The provider had not ensured people received safe care and treatment. This is a repeated breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our last inspection the provider had not ensured infection prevention control measures were maintained. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider was still in breach of this regulation.

- The provider did not have effective Infection prevention control (IPC) measures in place.
- Only one member of domestic staff worked at the service. This person was part time and worked varied hours each week. When this person was not at work, the manager told us care staff were carrying out basic cleaning tasks. The manager had introduced a cleaning schedule, however this was not being completed every day, when gaps occurred there was no rationale to explain why cleaning had not been completed
- We found areas of the home which were not suitably clean during the inspection. Communal bathrooms and toilets required thorough cleaning. Some bedrooms and ensembles required a deep clean to ensure IPC measures were maintained. The laundry room and food storage room including fridges needed to be cleaned.
- Staff had completed hand washing, Personal Protective Equipment (PPE) and COVID-19 training. The manager and deputy had spent time during staff meetings and handover to reinforce the importance of good PPE processes to staff. However, we observed care staff not following safe infection control practices. We saw staff members exiting the kitchen wearing PPE and going outside the building to the laundry and food storage room. Staff then walked back into the building and returned to the kitchen or people's rooms without changing their PPE or washing their hands.
- The laundry room in the rear garden did not have a sink to enable staff to wash their hands after handling soiled items of washing. No hand gel was in the laundry for staff to use. We asked how staff disinfected their hands and were told staff used the sink in the staff toilet when they entered the building from the garden. However, during the inspection we found that no soap was available in this toilet for the entire second day of the inspection.

The provider had not ensured appropriate IPC measures were in place. This is a repeated breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Visitors to the home told us "The general standard of cleaning is good in [person's name] room." And "Communal areas seem tidy."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. Improvements were seen to the cleanliness in the kitchen, and in communal living areas.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- During the inspection the manager informed us they would be advertising for a second member of domestic staff and would ensure they had oversight of the cleaning schedules.

We have also signposted the provider to resources to develop their approach.

The home was open to visitors and there were no visiting restrictions in place at the time of the inspection.

Using medicines safely

At our last inspection the provider had not ensured medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider was still in breach of this regulation.

- Improvements had been made to medicines process since the last inspection, however, further were needed to ensure all aspects of medicines administration were consistently safe.
- As required or 'PRN' medicines did not all have guidance in place to inform staff when further medical advice should be sought. Protocols informed staff to contact the GP if the person was experiencing side effects or requesting the medicine too often. However, there was no information about what side effects to look out for or how often was 'too often'.
- Some people had received support by the manager to enable them to be responsible for looking after and taking their own medicines. However, risk assessments were not in place and medicine care plans had not been updated. There was no guidance for staff to follow, for example, if a person no longer wished to be responsible for their own medicines. There were no regular checks or audits to ensure people self-administering their medicines were taking them as prescribed.
- One person required their medicines to be given covertly. There was a mental capacity assessment and guidance from a pharmacist about how to do this safely. However, staff told us that the medicines were crushed together. The guidance did not state that this was a safe way to give medicines. The manager told us they would seek further guidance.
- Most people had their medicines stored in their bedrooms, unless they chose not to, or it was deemed not safe to do so. These were stored safely in locked cupboards or the medicine trolley. However, areas where medicines were stored had not had temperatures consistently recorded to ensure medicines had been kept at the correct temperature.
- Staff giving medicines had received training. Medicine administration records (MAR) charts were completed when medicines were given.

The provider had not ensured appropriate medicines systems and processes were in place. This is a repeated breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

At our last inspection the provider did not have safe recruitment processes in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider was still in breach of this regulation.

- Staff were not always recruited safely. The provider had not ensured appropriate checks had been completed before staff started work at the service.
- Two references had been received for each staff file viewed. Only 1 reference detailed who it was from. Other references were not named or signed by the referee. There was no information to show if these were professional or character references. A reference for 1 staff member included the dates the person was employed. However, these dates of employment were different from those on the staff members application form.
- Dates on employment forms only stated the year the staff members were employed. This may mean the staff member had not worked for a number of months, these discrepancies had not been identified and explored. One staff member was an overseas worker. Their documentation stated they were able to work in the UK, however, there were restrictions to the work they could undertake. There was no information about what these restrictions were.

- Disclosure and Barring Service (DBS) checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, for the overseas staff member there was no information about how long they had lived in the UK or whether criminal record checks from the home country were required to ensure safe employment.

Appropriate checks had not been made to ensure staff employed were suitable to work at the home. These issues are a repeated breach of regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager informed us immediately that they had sought further information regarding references and employment histories.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- People were protected from the risk of abuse. People told us they felt safe living at The Chase Rest Home. A relative told us, "I have always felt [relatives name] is safe".
- The manager had implemented a clear system to ensure people were protected from the risk of abuse. This included a process for staff to follow if they suspected anyone may be at risk.
- Staff had access to a safeguarding policy and safeguarding training and told us they would report any concerns to the manager or deputy. The manager also discussed safeguarding with staff during staff meetings and one to ones to assess staff understanding.
- Accidents and incident forms were completed by staff, including body maps if required. Accident/incident forms included follow up actions and were overseen by the manager to ensure the process was completed. Documentation included a copy of referrals to the local authority and CQC if appropriate. The manager also completed monthly analysis of accidents and incidents to identify and trend and themes.

Learning lessons when things go wrong

- The manager was open and transparent. When things had gone wrong or needed to improve the manager had worked with other agencies to develop and learn.
- Changes to processes had been communicated to staff to facilitate further improvement moving forwards.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served, and breaches identified.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At the last inspection care documentation was out of date and contained a lot of handwritten entries which meant information about people's care and support needs was inconsistent. This put them at risk of receiving unsafe care. At this inspection we found improvements had been made to care documentation however, further improvements were needed.

- People's needs were mostly assessed. People's care documentation had improved; however, further information was still needed to ensure care plans were person centred and individualised. The manager was looking at ways to simplify the care plan format to enable staff to be able to access information easily.
- Policies and procedures were in place and currently being reviewed. Staff were being kept up to date with changes.
- Minutes from staff and ad hoc meetings and one to ones demonstrated discussions had taken place to inform staff of updates and to test staff knowledge and understanding this included safeguarding procedures and improvements to documentation.
- People were supported to spend their time doing the things they chose. People were encouraged to participate by sharing their views. We saw people interacting with staff, asking questions and making requests throughout the inspection. Staff responded promptly and people's views were listened to.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff received an induction programme and appropriate training. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- At the last inspection the manager was unable to evidence staff training had taken place. A training programme had been introduced for staff; this was predominantly e-learning which staff completed in their own time. The manager had oversight of staff training and the training matrix identified when staff had completed training and any training which was due.

- People living at The Chase Rest Home had a variety of care needs. Some people had long term mental health conditions including schizophrenia, depression and self-harm, others had dementia. This meant staff were required to have a variety of training to meet people's needs.
- We discussed with the manager that staff were not always putting their training into practice. For example, staff had completed dementia training, however, we witnessed staff struggling to cope when people with dementia became distressed and displayed anxiety. Although staff had completed PPE and handwashing training, best practice was seen to not be followed. Improvements were needed to ensure staff were confident and competent to meet the care needs of people living in the home.
- New staff completed a period of induction. This had been introduced since the last inspection. Currently staff completed shadowing of a more experienced staff member and were employed for a probationary period. During this time one to one supervisions took place. The manager had started work to introduce the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had not ensured principles of the The Mental Capacity Act 2005 (MCA) had been applied. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of the MCA. Improvements had been made to recording regarding people's capacity. People were supported to remain as independent as possible whilst being supported to make safe choices and decisions.
- DoLS had been applied for or were in place for people if required. Staff had access to information in relation to people's DoLS authorisations. The manager and staff were aware of any restrictions relating to DoLS authorisations.
- Mental capacity assessments were in the process of being reviewed to ensure information was up to date and relevant. We saw that best interest meetings had been recorded when appropriate.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. Improvements had been made to ensure that people's nutritional needs were met. People had been referred to Speech and Language Therapy (SALT) when required and guidance was being followed.

- People were supported to eat healthily. One person told us they had decided to cut down on their puddings due to a health condition. They felt that the manager and staff supported this, and alternatives had been provided.
- People told us the food was generally good, but some days were better than others. The cook had recently left, so the manager and staff were providing meals until a new cook could be recruited. One person said, "The manager cooked a roast, it was really tasty."
- People had access to fruit and snacks when they wanted them. We saw fruit in a number of peoples rooms. One person told us, "I like to have oranges [managers name] gets them for me and I really enjoy them."
- People who had specific nutritional needs had information recorded in their care plans. For example, one person had been seen by SALT and required thickener in fluids. Staff were aware of this, and we saw this being used during the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Following the last inspection, the manager had received support from the local authority market support team as part of the programme to improve.
- The home worked with other agencies and health professionals to ensure consistent care. This included mental health teams, medicines optimisation for care homes (MOCH), chiropodists, GP's and other health care professionals involved in people's care.
- People were supported by staff to attend mental health and hospital appointments. The manager had recently arranged dental appointments for people who were able to attend these and was looking at getting community visits for those unable to go out.

Adapting service, design, decoration to meet people's needs

- We saw that redecoration had been completed in a couple of bedrooms. We spoke to 1 person in a recently decorated room, who told us they had chosen their own wallpaper and were very happy with their bedroom. Although this room was nicely decorated, this was in stark comparison to other bedrooms which required maintenance and redecoration.
- Some people living at The Chase Rest Home had dementia. The manager was aware that adaptations would be needed to ensure that the home was a dementia friendly environment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People's equality and diverse needs were respected. People felt they were well looked after and liked living at The Chase Rest Home. One person said, "Some staff I prefer over others, and they do a better job but everyone is Ok, they are kind. There are some that are great, and we have a laugh." Another said, "It's nice here, I am fine thank you."
- People felt the home had improved and the changes were positive. One said, "If I speak to [managers name] I know she listens and she will sort it if she can."
- Some people had specific traits due to their mental health conditions. The manager told us staff monitored how people were and if they felt that individual traits were increasing they would report this to her so that support could be offered. This included working closely with people's social workers and mental health teams.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views, their independence and dignity was respected by staff. Improvements had been made to involve and listen to people regarding how their care was provided.
- People were involved in choices and decisions about their care and staff respected people's individuality and personal preferences. One person's room was very personalised and had recently been decorated in a style of their choice. They said, "I am very happy with my room now, it is lovely and bright too and I have space for all my stuff."
- Relatives found staff kind and caring. Telling us, "The staff are well presented and very friendly and helpful." And, "The home has treated my relative with dignity and respect and they have attended to all their needs to a high standard."
- People's privacy was respected. Staff were seen to knock on doors before entering. Some people had keys to their rooms and were able to lock their doors when they left the bedroom.
- People had been supported to improve their confidence and independence. For example, the manager had worked with staff to ensure people were supported to go out when they wished. Some people went out on their own, others with the support of staff or a friend/relative.
- One person responded very positively when accompanied to the shops by a member of staff and liked to help with general shopping and tasks for the home. This improved their wellbeing and increased their independence and confidence out of the home. Another person had been supported to manage their own medicines; this had increased their independence in managing their own health needs.
- The manager told us they were in the process of looking at ways to further involve people in their care

planning. Work was ongoing with staff to improve their writing skills to ensure daily notes and reports were clearly and accurately recorded.

- People were able to express their choices and wishes and spend their time how they chose. We saw people alternating their time between their rooms, communal areas or going out.
- For people who preferred to spend time in their rooms, staff were aware that this was their personal choice and respected this. One person told us staff did encourage them to go downstairs for meals so that they were not in their room all day. A relative said, "[person's name] has never been a mixer; they prefer to keep their own company; this has been a trait all their life."
- Resident meetings had taken place and people were able to give their feedback and share their views. The manager and deputy spoke to people throughout the day to check they were happy with the care provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was personalised to meet people's need. People living at The Chase Rest home had a variety of mental and physical health needs. People received their care in a way that met their needs and preferences. A relative told us "I am very satisfied with the service and appreciate all their efforts."
- Since the last inspection improvements had been made to care planning documentation, however, work was ongoing to ensure documentation was individualised and person-centred.
- People were involved daily in choices regarding their care and support needs. However, this was not always evident in people's documentation. The manager was aware this was an area which needed to be developed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Most people were able to communicate their needs and wishes. For those unable to voice their needs, staff were aware to look for non-verbal signs that the person may need support. Staff were seen lowering themselves to the person's eye level when talking to them, taking time to ensure the person was aware they were there.
- A relative told us, "[person's name] is almost non vocal and more often than not doesn't even seem aware of anyone being with them, staff also have to feed, wash and change them, during which time I have seen how kind and engaging they are."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with those important to them. People were regularly going out on their own, with family/friends and staff if appropriate. One relative told us they visited regularly and were always made to feel very welcome. We spoke to one visitor who took their friend out regularly. One person was seen to be assisted by staff to speak to a relative on the telephone.
- Improvements had been made to the activities provided. A member of staff was now employed as an activities person. People told us they really enjoyed the activities provided. One said, "I love the bingo that is my favourite." Another person said, "I enjoy going to the lounge when something is happening."

- Parties had been arranged for people's birthdays.

Improving care quality in response to complaints or concerns

- People and relatives told us they would be happy to raise any concerns directly with the manager if they had any concerns.
- A complaints policy was in place. There were no ongoing complaints at the time of the inspection.

End of life care and support

- The home worked closely with GP's and community nursing teams to support people who were currently receiving end of life care to ensure appropriate medicines and equipment were in place.
- Staff had completed end of life care training. Information was recorded for people receiving end of life care.
- The manager was aware that people with complex care needs need to be assessed regularly to ensure any changes to their health were safely managed. If a person's care needs were not able to be met at The Chase Rest Home this would be discussed with health professionals and family.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure good governance of the service. A warning notice was issued in relation to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found further improvements were needed and the provider was still in breach of this regulation.

- Managers and staff were clear on their roles; however, improvements were needed to meet regulatory requirements and to promote person-centred support for people. The manager had made considerable improvements to record keeping, care documentation and auditing of services. However, we still found several issues the provider needed to address.
- Improvements were needed to the governance to ensure provider oversight of all areas of maintenance. The provider had not carried out regular health and safety risk assessments of the premises, grounds and equipment to identify any areas where work was required.
- Issues identified at the last inspection still required fixing, this included a broken front door handle, maintenance to windows in people's bedrooms and maintenance and redecoration to people's rooms, communal and ensuite bathrooms and toilets.
- We found windows which did not open or close properly, one person's bedroom window had a glass panel which had blown, this meant you were unable to see through it. We were told this had been broken for some time. The manager told us some of these issues had been fixed since the last inspection however, had now broken again. The provider had not completed reviews to ensure all window restrictors met required standards. We signposted the manager to guidance relating to window safety.
- Although the manager was working hard to make improvements the above issues had not been identified as part of the provider's current oversight checks at the service.
- The maintenance book was not being consistently used to document maintenance issues when these were identified. For example, areas of redecoration required, broken curtains or curtain poles in people rooms had not been reported nor had a broken extractor fan which had come away from the ceiling in an ensuite. Although the provider carried out walk arounds the issues found during the inspection had not

been identified or included in the current action plan. The manager added a number of these points to the action plan during the inspection.

- Cleaning schedules were not being reviewed regularly to ensure that appropriate cleaning was being completed daily. Gaps in cleaning schedules had not been identified or addressed. Cleaning needed to be improved. The cleaner only worked part time hours and was therefore unable to complete all required cleaning tasks around the home. On the days the cleaner was not working there was no clear plan in place to ensure cleaning was completed to an appropriate standard. It was unclear whose responsibility it was to clean areas such as the laundry and external food storage areas as both required cleaning.
- The manager had made improvements to care documentation, however, this was still on-going. Quality assurance processes had not identified the lack of care plans for all individual health needs, for example epilepsy, diabetes and dementia although information could be found in other areas of the care documentation this was generic and not person centred.
- The manager had introduced a care updates folder. This was for staff to read and sign when changes to people's care needs had been documented. We found not all staff had signed the reviews and some information in updates was now out of date.
- Care plans and risk assessments were not currently being reviewed monthly. This meant changes to care needs were not being updated promptly, however staff were updated on any changes during handover at the start of each shift. The manager told us they would add care plan reviews to their monthly schedule of audits.
- Daily records did not include information to evidence people's care needs had been met, for example there was limited information about what personal care was provided, how mouthcare was supported or action taken if people declined care.

The provider had not ensured good governance. This is a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- A number of improvements to documentation introduced following the previous inspection needed to be reviewed to ensure they continued to be current and up to date.
- Robust auditing had been introduced for accidents and incidents, water temperatures and flushing and to document services for example, gas and electrical safety. Work in relation to fire safety was still ongoing following a recent fire risk assessment. A legionella certificate was also required. The manager followed up on this immediately following the inspection.
- The manager and senior staff had worked hard to support staff to work as a team. This included staff meetings, spot checks, supervisions, one to one meetings and observations. Staff told us, "The manager is nice, I can go to her if I have any issues, she's good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibility to report issues under duty of candour and understood about what actions to take if something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People using the service were engaged and involved to improve their experience of care and support. At the last inspection the manager had only worked at the home for a week. The manager had shown commitment to making improvements, recognised the achievements that had been made, but was aware there was still a lot of work to do.
- Work had taken place to improve people's opportunity to be involved in their care and to gain their

feedback. Resident's meetings had taken place; these were used to discuss any improvements or changes people wanted. For example, changes to menus, feedback on how things were going and activities.

- People living at The Chase Rest Home gave positive feedback about the way the home has improved and about the manager. One said, "It is so much better now, it has definitely improved and that's had positive impact, it's a better atmosphere." And "Things have got better since [managers name] has been here. If I have any issues I go straight to her and she sorts it out."
- The manager had worked closely with individuals to enable them to improve their quality of life and encourage their independence. People were supported to go out with staff or on their own, and one person was on holiday at the time of the inspection.

Working in partnership with others

- The manager was open and engaging and welcomed working with other professionals to facilitate improvement.
- The manager and staff worked with a number of outside agencies and health professionals to support people health and welfare, including mental health professionals, GPs and Speech and Language therapists (SALT).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to provide safe care and treatment to people, including failing to assess and mitigate risks to individuals and the environment.</p> <p>The provider had failed to ensure appropriate infection prevention control measures were in place.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured good governance.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure robust recruitment processes were maintained.</p>