

Chase House Limited

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Inspection report

House Lane
Arlesey
Bedfordshire
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08 July 2021
21 July 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chase House Limited is a care home providing personal and nursing care to 46 people who may be living with dementia, a physical disability or sensory impairment, at the time of the inspection. The service can support up to 50 people. The service is split across two floors, with bedrooms having ensuite toilets and sharing facilities including communal lounges, a conservatory and garden.

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

Quality assurance processes were in place, however required development to ensure they were robust. The registered manager told us the quality assurance system was being reviewed to ensure it drove change and improvement in the service.

People and relatives spoke positively about the service. One person told us, "They look after you quite well. I feel safe living here." One relative told us, "[Relative] is definitely safe. I have never had any concerns or issues. The carers are very good, as they have an understanding of [relative's] condition and really try to help and put extra things in place." Another relative told us, "Despite limited access to the home over recent months we continue to have confidence the care provided is of a high standard. We are grateful to care staff in keeping [relative] safe."

People's care and support needs and the associated risks had been assessed and guidance was recorded within peoples care plans.

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.

Systems were in place to manage infection control. Staff were provided with adequate supply of face masks, gloves and aprons.

Staffing levels were adequate to meet people's needs. People and relatives were familiar with the staff. One relative told us, "I know the staff well. It is nice because I have got to know staff and they know me now by my first name. They know [relative] well and what [relative] likes." Another relative told us, "Always a lot going on and staff to support people."

Staff encouraged people to participate in activities available in the home. Activity co-ordinators were knowledgeable of peoples interests and hobbies and were passionate in providing a range of activities for all.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 20 March 2019.

Why we inspected

The inspection was prompted in part due to concerns received relating to risk management. This risk related to an increase in medication errors and concerns related to staffing levels. A decision was made for us to inspect and examine those risks.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Detailed are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Chase House Limited

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 Care Act 2014.

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 two inspectors.

Service and service type

Chase House Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 08 July and ended on 21 July 2021. We visited the service on 08 July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, clinical lead, senior care workers, care workers, members of the housekeeping department and members of the catering department. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files and one agency staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the service. One person told us, "The staff make me feel safe. Really nothing more I could ask for." A relative said, "The home is definitely safe. I have never had any concerns or issues. The carers are very good, as they have an understanding of [relative's] condition and really try to help and put extra things in place."
- Staff had received training and were confident in reporting concerns internally and externally to the relevant safeguarding authorities and the Care Quality Commission (CQC).
- Information was displayed in the service which provided guidance to people and staff on actions to take if they suspected people were at risk of harm.

Assessing risk, safety monitoring and management

- A new electronic care planning system had been introduced and was being embedded at the service. Care plans and risk assessments had been completed for each person and provided information and guidance to staff to support people with a person-centred approach.
- Risk assessments contained information for staff to follow to minimise risk and harm to people. These were reviewed regularly and updated, when required, to ensure they remained accurate.
- Relatives told us they were kept informed. One relative told us, "The staff were quick to recognise a change in [relative's] wellbeing and took action to address this immediately, keeping me informed at all times."
- Systems were in place to ensure Health and Safety checks were completed and equipment was maintained.

Staffing and recruitment

- Staff told us they felt staffing levels were improving with some use of agency staff, where required.
- Relatives told us they felt staffing levels were consistent. One relative told us, "Plenty of staff at all times. Staff are always chatting with me and [relative] when I visit." Another relative told us, "If people ask for help staff respond quickly and politely."
- A recruitment process was in place to ensure staff were recruited to the service safely. Pre-employment checks had been completed and employment gaps had been explored by the management team.

Using medicines safely

- People received their medicine safely and as it had been prescribed. Medicines were stored safely and securely; bottles and boxes contained details of the dates of opening.
- Staff had received training in the administration of medication. The clinical lead had conducted checks of staff knowledge and skill.

- A new electronic medication recording system had been introduced to the service. However, during the inspection, staff fed back to the inspectors they were finding it difficult to use the system. The clinical lead advised the inspection team further training had been scheduled to enhance staff confidence and understanding of the system.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager recorded and reported all incidents and accidents in the service. These records were reviewed by the management team. The outcomes were shared with staff to support lessons learnt and to ensure actions were taken to improve.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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; 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;

- A new electronic medicine administration recording system had been introduced which enabled the provider to run reports to support identifying errors. However, during the inspection we found medicine stock balances were incorrect and the reason for this could not be identified. This indicated inconsistencies with the use of the system and audits were not completely effective. The clinical lead informed the inspector this was under continual review and further training had been scheduled to support staff in their knowledge and use of the system. This had not been completed at the time of the inspection.
- An audit process was in place however this required review and oversight to ensure it was robust in driving change. During the inspection process the registered manager acknowledged the importance of the audit process, and informed us they had reviewed the staffing structure to create a role specific for the oversight of auditing.
- The registered manager had a clear understanding of the responsibility of notifying CQC of reportable events when required.
- People, relatives and staff all told us they found the management to be approachable and felt confident in raising concerns.
- Staff were motivated and enthusiastic in their role. One staff member told us, "Staff go the extra mile for people because they truly care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff we spoke with provided positive feedback about the care and support they received.
- Relatives told us that the management and staff team communicated with them through telephone calls, letters, emails and video calls.
- The management team recognised the impact which COVID-19 had placed on people and their relatives with restrictions relating to visiting. A garden party had been scheduled, providing families the opportunity to visit and engage with the provider and meet new staff.

Continuous learning and improving care

- Staff attended team meetings and were able to provide feedback and suggestions about the service.
- The registered manager and management team were enthusiastic to progress and develop the skills and knowledge of the staff team.
- The registered manager welcomed feedback and used this positively to drive improvement in the service.

Working in partnership with others

- The service maintained professional links with the local authority and other health and social care teams to ensure people's needs were met.