

Chaseborough House Care Limited

Chaseborough House

Inspection report

Village Hall Lane
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Wimborne
Dorset
BH21 6SG

Date of inspection visit:
05 January 2019

Date of publication:
01 February 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 5 January 2019 and was unannounced.

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

Chaseborough House is registered to accommodate 16 older people, on a permanent and a temporary basis. The home is split over two floors with the first floor having access via stairs or a lift. On the ground floor there is a large lounge and a separate dining room. There was level access to the outside patio areas. There were 12 people living at the home at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had received an induction and continual learning that enabled them to carry out their role effectively. Staff received regular supervision and felt supported, appreciated and confident in their work. People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as doctors, nurses and social workers.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse. Staff told us who they would report this both internally and externally. Staffing levels were sufficient to provide safe care and recruitment checks had ensured staff were suitable to work with vulnerable adults. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm. Medicines were administered and managed safely by trained and competent staff.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. Accident and incidents were recorded and analysed. Lessons learnt were shared with staff in handovers and during meetings.

People had their eating and drinking needs understood and were being met. People told us they enjoyed the food and thought the variety and quantity was good.

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.

People, their relatives and professionals described the staff as caring, kind and approachable. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about them. Their life histories were detailed and relatives had been consulted. The home had an effective complaints process and people were aware of it and knew how to make a complaint. The home actively encouraged feedback from people, their relatives and professionals. A variety of activities were provided and the home were working on continual development of this.

People's end of life needs and preferences were not always included in their care plans. We made a recommendation to the home about capturing people's end of life wishes and forward planning.

Relatives and professionals had confidence in the service. The home had an open, fun and positive culture that encouraged the involvement of everyone. Leadership was visible within the home. Staff spoke positively about the management team and felt supported. There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and lessons learnt. The registered manager actively sought to work in partnership with other organisations to improve outcomes for people using the service. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Chaseborough House

Detailed findings

Background to this inspection

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

This inspection site visit took place on 5 January 2019 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service and two relatives. We spoke with the registered manager, assistant manager, office manager, senior carer, two care assistants and the cook. We received feedback from one health and social care professional who worked with the service.

We reviewed two people's care files, two medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at two staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at Chaseborough House. Staff told us that people were kept safe and were confident about this, because they were such a close team. Risk assessments, policies, audits, quality assurance and support systems were in place. People told us: "I feel safe here because there is no chance of anything bad happening", "I feel safe and secure" and, "I feel safe, if I didn't I just wouldn't stay here". A relative told us, "My loved one is safe here, and they would call us if needed". A health professional told us, "I feel that the residents are safe because I have witnessed the care staff take care of them".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed by the assistant manager. Medicine Administration Records (MAR) had a photograph of the person so they could be identified. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited. Medicine stocks were checked weekly and the home had regular pharmacy inspections, the most recent showed compliance with safety procedures. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

The home had enough staff to meet people's needs. A person's dependency level was decided during their pre-admission assessment. This helped the assistant manager to determine how many staff were needed. They spoke to staff and worked within the home where needed. The assistant manager told us the home did not need to use agency staff. Staff were working at a relaxed pace throughout the day and were spending time speaking and singing with people. Staff told us they thought there was enough staff working within the home. A person told us, "I think there is enough staff, there is always someone around". Another person said, "They come as quickly as they can when I press my bell".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. A person told us, "It's always clean and tidy, I have no grumbles at all". Another person told us, "They are always cleaning". There were gloves and apron supplies in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day. A relative said, "It's always spotless here". The assistant manager and senior carer carried out competencies which checked staff infection control procedures.

All staff members prepared and served food from the kitchen and had received food hygiene training. The service had received the highest Food Standards Agency rating of five which meant that conditions and

practices relating to food hygiene were 'very good'.

Staff demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member said, "I would look for a change in personality or physical signs. If I suspected something I would record it and report it". The registered manager and assistant manager were clear of the home's responsibility to protect people and report concerns. Records showed concerns were referred appropriately. There were posters giving details on how to report safeguarding concerns along with telephone numbers of the local authority safeguarding team. A professional told us, "I do not have any safeguarding concerns".

Accident and incidents were recorded and analysed and reviewed monthly by the assistant manager. Actions were taken and lessons were learned and shared amongst the staff through handovers and staff meetings. This helped to reduce the likelihood of reoccurrence. For example, where a person had experienced frequent falls, risk assessments were updated and closer monitoring was put into place.

Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the home. The risk assessments were reviewed monthly, or as things changed. Staff had access to these each day in the care file. Risk assessments were detailed, for example a person did not want to be disturbed during the night, even though they needed support to be repositioned. The assessment considered all aspects of the risk involved and detailed a discussion between the person and staff. An agreement was made to reduce the number of disturbances during the night and closely monitor for any negative effects. Staff in the home were keen to support positive risk taking which supported people to take risks to live their life the way they wanted to.

The office manager and assistant manager monitored health and safety within the home and carried out various visual and maintenance checks daily, weekly and monthly. All electrical equipment had been tested to ensure its effective operation. Moving and handling equipment such as hoists and assisted baths had received the necessary service. People had personal emergency evacuation plans (PEEP) which told staff how to support people in the event of an emergency. Staff had received fire training.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The home met the requirements of the MCA. People who were living at the home had the capacity to make all of their decisions. The assistant manager told us that they were clear in the procedure to follow to complete an MCA assessment if needed. They told us about previously holding best interest decision meetings for people and the importance of involving everyone. The home had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected. Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed. A staff member told us, "People should be able or supported to make their own decisions. We need to ask their consent. We can involve an advocate if needed".

Consent to care was sought by the home and this included consent for photographs. People's records showed signed consent for care, medicines and permission to share and celebrate their birth date. We overheard staff asking people's consent during the inspection at various times. A staff member told us, "It's so important to tell people what you are doing and ask them how they want things done". A relative told us, "They always tell my loved one [name] what they are doing before they do it".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The assistant manager told us they understood the DoLS procedures. The home did not have any DoLS authorisations in place or applications made, as the people living within the home did not require them. We observed people freely accessing different parts of the home including the outside areas.

The home had an induction for all new staff to follow which included external training, shadow shifts and practical competency checks within the home in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The assistant manager told us that they had a mixture of online training and practical training at the home. Staff told us they held, or were completing, the Care Certificate and national health and social care diploma's which were supported by the home.

Staff received training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding, dementia, infection control and fire safety. A staff member told us, "The training is fantastic, the registered manager is always on top of it". The registered manager and assistant manager carried out various competency checks for the staff. They were in the

process of reviewing and updating these.

Staff told us they had regular supervisions and annual appraisals. They felt these were positive experiences and that they were a two-way process. Supervision records showed they were completed jointly between the assistant manager and staff. A member of staff told us, "We have regular supervision and we get a copy of what we discuss. It's thorough and I feel supported to progress".

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. People had individual care plans for each aspect of their needs, some examples were; personal hygiene, moving around, nutrition, and daily life. Records showed people were involved in these plans.

People were supported to have enough to eat and drink, and we received positive comments about the food they included: "I've never had anything better, it's perfect", "The food is very good, it's more than satisfying", "The food is varied and very good" and, "The food is plentiful, not too spicy. They ask us the day beforehand and we always have a choice". The choices of the day were displayed in the lounge on a whiteboard. There were various choices for each meal with a selection of desserts. The cook confirmed that they ask people each day what they wanted from the menu. We observed staff supporting people to eat and drink by giving various levels of support. One person was reluctant to eat and was given verbal encouragement by a member of staff because they had not eaten a lot that day. The person said they appreciated their support. Staff had a good understanding of people's needs regarding food intake, likes, dislikes and special diets. This information was written and a copy was in the kitchen to ensure the cook knew people's requirements.

We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. The dining room had two laid tables with drinks, napkins and condiments. Most people enjoyed their meal in the dining room with some preferring to eat in their room. Food looked appetising and plentiful and that included food which was served in a softer consistency. A selection of drinks was available, these were offered to people throughout their meal. Tea and coffee was served with biscuits and cakes throughout the day. One person said, "Tell the cook the lunch is very nice".

People were supported to receive health care services when they needed them. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The registered manager said they worked well with medical professionals and was comfortable seeking their input when needed. Copies of referrals and treatment reports were kept in the healthcare section of the care and support plans. A health professional told us that staff at the home requested their input in a timely manner and said, "They noted increased confusion, fever and a rash in a person and alerted the surgery immediately". This meant that this person received the medical treatment they needed as soon as possible.

The home was accessed by people across two levels and had been adapted to ensure people could use different areas of the home safely and as independently as possible. There was a lift in place for access to the first floor. The registered manager told us that they were continually refurbishing the home and had recently improved the kitchen. The home is having a large wet room fitted on the ground floor.

Is the service caring?

Our findings

People, their relatives and professionals thought staff at Chaseborough House were kind and caring. People told us, "Staff are excellent, I couldn't fault them", "It's their kindness that gets to my heart" and, "Staff are friendly and kind. We have a lot of fun, we have a joke, we have a laugh. We just bounce off each other". A relative told us, "Staff are brilliant, they give my loved one [name] a thoroughly better life". A health professional said, "The practice holds the staff at Chaseborough in high regard and often comment on their excellent care of the residents".

People were treated with dignity and respect. We observed many respectful interactions during the inspection. Staff were supporting people to move around the home, asking them what they wanted to do. Staff were attentive to people when they asked for them. Staff members told us they knew how to show dignity and how to respect people. They said they did this by using people's preferred name, giving choices and asking people what they wanted. One member of staff told us, "I treat people the way I would want to be treated".

Staff had equality and diversity training. A staff member told us, "We respect everybody for who they are, and this doesn't matter. Different sex, race, religion, we give them respect". People's cultural and spiritual needs were respected and recorded in their care plan. People were supported to attend religious services which visited the home weekly and monthly and supported to attend places of worship locally.

People told us they were happy with the care they received. The home had been nominated and been a runner up in 'Care home of the year' awards for 2018, an initiative introduced by local councils. The assistant manager told us, "We are really proud of this achievement". Comments from people and their relatives included: "I've never had such a good time", "It's home to me", "I am very surprised it doesn't feel like a home, we are all friends together", "I am very comfortable, I like the company, otherwise I would be alone", "My relative [name] has some interest in their life now, it's been the making of them" and, "It's wonderful to have other people here, it's laughter every minute". Staff were proud to work at Chaseborough House and told us: "We work in their home, it's high spirited, everyone wants to be here, everyone gets on", "It's not like coming to work", "It's one of the best homes around here" and, "Residents and staff, we are one big family". A health professional told us, "Chaseborough is an excellent care home, kind, professional staff".

There was a fun and easy-going atmosphere in the home. People could choose when to get up, spend time in their room or join others in the lounge. We observed staff spending time with people individually and in groups in the lounge. We overheard conversations, laughter and a lot of singing between people and staff throughout the day. Conversations were about people's interests, families and recent events.

People were encouraged to make decisions about their care. People and their relatives were involved in their care. Records showed input from the person, their family and professionals. There was a system for review in place and records showed this happened monthly or as things changed. Life histories contained information that was important to people. A relative told us, "They involve me in everything and call me if needed".

The service had received many compliments about the care they give. These included: 'Thank you for the care and kindness you showed to our loved one [name] during their stay with you', 'Thank you for looking after them so well, everyone who visited said it was lovely to see how content and happy they were', 'Thank you for looking after my relative [name]. I can't praise you enough, so comforting to know they were with you' and, 'Thank you for all the kindness and support for my loved one'.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were in place and reviewed monthly. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. We observed a handover where people's needs were discussed between the staff and this meant that staff were kept up to date with people's changing needs. The assistant manager told us they update the care plans by speaking to people, their relatives and staff.

People and their relatives told us that there were a lot of activities in the home. The home had a variety of activities for people to enjoy and the day's events were displayed on a whiteboard in the lounge. The home had a day service for people who do not live at the home, this was used by a few local residents. They came to the home to join in with the activities and have lunch. The registered manager told us this was a way of integrating with the community and to get people used to the home. People told us they had enjoyed, games, bingo, singsongs, musicians and visits from animals. The home had their own cat who was popular with the residents. In addition to inhouse activities, the home had professional performers attend such as singers and musicians. During our visit people and their relatives enjoyed games, films with popcorn and poetry. A person told us, "I like the activities, there is always something". Another person said, "Activities after lunch are good". A relative told us, "There always seems to be lots going on".

The home arranged both group and individual one to one activity sessions for people. The registered manager told us they were keen to make it easier for people to access the community. The home had a minibus but had decided to get a smaller vehicle so people could go to the local shops and for coffee easier and this would increase the access to the community. Each person had an activity plan which was reviewed monthly and had a record of which activities they had attended.

People knew how to make a complaint and the service had a policy and procedure in place. People and their relatives felt comfortable to speak to staff or the registered manager about any concerns. One person told us, "I will go right to the top if needed. I don't anticipate having to do this". Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. A relative told us, "I would go to the registered manager first, they are lovely and approachable".

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires providers make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand, to comply with the AIS. Each person had a specific communication care plan. The home had used the services of national charities to support them with people's visual impairment needs. Picture prompt cards had been used for some people.

At the time of the inspection no one at the service was receiving end of life care. People's end of life wishes were not routinely recorded by the home. The assistant manager told us that they discussed this as part of

the assessment process including what actions to take in regards a medical emergency and where people have pre-arranged funeral plans. The registered manager said it is a difficult conversation to have with people but will record these details if a person wants them to. The assistant manager told us that they work well with the district nurses and change care plans when end of life care is needed but do not do any forward planning in regards end of life care. Staff had received training in supporting people with their end of life care.

We recommend the registered manager seeks guidance from a reputable source about taking a more proactive approach to recording people's end of life preferences and support needs.

Is the service well-led?

Our findings

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

The registered manager and assistant manager had a clear vision for developing the service. The assistant manager told us, "Staff really care, they look forward to coming to work". The registered manager had created an open working culture and worked closely together with the assistant manager and told us, "We want to create a warm, friendly atmosphere".

Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. The comments included: "The registered manager [name] is lovely and would do anything for anyone", "The registered manager [name] is very approachable, very fair", "The registered manager is fantastic to work for. I cannot praise them enough. Couldn't ask for any more support from the registered manager [name] and assistant manager [name]" and, "The assistant manager [name] is lovely, very supportive". A health professional gave us feedback on the management of the home and said, "The care of the residents is their highest priority, they know them well and go out of their way to make sure they are comfortable at all times".

The service sought people's feedback and involvement through meetings and minutes of those meetings were made available. The service had conducted various quality assurance surveys with people, relatives and visitors which included professionals. All surveys seen were analysed and actions were clear. Recent surveys showed positive results from all who responded. An example action from the people surveys was to increase the variety of activities, this has been improved. The assistant manager told us, "We are always looking to improve activities in the home and looking for new ideas".

The home had made links with various community organisations such as local churches, schools and charitable organisations. The home held a day care service where members of the public came to join in with activities and have lunch each day. People enjoyed this and told us there was always someone to talk to. The registered manager told us, "We receive referrals through the local surgery and it is popular. Some people come to day care, have respite and then stay". A relative told us, "My loved one used to visit Chaseborough for day care, but now does not want to go home, they are so happy". The registered manager and assistant manager told us they were keen to involve people in the community and bring the community into the home.

Learning and development was important to the registered manager and assistant manager. The assistant manager had recently completed a national qualification in health and social care management. They attended regular registered manager network meetings, learning hubs, training through the local authority and used online guidance and publications to keep updated.

The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us records. The registered manager and assistant manager supported each other in the running of the home.

Quality assurance systems were in place to monitor the standard of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The registered manager had completed various audits such as medication, health and safety, accidents, incidents and infection control.

The service had good working partnerships with health and social care professionals. They told us, "I would describe the standard of partnership as high. I am always warmly received when I call and visit. Chaseborough always contact us appropriately and are always happy to talk concerns through".