

Purelake (Chase) Limited

# The Chase

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 29 and 30 June 2017 and was unannounced. The previous inspection was carried out in January 2016 and concerns relating to the management of medicines, the management of risk, the maintenance of the premises, infection control, staff training, people not being treated with dignity and respect and quality monitoring were identified. At that time we asked the provider to send us an action plan about the changes they would make to improve the service. At this inspection we found that actions had been taken to implement these improvements. However, some areas required further improvements.

The Chase is registered to provide personal care and accommodation for up to 31 people. There were 29 people using the service during our inspection; who were living with a range of health and support needs. Many people were living with different types and stages of dementia. The Chase is a detached house situated in a residential area of Canterbury, with access to the city centre. There were 29 bedrooms, two being able to offer double occupancy. People's bedrooms were provided over two floors, with a passenger lift in-between. Six of the bedrooms had ensuite facilities whilst the others had shared bathroom facilities over both floors. There were sitting and dining rooms on the ground floor and an enclosed garden to the front and rear.

The service had a registered manager, who was present throughout the inspection. 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 and associated Regulations about how the service is run.

A number of audits and checks were carried out each month by the registered manager, deputy manager or area manager, but they had not been wholly effective in identifying the shortfalls in food and fluid intake or in driving forward improvements in the environment.

People were offered a choice of nutritious meals and snacks. A picture board was displayed to prompt and remind people about the day's menu and their meal choices; however during the inspection this was not kept up to date and therefore could confuse rather than assist people.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A robust system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit and appropriate to be working with people. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to support people in a way that met their needs. Staff continued to receive training and support. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

The care and support needs of each person were different, and each person's care plan was individual to them. Care plans, risk assessments and guidance were in place to help staff to support people in an individual way. People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Correct procedures were followed when depriving people of their liberty. Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs well, they treated people with kindness, compassion and respect. Staff took time to speak with the people they were supporting. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. People's privacy and dignity was respected.

Complaints had been properly documented, and recorded whether complainants were satisfied with the responses given. People and relatives said they knew how to complain if necessary and that the registered manager was approachable.

Staff felt there was good communication and were clear about their roles. They felt well supported by the registered and deputy managers. Feedback was sought from people, relatives and professionals.

## 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.

There were enough staff on duty to support people and keep them safe. Appropriate checks were completed when employing new staff.

People were kept safe from abuse or improper treatment. Actions to reduce known risks to people had been taken.

Medicines were managed safely and people received their medicines when they needed them.

### Is the service effective?

Requires Improvement ●

The service was mostly effective but required improvement in some areas.

Food and fluid recording was not always consistent, but people received enough to drink. Picture menus were available but did not always display the correct meal.

People's rights had been protected by proper use of the Mental Capacity Act (MCA) 2005.

Staff training and supervision was effective in equipping staff with the skills needed for their roles.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring.

Staff acted sensitively to protect people's privacy and dignity.

Staff engaged well with people. Staff spoke with people in a caring, dignified and compassionate way.

People were supported to be independent where possible.

### Is the service responsive?

Good 

The service was responsive.

Care planning was person-centred and people's individual choices and preferences were observed in practice.

People participated in activities that they enjoyed. Staff had a good understanding of people's needs and preferences.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Audits and checks were in place. Most auditing had been effective but some areas needed greater input to ensure all shortfalls were identified and remedied.

Feedback had been sought from people, relatives and staff and suggestions for improvement were acted on.

Events which affected people using the service had been appropriately reported to the Commission.

Staff were clear about their roles and responsibilities and felt supported.

# The Chase

## **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 took place on 29 and 30 June 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, including previous inspection reports and their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection visit we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We spoke with six of the people who lived at The Chase. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support. We spoke with four people's relatives. We inspected the home, including the bathrooms and some people's bedrooms.

We spoke with six staff members and the registered manager and the area support manager. We reviewed a variety of documents. These included six care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records, audits and quality assurance surveys.

# Is the service safe?

## Our findings

At our last inspection we found that medicines were not always appropriately administered and stored in line with the service's medication policy, this was a breach of Regulation 12 of the Health and Social Care Act 2008. At this inspection we found that improvements had been made. The medicines room had been moved to a more appropriate location and enabled staff to store medicines securely and at the right temperature to ensure the quality of medicine people received. There were policies and procedures in place for staff to follow. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Medicines administration records (MAR) charts were fully completed and contained photos to help staff ensure the right people received their medicines. Where people were prescribed medicines on a 'when required' basis, for example, to manage constipation, pain or skin conditions, there was guidance in place for staff on the circumstances in which these medicines were to be used safely. However, this guidance was kept with care records. During the inspection we recommended that a copy should be stored with each person's MAR charts, the registered manager said they would do this.

A number of comprehensive medicine audits had been introduced and were completed by the registered or deputy manager; we saw clear records of the checks that had taken place. Medicines that were not part of the pre-packaged medicine dosage system were dated on opening, in line with current good practice. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines. Regular competency checks were completed for staff responsible for administering medicines.

Following our last inspection we reported that action to reduce the risk of recurring incidents had not been effective. During this inspection we found that there were improvements; staff understood their responsibilities with regards to dealing with, and responding to incidents. Risks to people had been identified and assessed, there was guidance in place for staff to follow about the action they needed to take to make sure that risk was minimised and people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. We observed that staff followed care plan information when assisting people to move around; which helped to keep them safe.

At our last inspection we found that works had not been undertaken to reduce the risk of the spread of infection. During this inspection we could see that the provider had taken action to improve the premises and reduce the risk of infection spreading. The laundry room had been extended and decorated; this enabled a clear flow for dirty and clean laundry and reduced the risk of infection spreading. Other areas had also been improved; there was an ongoing plan for continued improvements.

Whilst the premises appeared to be clean and in general well maintained, in some areas there was a strong smell of urine, particularly on the first day of the inspection. Monthly audits had identified that there was

some strong smells in some areas and recorded that areas were deep cleaned or that in one particular area, it had been identified that head office were aware of the need for new flooring. We recommend that the provider ensures that the flooring is suitable to meet the needs of people throughout the premises.

There were policy and procedures in place for safeguarding adults from harm and abuse, along with the Kent and Medway Multi-agency Safeguarding Adults Policy, Protocols and Guidance; this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Recruitment files showed that the required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied. There were sufficient staff to meet people's needs. People told us that call bells were generally answered promptly and we observed that staff attended people's needs throughout the inspection. Rotas' showed that staffing had been consistent in the weeks prior to our inspection. Staff told us that they thought there was usually enough staff and that they all worked well together. The registered manager explained that staffing levels were based on people's care needs and considered, for example whether people needed the support of two staff.

Checks took place to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Infection Control and Health and Safety audits were completed by management. Fire risks had been assessed and people had individual emergency evacuation plans. These gave details of the assistance each person would need in an urgent situation. Staff had received fire safety training and could describe the way in which people would be helped.



## Is the service effective?

### Our findings

People and their relatives told us that they received good care. One relative commented, "My wife is very happy here. She's been here for a few months, having come just for respite originally. The staff do very well and I know that she regards it as her home." One person told us, "I'm very happy here, it's like a hotel."

At the last inspection we reported that the provider had not suitably maintained the premises this was a breach of regulation 15 of the Health and Social Care Act 2008. During this inspection we found that the refurbishment and decoration programme had been ongoing and that improvements had been made throughout. Thought and consideration had been put into the redecoration and the different areas of the building were being decorated according to the four seasons of the year. Further works were still needed around the building; however it was clear that there was a plan in place and action being taken.

At the last inspection we reported that staff had not received training essential for their roles. At this inspection the majority of staff had received the training they needed to carry out their jobs effectively. The registered manager told us there was an ongoing programme in place for staff to complete training; we saw that some staff had recently completed some training prior to the inspection. Staff completed an induction to get to know people, their preferences and routines. Staff had either completed or were working towards recognised adult social care vocational qualifications. Training was arranged to support staff to meet people's specific needs, including challenging behaviour, advanced dementia awareness, diabetes and end of life care. Staff told us they felt supported by the management team and were able to discuss any concerns they had with them. Staff received one to one supervisions with the registered or deputy manager, to discuss their practice and annual appraisals were planned to take place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes 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. People were offered information, in a way they could understand, to help them make decisions.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were

free to come and go as they pleased. People went out with staff, friends and family.

During the inspection we observed staff providing care and support to people. Staff communicated with people in a way that suited individual needs and adapted their approach to each person. During discussions staff described how they cared for each person day to day; the staff team knew people well and understood how they liked to receive their care and support. People were encouraged and supported to make choices, for example; what they wore, what they had to eat and drink, where they spent their time and who with.

People's health was monitored and care was provided to meet any changing needs. When it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People were weighed regularly and the registered manager audited weight records so that they were aware of any weight losses that required professional intervention. People with specific health needs, such as diabetes, had care plans for staff to follow to ensure people received the support they needed. Monitoring charts were in place for people whose intake needed to be monitored. These were not consistently completed accurately or in line with guidance from care records. This is an area for improvement.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the inspection we heard staff discussing with people what was on the menu. Staff respected people's choices about what they ate and offered alternative options. People were supported and encouraged to eat a healthy and nutritious diet. People were offered a choice of drinks and snacks throughout the inspections. There was a menu board in the dining room which displayed pictures of the day's menu. This was changed mid-morning on the first day of the inspection, and corresponded to what was served. On the second day of the inspection the same pictures were still displayed and did not match the lunch served for that day. The pictures had not been changed when we left at the end of the day. This meant people could not check what meal options were being served and may be left confused.

## Is the service caring?

### Our findings

People told us they were happy living at the service and their comments about the staff were positive. One person told us, "No complaints at all. I'm very happy here." Another commented, "The staff are lovely, very kind. They do care. It's not an easy job but they all do it very well. They are always good fun, chatty, happy and smiling."

At the last inspection we observed incidents in which people were not valued and their dignity was not fully respected. At this inspection we found that this had improved; people's dignity was respected. Staff were considerate of people's dignity and treated people with respect. For example, staff knocked on people's bedroom doors before entering and asked permission before placing a food protector around them. Staff were mindful about people's state of dress and responded to rearrange people's clothing in a discreet way if it became necessary. Staff used people's preferred names and spoke with them respectfully, light-hearted conversations took place, where people and staff joked with each other; it was clear that people felt relaxed in the friendly atmosphere. Staff talked about and treated people in a respectful manner and supported people in a way that they preferred.

People's privacy was respected. People chose whether they wanted to spend time in communal areas or in the privacy of their bedrooms. During the inspection people were moving around the home as they wished, between their own private space and communal areas. Those who chose to had keys to their bedrooms. People could have family and friends visit when they wanted. Relatives told us that they could visit or call at any time and that they were generally kept up to date with their relatives care.

We observed kind interactions between staff and people throughout the inspection. At mealtimes many people sat in the dining room together. This gave opportunity for conversation and we heard people laughing and joking with each other and staff. Tables, although heavily scratched in places, had been laid with cloths to improve the experience of eating at them. At other times we observed staff supporting people to drink in their bedrooms or stopping for a chat when people wanted to talk. Staff were patient, did not rush people and held their hands at times for reassurance. Staff bent down or kneeled to talk to residents who were seated. The staff team were polite and cheerful and those we spoke with were positive about working in the service. One staff member told us that they had returned to work at The Chase because of its homely and welcoming nature.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. When staff were new they read the care plans to get to know how to support people and spent time working with experienced staff to see how people preferred to be supported. Staff explained how they supported people and how people were given the information they needed in a way they understood so that they could make choices. Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People were encouraged to be as independent as possible. Staff told us that they supported people to do what they could such as washing their own hands and face or picking out their clothes for the day. People who needed it, were given support with washing and dressing. Care plans had sections which recorded 'I can do this... and I need help with this...' to guide staff to understand people's individual levels of independence. This could also help staff to identify important changes in people's abilities. When people had to attend health care appointments, they were supported by family or staff that knew them well.

There was no one receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected. People's care plans recorded how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

## Is the service responsive?

### Our findings

People told us they felt staff supported them and responded to their needs, they told us they were asked about their preferences and were offered choices. People and their relatives told us that they 'did not really have very much to ask for but they felt sure the registered manager and staff would always do their best to accommodate.'

When people were considering moving into the service, they and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not. People and visiting relatives told us that the registered manager and staff were very good at helping and planning the care required when they first moved in. Staff were knowledgeable about the residents' past lives and family members told us that they were asked about their loved ones' past, likes, dislikes and preferences.

Care plans had been written in a person-centred way and gave staff an understanding of the person and how to support people in the way they liked. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food and drink. They contained healthcare guidance, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital.

An activities coordinator was employed to work at the service. Throughout the inspection people were kept occupied with a variety of activities. An art session took place and people were encouraged to participate. Staff also spent time chatting with people. On the second day of the inspection people enjoyed Afternoon tea in the dining room, whilst listening to music. People told us they enjoyed this relaxing and social time. Some people sat singing and others spent time reminiscing over the music and chatting about what memories it held for them.

People were supported to go out shopping or on other outings. During the inspection one person was supported to go and visit their dog. Other activities included exercise classes, quizzes, bingo films, reminiscing, reading, board games and cake decorating. The activities coordinator kept a record of activities that people took part in, their level of participation and how well the activity went as a whole. This enabled them to plan a programme of activities that people would enjoy. People told us they were regularly asked if there was other things that they would like to do or see happening at the service. Relatives and friends were encouraged to visit and participate in activities, for example a Summer garden party was held in the garden. Some people and their relatives told us they felt the gardens could be better maintained and used. One relative commented, "It's such a shame that the garden is not used more. I'm sure if it was more inviting, residents and their visitors would use it. It could be beautiful. It looks neglected, as does the back garden. Some of the residents will have been keen gardeners, I'm sure, and might like to potter about out there if it was suitable." The registered manager told us they had made a start on improving the grounds and that plans were in place for the continued improvement of the outside spaces.

Residents meetings gave people the opportunity to raise any issues or concerns. During these meetings

people were able to discuss and comment on the day to day running of the service. Minutes showed that discussions around activities and menus had taken place. One person had commented, 'more fish and chips please!' and another had been recorded to have said, 'no concerns with the cleanliness and presentability of the setting.'

Complaints had been managed effectively. We read complaints which had been logged by the registered manager. A record had been made of the actions taken to address any complaints. These included acknowledging the concerns and carrying out an investigation. People and their relatives told us that they knew how to make a complaint; but those we spoke with said they had not had cause to do so. There was a complaints protocol on display which described how the process worked.

## Is the service well-led?

### Our findings

People and relatives told us that they found the registered manager to be 'very nice, very friendly and approachable.' A member of staff told us that they found the registered manager and their deputy to be, "very supportive; they are lovely. They are always ready to talk."

The service had a registered manager who was supported by a deputy manager, senior care workers and a team of care workers along with ancillary staff. Staff told us that the registered manager was very supportive and that they listened if they had suggestions and always tried to improve the service. Relatives told us that they found the registered manager approachable and were comfortable talking to them. People told us that they had no worry about talking to either the registered manager or deputy if they had a problem. One person commented, "The staff and manager are all lovely."

The registered and deputy managers demonstrated a good knowledge of people's needs and led by example. They checked staff were providing care to these standards by working alongside them and observing their practice. During the inspection we observed that people engaged well with the registered manager who was approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection. There was a positive and open culture between people, staff and management. Through our observations it was clear that there was a good team work ethic.

At the last inspection we reported that quality monitoring processes were not fully effective and robust. During this inspection we found that systems had been improved; regular audits and reviews were carried out to identify any shortfalls in areas such as health and safety and care records. However, not all had been effective in recognising shortfalls. For example; the shortfalls in consistent recording on monitoring charts. Other audits had identified concerns, such as the strong odour and the need for flooring to be replaced but had not been effective in driving forward the necessary improvements at the time of the inspection. This is an area that requires continued improvement.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

Systems were in place for quality monitoring checks. Recent quality assurance surveys from people and relatives had been collated and analysed. This analysis showed the comments made and the actions taken in response, an improvement plan with timescales had been put into place and was available for people and relatives to view. Staff also had the opportunity to feed back their views during team and one to one meetings.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely

way and had done so.

Services are required to prominently display their CQC performance rating. The registered manager had displayed the rating in the entrance hall.