Life Style Care plc

The Chase Care Centre

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The Chase Care Centre is a purpose built nursing and residential care home. The home is located on the outskirts of Watford Town Centre. It has the capacity for up to 110 people some of whom live with dementia and it also provides nursing care and palliative care.

There were 110 people living at the service on the day of our inspection. The service has a registered manager in post and they were present on the day of this visit. They were registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This was the first Inspection since being registered with the Care Quality Commission in October 2015.

People told us they felt safe and secure living at The Chase Care Centre. We found staff were knowledgeable in recognising signs of potential abuse and knew how to report concerns both within the organisation and externally if required.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including during the night and at weekends. People received appropriate support from staff to enable them to take their medicines.

People and their relatives felt confident to raise any concerns and told us they were confident any concerns would be resolved without delay. People received their care and support from a staff team that fully understood people's health and care needs and who had the skills and experience to meet them.

We found that people who used the service people were treated with dignity and their privacy was maintained.

The activities programme provided did not always reflect the individual needs of people who used the service and could benefit from being improved.

The current menus could benefit from being reviewed and updated to reflect people's individual choices.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, and were suitable to work in a care home environment as well as being fit for the roles they were being employed to carry out.

Staff were well supported by the management team and received an induction from senior staff when they first started working at the home. They received on-going training and support to enable them to perform

their roles effectively. Staff had regular individual supervision meetings, team meetings and had an annual appraisal to review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

People's views about the service were gathered using surveys and verbal feedback. Feedback was used in a positive way to improve the quality of the overall service. People were positive and complimentary about the service.

Relatives, staff and professional stakeholders were complimentary about the staff and how the home was run and operated. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and were supported by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that staff were suitable.

Sufficient numbers of staff were always available to meet people's individual needs in a timely way.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively.

Is the service effective?

Good

The service was effective.

People's wishes and consent was obtained before care and support was provided.

Staff were trained to help them meet people's needs effectively.

People were supported to eat a healthy balanced diet which met their needs. However the current menu could benefit from providing a wider choice to people.

People were supported to have their day to day health needs met.

Is the service caring?

Good

The service was caring.

Care was provided in a way that promoted people's dignity.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives, where appropriate, were involved in the planning and reviews of the care and support provided.

The confidentiality of personal information had been maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always provided with an activity programme that met their needs or respected their choices.

People's care was responsive to their individual needs.

People were supported to be involved in decisions about their care.

People's concerns were taken seriously and acted upon.

Is the service well-led?

Good

The service was well led.

Effective systems were in place to monitor and review areas of the service that required improvement.

People, relatives and healthcare professionals were positive about the manager, staff and how the service operated.

The Chase Care Centre

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 5 April 2016 and was carried out by two inspectors, one expert by experience and two specialist advisors. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. The provider was also required to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 15 people who lived at the service, eight relatives, nine members of staff, the registered manager and the regional manager. We received feedback from social care professionals. We viewed eight people's support plans.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and they were well supported by staff that had been trained to recognise and respond to the potential risks and signs of abuse. One family member told us that their relative was safe. They said, [Relative] is definitely safe because staff do everything they are supposed to." Another [Relative] told us "They check [person] every hour because [they] can't use the call bell to make sure [they are] safe."

Staff were knowledgeable about the principles of safeguarding, how to raise any concerns they had, both inside the home and externally, and also how to 'Whistle Blow' if the need arose. Staff told us they had access to detailed guidance about how to report safeguarding concerns which included contact details for the relevant local authority. One staff member told us, "We all know about safeguarding and how to make sure people are protected and safe from harm; the manager makes sure of this." Another staff member told us, "I have been here for many years and each year we have training about safeguarding to keep us on our toes." One relative told us, "The staff here are trustworthy and kind and I never worry when I leave that my [Relative] will come to any harm."

People were supported by staff that had been through a robust recruitment process. This help to ensure that staff employed at the home were suitable for the roles they performed. This included checks to make sure they were of good character and physically and mentally fit to do their jobs. The provider had flexible working arrangements which ensured there were enough suitably experienced and skilled staff available to meet people's agreed care and support needs safely, effectively and in a calm and patient way. A relative of a person who lived at the home told us "I have confidence that my [Relative] is safe, however I must say that others could be at risk when somebody kicks off but that doesn't leave me worrying about if my relative is safe at the home as the staff are competent and efficient."

People had detailed assessments of their needs and dependency levels carried out and reviewed to help the management team ensure there were enough suitable staff available at all times. During our visit we saw that at most times there were sufficient numbers of staff available to care for and support people in a calm, patient and unhurried manner. One relative told us, "Generally there are four or five staff on each unit and I am sure this is adequate however, more staff are always going to be a bonus to deal with the on-going needs of the residents."

We found that people had access to their call bells on all four of the units but not everyone was able to use their call bell due to their complex and individual needs. We saw evidence that individual risk assessments had been completed for these people and staff were able to identify the people who were unable to use their call bells. We saw that there was a record maintained with regard to hourly checks for these people to ensure their safety was maintained.

The home had the appropriate systems in place to manage medicines safely. We saw evidence of peoples currently prescribed medicines on the Medicines Administration Records (MAR). These correlated with the copy of prescriptions kept by the home. We looked at recording of medicines and saw no omissions in the

recording of receipts of medicines, administration of medicines and disposal of medicines. The allergy status for each person was clearly stated on the MAR so that people were not given a medicine which could cause an adverse reaction.

Storage of medicines in all units was tidy, well-organised and secure. Temperature monitoring of rooms and fridges ensured that medicines were kept at the right temperature to maintain their potency.

Several people were prescribed 'As required' medicines to be taken for example if they were in pain or very anxious. We saw clear protocols to describe how and when these medicines were to be given and a separate record was kept of the benefit or effect of giving each dose.

Several people were not able to swallow and we saw that they were either fed through an enteral tube or by a pureed diet. There was evidence of dietician involvement with detailed protocols for those people received their medication by tube within the care plans and risks assessments were in place to ensure best practice. We observed that for all people with swallowing problems liquid medicines were prescribed where appropriate so that medicines did not need to be crushed. Some people needed their medicines given to them hidden in their food to ensure compliance. We saw that the home had consulted with the persons GP, pharmacist and family and obtained agreement that this was in the person's best interest.

The home was carrying out daily checks of the MAR charts which ensured accurate recording and monthly detailed audits where the medicines systems were scrutinised and random stock checks were made. The last audit we viewed was carried out 6 March 2016 and we saw that action was taken and recorded when concerns were noted.

A newly employed nurse confirmed that they had received that medicines training had been part of their induction and we saw that all nurses had regularly competency assessments.

Potential risks to people's health, well-being and safety had been identified, documented and reviewed on a regular basis. Steps were taken to mitigate and reduce the risks wherever possible in a way that took full account of people's individual needs and personal circumstances. This included areas such as mobility, nutrition, medicines and skin care. The registered manager adopted a positive approach to risk management which meant that safe care and support was provided in a way that promoted people's independence wherever possible. For example, risk assessments associated with the risk of falls, the risk of malnutrition and the risk associated with people's skin breakdown had been completed.

The registered manager used information from accident, injury and incident reports to monitor and review new and developing risks and put measures in place to reduce them. This meant that information and learning outcomes were used effectively to mitigate risks wherever possible which ensured people received safe care.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Additional emergency guidance, checks and tests were tailor made to cater for the needs and particular circumstances of night duty staff. Regular checks were carried out which ensured that the equipment used were well maintained to keep people safe. Detailed personal evacuation guidance had been drawn up for each person to help staff provide effective support in the event of emergencies.

Good

Is the service effective?

Our findings

One person who lived at the home told us, "All the staff know exactly how to support me, it's only a few of the new ones I have to remind about how I liked to be showered." One relative told us, "I visit every week and always find that staff are available to discuss any concerns I have and whoever I ask, they all know my [Relative] well and what their problems are."

People were supported by staff who had the appropriate training and supervision for their role. Staff told us, and training records confirmed, that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people, for example with behaviour that challenged, and knew how to support a person when they become distressed or anxious. From our observations we saw that staff worked in accordance with their training. We also saw that all staff were provided with training that related to supporting people with dementia. Staff told us they had the opportunity to undertake and refresh their training. One member of staff said, "We have a range of training opportunities and not just the mandatory training but extra courses such as learning about Parkinson's and how to manage people who have challenging behaviour." This meant that staff's knowledge and expertise had been further developed to benefit and care for the people who lived at the home.

Newly employed care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working with people independently. Training was provided during induction and on an on-going basis. We spoke with one new member of staff who described their induction programme and the training provided during their first two weeks. They were very complimentary about the member of staff who they had shadowed and felt that they had learnt a lot from them. The staff member said, "I had a five day induction." They told us that the training was good and confirmed that they had been shadowed to ensure they were competent before they were permitted to work unsupervised.

Staff received regular support through supervisions from their managers. An annual appraisal system was in place and staff told us that they received the support and guidance they needed from their managers and the provider. Staff told us they worked as a team and felt supported in their role by the registered manager and each other. One member of staff told us, "The senior staff are hands on and therefore have regular contact with all of us which means any issues are resolved quickly. I think we work well as a team and learn from each other." All nine staff members we spoke with considered they received appropriate guidance and support from their line managers.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The home had made Deprivation of Liberty safeguards

[DoLS] applications to the local authority which related to keeping people safe within the home.

Good

Is the service caring?

Our findings

People were supported in a kind and compassionate way by staff who knew them well, were knowledgeable about their care needs and who had taken time to develop positive and caring relationships with people. One person told us, "My [Family Member] is very happy with the care and they are a nurse." Another relative told us, "They talk in a respectable way, I have listened behind the door and it's still kind and caring." One person who visited their [Family Member] regularly told us, "My [Relative] is always happy, clean and well dressed. They [Staff] look after [Name] really well. They are very understanding, I am blessed that they are here." Another [Relative] told us, "The care is very good."

People's dignity was always respected by the staff who cared for them. One person who lived at the home told us, "I feel listened to and the care I receive is good, although I would like staff to have more time to just sit and chat with me." A person [Name] told us, "They look after me well." One visitor told us, "We looked at five other homes and this was the best."

Staff knew people well and told us about their history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. We saw that staff used this knowledge to support people. For example, we saw one person had become anxious. We observed the staff member approach them in a calm manner, gently putting their arm around their shoulders and bending down to the person's eye level. They established what they needed and then slowly assisted them with locating their bedroom. Throughout the visit we found that staff addressed people by their preferred name and spoke in a calm and reassuring way.

People were involved, where possible, in their reviews and discussions about their care with the support of their key workers, family members and health and social care professionals. This involvement was reflected in people's individual plans of care and showed they were consulted about progress in terms of health, social care and their independence. For example, a care review relating to one person noted they had become frailer in recent months and at higher risk of malnutrition and poor skin integrity. We saw that a plan had been put in pace to record this person's fluid intake and diet as well as ensuring the person was weighed on a weekly basis.

The registered manager and staff were all aware that local advocacy services were available to support people if they required assistance. We saw information that related to such services displayed within the main reception area of the home. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Staff also ensured that people's private information was held securely and demonstrated the importance of maintaining confidentiality. For example, when we reviewed documents as part of our visit they were taken back to where they were stored which ensured the records remained private.

Requires Improvement

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. One person told us, "The interaction I see is good, I have seen staff put my mum to bed and I was impressed with the care. Another [Relative] told us that "I think the home is excellent."

There was a weekly timetable for activities which was displayed throughout the home. We saw that this included bingo sessions, music and sing a long sessions, films and DVD's choices. However, we found that the current activity programme did not focus on providing specific activities for people who were living with dementia. We saw a ball game taking place with a group of people in one of the dementia units. The ball was thrown to people who were unaware of their surroundings and who had limited understanding of what the ball game involved. We saw one person was startled and unprepared when the ball was thrown to them, causing them unnecessary anxiety and stress.

We saw that on another unit there were no activities offered or provided to people throughout the duration of our visit. We observed people experienced long periods of time just sitting or left to wander up and down the corridor without being offered any stimulation or an opportunity to engage with any activities. This was discussed with the manager as part of the feedback session at the end of the inspection. They accepted that this was an area that required improvement.

Another care plan recorded that the person 'Liked curries with naan bread and also like to go to the pub' however we found that there was no record of any of these activities being offered or that had taken place within the past eight months. When we spoke to the [Relative] of this person they confirmed with us that these activities had not been provided. We spoke with two staff members and neither person could recall if when this person had last been offered the opportunity to go to the pub or have enjoyed a curry. One person's care plan stated that they would like to go swimming. However, this information was dated September 2015 but there were no records available that confirmed that this person had been offered or provided with this activity in the past seven months.

Staff had access to information and guidance about how to meet people's identified needs and were very knowledgeable about their likes, dislikes and personal circumstances. However, although staff knew how to deliver support in a person centred way, people's individual plans of care were mainly task oriented and therefore did not always contain sufficient information about their preferences or how they wanted things done. The registered manager acknowledged that this was an area that could be further developed.

A visiting relative told us, "The registered manager would either call me on the phone or catch me when I'm visiting to arrange for a review." People had a pre- admission assessment completed by the senior management team prior to moving into the home. This helped identify people's care and support needs. Care plans were then developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, their families, other professionals and people's historical information were used to assist with people's care planning. One

person who lived at the home told us, "I have been involved with my care plan. They review it with me every three months and my [Relative] gets a call at home to come in and review the care plan with me and my keyworker."

Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw guidance within care plans which explained how people at risk, should be cared for. We saw that one care plan explained, in detail how the person's skin tear should be managed. This care plan also contained photographs of this person's wound and demonstrated how the skin had improved. We also looked at three care plans where people had been assessed at risk of malnutrition and a poor dietary intake. All three care plans had a fluid chart in place that was both up to date and accurate. This meant that people were protected from the risk of dehydration and their dietary intake was closely monitored. We found that people with diabetes had their blood glucose monitored and recorded within their individual care plans. All these plans had been reviewed and updated in January 2016.

Some people experienced seizures and were prescribed anticonvulsants medicines to prevent them. We saw that there protocols within their care plans in order that staff knew how to recognise the type of seizure and what to do if one occurred. We saw for one person that they had had several seizures in March 2016 following a recent hospital discharge and that the GP was in contact with the specialist consultant to review medicines dosages for this person.

All visits by healthcare professionals and discharge letters from hospital were kept in the persons care plan and we saw use of summary care records and printed consultation notes so that review of medicines and health and well-being were accurately recorded and available for reference.

We saw that four of the care plans we reviewed did not have accurate or up to date information regarding the activities the person enjoyed doing. We found that there was no information within the person's history, preference or choices sections of the plan to assist the activity staff with planning people's individual activities. This meant that we could not be confident that these people had been offered or had participated in any activities. People had also raised an issue in which they had requested more organised trips out of the home to be incorporated into the activity programme.

People and their relatives told us they were consulted and updated about the care and support provided and were encouraged to have their say. They felt listened to and told us that the registered manager was always quick to respond to any issues raised in a prompt and positive way. The registered manager told us they had a complaints procedure in place. One person us, "I was told how to complain but I have never had cause to." A relative told us "The only problem I had was that they were not cleaning my [Relatives] teeth properly but they are doing this now after I complained to the manager." We saw that there was a complaints procedure displayed throughout the home and the complaints log seen had responded to complaints raised and had been resolved within the given timescales.

Good

Is the service well-led?

Our findings

People who lived at the home and their relatives were all positive about how the service was run, the registered manager and the staff. Relatives also told us that they could visit whenever they wanted and that the registered manager's door was always open to them. One [Relative] told us that, "The Manager always completes their rounds and calls people by their preferred name. I have always found the [Registered] manager to be available if I have a problem. People we spoke with throughout our visit were positive about the staff team, the kitchen and domestic staff. One person told us that "My room is cleaned every day and nothing is too much trouble." A [Relative told us "They are always available, but if not I can always send them an email with a request to call me back or to do whatever is needed to be done. We had a problem as my [Relative] was losing their clothes when they went to the laundry. This issue was resolved by the manager on the same day by providing labels to be sewn into their clothing by a member of the domestic team."

The provider had systems in place to assess the quality of the service provided for people. The provider's representative told us that they undertook monthly visits on behalf of the provider and routinely checked all areas of the service, such as the environment, care plans, staff files, staff supervision, medicines and health and safety. We viewed records of these visits which confirmed that all areas of the service were regularly reviewed to help ensure that people received a safe service. This showed us that the provider had systems in place to monitor the quality of service being provided at the home.

The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff clearly demonstrated an understanding of what they would do if they observed bad practice. The registered manager said they encouraged staff to challenge bad practice and they promoted a robust whistle blowing policy which staff confirmed.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

There were regular staff meetings which the staff told us they appreciated and felt able to contribute to. One staff member said, "The meetings give us a chance to voice our opinions and discuss any issues that we may have, like training."

The home held relatives and residents meeting where several topics and issues were discussed. The last relatives meeting was held in March2016 where several topics were discussed which included plans to further improve the environment, communication, activities and nutrition and menus choices. The action plan seen from the most recent meetings provided evidence that issues raised were being addressed and actioned. For example people said that they would like opportunity for more trips organised outside of the home and people had also raised the issue regarding the lack of choices with regard to the current menus and how they would like to have more variety.

The culture of the home was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed.

Staff had individual supervision which was another forum where staff could discuss any concerns or issues they may have had as well as being supported and to receive feedback about their performance. Staff were clear about their roles and the focus on people who they supported and enabled them to maintain their independence. One staff member told us that, "The [registered] manager and senior staff are happy to discuss any issues we have and are often on the floor so we can chat with them informally if we don't want to wait for our supervision."

People were given the opportunity to influence the service they received by completing an annual survey to gather their views. Annual surveys were sent out to people who lived in the service, visitors and other stakeholders. People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views. We saw the results of the most recent satisfaction audit carried out in 2015/16. The results were generally positive with people stating they were happy with the staff who supported their relatives and the care provided but improvements could be made in relation to the current menus and the activities programme. There was an action plan in place to address the outcomes of this survey which was currently being implemented.