

Chase House Limited

# Chase House Limited

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place 6 & 7 July 2016 and was unannounced.

The inspection was carried out by one inspector.

Chase House Residential and Nursing Home provides nursing and personal care for up to 50 older people. Most people who use the service are living with dementia. On the day of our inspection 48 people were using the service.

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.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report any concerns. People had risk assessments in place, which had been reviewed, to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service to ensure appropriate staff were employed to provide care for people.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and senior staff and had regular one to one time for supervisions. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required. People were encouraged to have a healthy balanced diet. Special diets were catered for.

People were supported to access a variety of health professional when required, including opticians and

doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in a variety of activities. Specific activity staff were employed who arranged a number of activities.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement where necessary.

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good 

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good 

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

# Chase House Limited

## **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 6 & 7 July 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in May 2014.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration and activities.

We spoke with five people who used the service, two relatives of people who used the service, the registered manager, the care coordinator, the clinical lead/deputy manager, two nurses, two senior care assistants, three care assistants and the chef.

We reviewed six people's care records, six medication records, six staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

All the people spoken with told us they felt safe. One person said, "I am safe and the staff are good to me." Another person said, "Yes, of course I am safe." A relative said, "I have no concerns regarding dad's safety." Another said, "I know my wife is safe here, we moved her from another home, not sure she was safe there."

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would go and tell the senior immediately." Staff told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. Staff were aware of the provider's policies and procedures and felt that they would be supported to follow them.

There were notices displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

Within people's care plans were risk assessments to promote and protect their safety in a positive way. A staff member said, "We use the risk assessments to keep people safe." They included; moving and handling and falls assessments. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were used on a daily basis to enhance the support provided.

We saw that the service had an up to date fire evacuation plan which included Personal Emergency Evacuation Plans (PEEPs) for people who used the service. These were to assist the emergency services in the event of evacuation. We also saw that the service had contingency planning in place in the case of complete evacuation.

Accidents and incidents were recorded and monitored. A monthly summary sheet had been collated to monitor each month's incidents which the registered manager reviewed. This showed any trends could be identified and action plans developed. The registered manager had reviewed each accident/incident.

People told us there were enough staff on duty. One person said, "There's plenty of them around." Another said, "Lots of staff and they are very friendly." A relative told us, "There is always plenty of staff." On the day of our inspection there was enough staff to ensure people were able to get the support they required. On the morning shift were three nurses, three senior care staff and eight care staff plus five housekeepers a cook, two activity staff, a driver and a gardener/maintenance person. During the afternoon there were two nurses, three senior care staff and eight care staff. They were supported by the registered manager, the care coordinator and the clinical lead/deputy manager. We saw the rotas for the month and they reflected the

number of staff on duty.

The registered manager told us that they had a recruitment policy which was followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. Staff told us, "I had to provide two references and get a DBS check before starting work." New staff also had to attend the provider's mandatory training before being allowed to go onto the rota. A staff member said, "I had to do some training courses first. I then shadowed experienced staff so I could get to know people and their routines before I worked on the rota." Records we saw, and staff we spoke with confirmed these checks had taken place. This ensured staff employed were suitable to work with people who used the service.

All people who used the service and their relatives spoken with felt happy with the way medication was dealt with. One person said, "I get my tablets on time." A relative said, "I do not have to worry about [name of person] medication, staff deal with all of that." Staff told us that the nurses administered all of the medication. We observed medication administration at lunch time. This was carried out following the correct policy and procedure ensuring people got the correct medication. The medication file contained each person's photo, their individual medication protocol and their Medication Administration Record (MAR). MAR sheets we looked at had been completed correctly. We carried out a stock control check and all medicines were correct. There was also a thermometer in the medication cupboard which staff checked to ensure medication was stored at the correct temperature. Medicines were stored correctly and audited monthly. On the day of our inspection the local authority clinical commissioning group had visited to carry out a medication audit. There had been no issues found.



## Is the service effective?

### Our findings

People received effective care from staff who had knowledge and skills in working with them. We spoke with a person who told us, "They are very good and know what they're doing." A relative said, "The staff are well trained, they only employ the best staff." Another relative said, "They have had some training for dad's specific needs." This meant they were able to provide the correct support for a person with specific needs. Staff told us that they knew how to support people as individuals and recognise their specific needs

Staff told us there was a lot of training available. One said, "The training is good. Any that is coming up is on the notice board." We saw notices for dementia, fire awareness and challenging behaviour training during the next month. The service kept a training matrix to monitor the staff training and keep it up to date. We saw that all staff had completed both provider's mandatory and optional training, and their expiry dates were monitored so that they could be booked on to refresher courses as needed. Some staff had also completed nationally recognised qualification's in health and social care at levels two and three, the care coordinator was enrolled on the level five. This showed staff were encouraged to develop themselves in the role.

We saw records that showed staff received regular supervision. One staff member said, "I have supervisions about once a month. They are worthwhile; it's good to know how you are getting on." Another said, "The manager is very supportive, I get on with her well. Not only about work things but personal things as well." All the staff we spoke with made similar comments about the support they received.

One person told us that staff always gained consent from them before providing them with any care and support. They said, "They always ask me before helping me get up and dressed." A member of staff said, "We always ask people. Even with people that may not be able to fully understand, we communicate and know if they are happy or not." We observed verbal consent being obtained before carers undertook any aspects of care. Staff appeared to know who required support to make decisions and were given time to take in the information and make a decision. This ensured people were supported to make informed decisions about their daily needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 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 application 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. Some people had authorisations to deprive them of their liberty. Staff knew who had them and why they had been granted. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people's capacity to consent to care.

People told us they enjoyed the food provided for them. One person said, "The food is very nice and a good choice." Another said, "I can always have something different if I do not like what is cooked." A relative said, "The food is wonderful, you should have been here at Christmas, so much on offer." It was clear from our observations at lunch time, that the meal was a social event. There was a choice of main courses and puddings. People were chatting and there was pleasant music in the background. Staff assisted people with their meals, if required, in a discreet manner. Some people had their meals taken to them in their rooms. People could sit in whichever area they wanted. There were plentiful supplies of food and drink in the kitchen to enable choices to be offered. Catering staff knew who required a fortified or special diet and catered accordingly. The care coordinator told us that people would be referred for specific nutritional help if required. This ensured people were able to have a healthy balanced diet.

People told us that they regularly saw health professionals as required. One person said, "the doctor comes to see me if I need them." A relative said, "I do not have to worry as staff take my father to any hospital appointment." On the day of our inspection we observed nursing staff preparing for a doctor's visit and liaising afterwards. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

# Is the service caring?

## Our findings

People were happy with the care that they received at the service. One person said, "The staff are very caring." Another person said, "The staff are lovely." A relative said, "The staff are excellent with [persons name], she responds very well to them. She has had dementia for a long time but they are good with her."

We observed staff interacting with people in a friendly and caring manner. Staff were laughing and joking with people as they went about their duties. People appeared to like this and were responding in a positive way. Staff took time when communicating with people and did so in a respectful way. We saw that staff recognised people's individual likes and dislikes and supported people to achieve things. One person was becoming a little unsettled, staff immediately spoke to them in a calm way asking if there was anything wrong, they then asked if the person would like to colour. They agreed and staff told them they would fetch their things from their bedroom, which they did. The person then settled. This showed the staff member knew the person and what they liked to do. We saw that staff members regularly updated people's files to evidence their changing support needs, likes and dislikes.

People were involved in their own care planning, along with relatives or representatives if required. One person said, "I know what's written about me." A relative said, "I am involved in dad's care plan and his reviews. Staff keep me well informed." Staff told us that they tried to involve people with their care plans, one staff member said, "people are involved in their care plans. They say what goes in it, and we review it regularly and change it according to their needs and wants. If someone doesn't want to take part in the process or can't take part, we can speak with the family members and get information that way instead."

Residents meetings were held regularly. This provided a forum for people who used the service to talk about things they would like done within the service and things that they would like to do. We saw minutes of these meetings which showed suggestions had been acted on.

People felt their privacy and dignity was being respected. One person we spoke with said, "They are very respectful." One staff member we spoke with also said, "I always make sure that doors and curtains are closed when providing personal care for someone." We observed staff assisting a person from the corridor into their room as they were having problems with their underwear; staff spoke to the person in a discreet way explaining what they were going to do and assisted them. We saw that people were encouraged to personalise their own rooms and make them a comfortable space.

There were some areas within the home and large gardens where people could go for some quiet time without having to go to their rooms. This showed that people could be as private as they wanted to be.

We were told that advocacy services were available should people require them. At the time of our inspection, three people were using the services of an advocate. This ensured they were given the opportunity to have someone speak on their behalf when unable to do so themselves.

People told us they could have visitors when they wanted. One the day of our inspection we saw visitors arriving throughout the day. Visitors told us they could visit at any time and were always made welcome and offered drinks. They were greeted by staff and assisted to find their relative if required. Staff told us that visitors were welcomed and people were encouraged to visit.

## Is the service responsive?

### Our findings

Staff told us they knew the people in their care but used their written care plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. A relative we spoke with told us, "The staff visited my wife in the other home and said they could care for her here." This was to ensure that the service was able to meet the person's current needs and expected future needs. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

People we spoke with confirmed they had been involved in any changes made to their care plans. Care plans were written in a person centred way, individual to each person. They included a section called 'All about me.' This included past history, family members, people and things of importance. This enabled staff to learn about the whole person which enhanced the support they provided.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. People were able to freely walk around the home and gardens, staff stopped and chatted to them.

One person told us, "I like the activities, we can pick and choose." Another said, "I watch the activities but I don't take part." One person had taken over part of the garden and grew vegetables. He took us to show us and told us, "I have dug all of this twice to get it ready for planting." He went on to tell us what was planted. A full schedule of activities was displayed. On the day of our inspection some people and staff went out on a day trip to the seaside. The service had their own mini bus and driver. The registered manager told us because they had their own transport they were able to make last minute plans if the weather changed or someone had a suggestion for an outing. Two activity co-ordinators were present on the day of the visit. During the afternoon a further activity took place in one lounge, this was well attended and people were engaged. Tea and cake were enjoyed by all. The registered manager said, "We have worked hard on the activities to keep people active and engaged." People we spoke with told us about the animals which had visited, staff explained that Zoolab had been. They brought small animals including snakes for people to handle. We saw photographs of entertainers, outings and visiting animals. The registered manager told us that some people go on holidays with staff support.

Within the garden was an aviary which contained a number of different birds, a fish pond and a chipmunk enclosure. The service had recently started to develop an outside area into an 'old time street.' This consisted of a number of different shop fronts containing original objects of reference, a train line gate, washing line with prop and clothes and a bus stop. They were all authentic to aid the support for people living with dementia. They had also made a room into an old fashioned tea room. The registered manager

told us they took some people there for afternoon tea.

We saw that the service had a complaints policy and procedure. One person said, "I have nothing to complain about, but would do." We found there had been some complaints. We saw that all the complaints had been responded to in writing promptly by the registered manager, who outlined a plan of action to deal with the specific complaint. We saw that each complaint had been resolved to the satisfaction of the individual making it, and no further action was required. There was information on how to make a complaint displayed on the notice board within the home for people to see.

## Is the service well-led?

### Our findings

There was a registered manager in post. People told us they knew who the manager was. One person said, "She is always here." A relative told us, "[name of registered manager] is always available." People we spoke with knew who she was and told us that they saw her on a daily basis. A relative said, "When we came to look around the home, I just knew it was right. Everyone was open and answered every question." During our inspection we observed the registered manager and other management staff interacting with people who used the service and staff; there was a good rapport between them all.

Staff told us that they received support from the registered manager. One staff member told us, "she is very good and supportive; we can talk to her about anything." We were also told that they could speak to care coordinator or seniors if they needed to. They said there was an open culture in the home.

A staff member told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The service had a variety of quality monitoring processes in place. We saw documentation for some including, daily, weekly, monthly and quarterly checks on a variety of subjects including fire equipment and escape routes, medication, infection control and equipment checks. Action plans had been developed where required and had been signed off as complete by the registered manager. This showed that monitoring was effective.

Staff told us they had regular team meetings. One staff member said, "We have staff meetings. Everybody speaks freely and we go over staffing, residents, activities and more." We saw records of minutes for nurses and seniors meetings and all staff meetings. Suggestions had been put forward and acted on. For example, some people were not able to identify their key worker, it was suggested that a photograph of the person's key worker was displayed with their name in each person's bedroom. This had been done and staff told us people were able to recognise their 'special person'. Residents' meetings had been held. A suggestion from the last meeting was could they have ham and chips for lunch. On the day of our inspection the lunch was ham and chips. This showed suggestions were taken and acted on.

The registered manager told us that an annual survey was given out to people and their relatives. The results were available for the 2015 survey. The comments were positive, where there had been suggestions made, we saw they had been discussed with the person and actioned accordingly. Some comments from relatives included; fantastic staff, thank you, I feel I can sleep at night knowing my mother is being beautifully cared for and happy, and thank you for the great care. Some comments from people who used the service

included; it's a very nice place, everyone is kind, good housekeeping and asked for cottage pie and got it. The service had a suggestion box where anyone could post suggestions.