

The Chace Rest Home Limited

The Chace Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected The Chace Rest Home on 19 and 20 May 2015. The inspection was unannounced. The provider is registered to provide accommodation and personal care for up to 41 people. At the time of the inspection 37 people lived at the home.

There was a registered manager in place although on holiday at the time of our 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 2008 and associated Regulations about how the service is run.

At the last inspection in July 2014. We found that the provider was not meeting the Health and Social Care Act 2008 in relation to the care and welfare of people who used the service, the management of medicines, staffing and assessing and monitoring the quality of service

Summary of findings

provision and records. Following our inspection in July 2014 the registered manager sent us an action plan telling us the actions they had taken or proposed to take to comply with the regulations.

We found that improvements had taken place however regarding the management of medicines and quality assurance systems these were not consistent. We found that people's medicines were not always managed safely and that quality checks and management were not identifying these shortfalls in order to make further improvements to the service provided to people.

People were able to make choices about their day to day care and staff were seen to support them to make decisions in their best interest. It was identified that some people would be unable to leave the home without close supervision but applications had not been made to the local authority for this to be assessed to ensure that people were not unlawfully restricted.

People who lived at the home told us that they felt safe. We saw sufficient staff to be on duty and that staff were available to meet people's needs. Staff were aware of their responsibilities to keep people safe and were aware of the actions they would need to take if they had concerns about people's safety.

People told us that they liked the staff. Staff were provided with training to ensure that they had the skills and knowledge to care for people effectively. People were supported to eat and drink enough to keep them healthy.

People's health care needs were assessed and care was delivered to meet these needs. People had access to health care professionals to maintain a healthy wellbeing.

People's privacy and dignity was respected and staff were seen to be kind and caring towards people living at the home. People and relatives felt that staff were approachable and listened to them. People told us that there were things to do during the day and that these included regular weekly outings. Staff were seen to support people to maintain hobbies and interests that were important to them.

The provider and the registered manager had systems in place to obtain the views of people who lived at the home as well as members of staff. Regular checks to monitor the quality of the care people received and where improvements were needed were in place. Further improvement was found to be necessary to ensure shortfalls were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People were not always receiving their medication as prescribed by a doctor. People felt safe and looked after by staff who were aware of their responsibilities regarding abuse. Risks to people had been considered and taken in to account while care and support was provided.

Requires improvement



Is the service effective?

The service was not consistently effective.

People were potentially deprived of their freedom without permission. People had access to healthcare professionals and were supported to have sufficient food and drink to keep them healthy. People were supported by trained staff who had knowledge about people's needs.

Requires improvement



Is the service caring?

The service was caring.

People found the staff to be kind and caring and treated them with dignity and respect. People individual preferences were taken into account.

Good



Is the service responsive?

The service was responsive.

People were able to make choices and participate in hobbies and interests. People and their relatives were able to raise comments or complaints about the service provided.

Good



Is the service well-led?

The service was not consistently well led.

People's care and treatment were not consistently audited to ensure that effective systems were in place to ensure that needs were met. Staff felt supported by the management.

Requires improvement



The Chace Rest Home

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 19 and 20 May 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at the information the provider had sent us since our last inspection. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service. We checked the notifications sent to us

by the provider. Providers have to tell us about some incidents and accidents that happen in the home such as safeguarding concerns and serious accidents and injuries. We used this information to help us plan our inspection.

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

We spoke with six people who lived at the home. We also spoke with eight relatives and one person who was an external training assessor. In addition we spoke with the service co-ordinator and four members of staff.

We looked at four records about people's care, people's medicines records, audits completed by the registered manager and other staff, complaints and minutes from meetings.

Is the service safe?

Our findings

Our inspection in July 2014 found the provider did not have suitable arrangements in place to ensure people who lived at the home were protected against the risks associated with the unsafe use and management of medicines.

Following our inspection in July 2014 the registered manager sent us an action plan which detailed the action they had taken to improve in this area.

At this inspection we found that whilst improvements had taken place further improvements were needed. One person told us their medicines were, “Given at the right time”. Other people we spoke with confirmed they received their medicines and that that they were on time in order to maintain their health and well-being. We saw that medicines were stored safely. Staff had recorded when they had administered people’s medicines but we saw these were not always accurate and people had not always received their medication as prescribed by a doctor. For example one person had a medicine signed as given when there was none available to be administered. A member of staff told us they thought the medicine concerned had been included with a monitored dose system and had not realised it was stored separately. In addition we found that staff had consistently signed for one person’s medicines at the wrong time and the balance of some medicines were incorrect. We spoke with senior staff on duty at the time of the inspection and they were unable to account for the errors we found Audits to check that people were receiving their medicines as prescribed were taking place but these were not always identifying shortfalls which had occurred.

Our inspection in July 2014 found that there were not sufficient numbers of staff on duty to adequately support and deliver care to people to an appropriate standard. Following our inspection in July 2014 the registered manager sent us an action plan which detailed the action they had taken to improve in this area.

We found sufficient staff on duty at the time of our inspection. The staffing levels were consistent with the levels set by the registered manager to meet the needs of people who lived at the home. Staff on duty included agency staff. One agency member of staff was working at the home for the first time. They told us staff on duty had provided them with sufficient guidance and information to enable them to look after people. People we spoke with were happy with the number of staff on duty and told us

that they were able to have their needs met. We saw that staff were available in the communal areas of the home. Comments from relatives were mixed as some believed staffing levels to be insufficient to meet the needs of people especially people who remained in their own bedrooms. We saw that staff responded to call bells in people’s bedrooms when they called for assistance. One person told us, “Staff know of my alarm and are very good. I used my call bell last week and staff came quickly”. Another person told us, “Staff attend if I use my buzzer”.

Our inspection in July 2014 found the provider had not taken proper steps to ensure that moving and handling assessments had been carried out and people’s care needs recorded accordingly. Following our inspection in July 2014 the registered manager sent us an action plan which detailed the action they had taken to improve in this area.

We found that improvements had taken place and that assessments were in place. Staff were able to tell us about the help and support they needed to provide to people. We saw that risks were detailed within people care records. Risks assessments had been reviewed and updated so that staff had information available to them on how to manage individual risks and how to monitor them. Staff took appropriate action when a person fell onto the floor. We saw that staff initially assessed the situation and then summoned additional staff for assistance. Other staff including a senior member of staff attended and suitable and safe action was taken to support the person and enable them to sit in a chair.

People we spoke with told us that they felt safe living at the home. One person told us they felt safe because they “Get well looked after” and added, “I’m in a better place than I was”. Another person told us that the home was safe because, “It’s very comfortable for people”. Throughout our inspection we saw people were at ease with the staff while they provided care and support.

Staff we spoke with showed they had an understanding on how to keep people safe from abuse and harm. They told us that they had received training and that they would report any concerns they had about people’s welfare. Staff were able to describe different types of abuse that could potentially take place. One member of staff told us, “If someone’s practice (something done by another member of staff) was a concern I would inform the coordinator”. Another member of staff told us they had not seen anything that has needed reporting. A relative told us, “I have never

Is the service safe?

heard a raised voice or unkind word”. Another relative told us that their family member was, “So content I would know if they were worried”. A further relative told us that their family member, “Seems relaxed” and added that they were content that the person was happy and safe living at the home.

We spoke with staff some of whom had recently commenced work at the home. They were able to describe the interview process they went through. Staff told us that references had been obtained as well as a Disclosure and Barring Service (DBS) check. One member of staff told us

that these checks were carried out to make sure they had no convictions and to ensure that they were the, “Right person for the job and to check my background”. We spoke with another member of staff who told us they did not start work until the checks were done. The member of staff told us checks were carried out to make sure they were a good person. The human resources manager confirmed the processes undertaken by the provider to make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment process.

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This law protects people who do not have the mental capacity to make decisions about some aspects of their care. The service coordinator told us that the registered manager had worked on the completion of mental capacity assessments where they were needed. We were told that no applications had been made to the local authority for authorisation in cases where people's liberty may be restricted.

Authorisations would be made in order to keep people safe and ensure their needs could be effectively met. Staff told us that they had received training and they were not restricting people's liberty to freedom. However, we saw on two people's care records that staff would need to intervene and take action to prevent people if they wished to leave the building. Care records suggested walking with people or barring their way. Staff we spoke with confirmed that they would need to take these actions in the event of these people wanting to leave as people lacked capacity. As no authorisation was in place this would have meant that staff would have acted outside of the law in preventing these people leaving.

During our inspection we heard staff seek people's consent in relation to their day to day care. For example prior to providing assistance or guidance or where people sat and whether they wished to participate in activities.

Staff we spoke with were able to tell us about the training and support they had received. Staff confirmed that they found the training to be beneficial and enabled them to carry out their roles effectively and safely. One member of staff told us that they enjoyed the training they received and that they felt confident in areas such as moving and handling as a result of the training they had received. We saw staff carry out moving and handling of people in an effective way which demonstrated they had received

training. Staff told us that they had received supervision and that they felt supported by the management. One member of staff told us, "I like it here. Really good staff and good team work". An external training assessor told us they carried out observed practice sessions at the home and described The Chace as, "One of the better places".

People we spoke with told us that they liked the food provided. One person told us, "Food is very good. You can have a nice breakfast if you want". Another person told us, "Nice choice at suppertime such as soup, cakes and fruit and jelly as well as tea and coffee". A further person described the food as, "Cooked properly". One person told us people had a choice of meals and a sample meal was shown so that people could see what the meal would be like. We saw a member of staff show each person in turn a small sample meal to visually illustrate what choices were available to them. We saw the member of staff took time to ensure people were able to make a choice of the meal they wanted for their lunch. We saw staff provided support for people where needed to ensure that dietary needs were met this was done by encouraging and prompting people to eat. Drinks were available throughout the day to make sure people were not at risk of dehydration.

Relatives told us that they were advised of any health related concern relating to their family member. One relative told us that if their family member was not well staff at the home would contact them and let them know. Another relative told us about regular reviews which took place involving the doctor and other healthcare professionals. The senior member of staff on duty needed to contact a doctor while we were at the home. We heard this member of staff check out with the doctor that a new medicine would not react with medicines the person was already taking. We saw that doctors regularly visited the home as needed and that district nurses were involved as necessary to make sure people were not at risk of developing sore skin.

Is the service caring?

Our findings

People we spoke with were happy with the care they were provided with. One person told us that staff were, “Very caring and very good”. Another person told us staff are, “Very caring and comforting to people if upset”.

Relatives we spoke with found the staff to be caring, friendly and approachable. One relative told us, “Staff are very helpful”. Another relative told us, “So kind here. Staff are so gentle”. A further relative told us people are, “Well cared for”.

Staff had a good knowledge of people’s care needs. They were able to describe the care and support people needed so they identified needs could be met. We saw people were comfortable with staff when they provided care. The atmosphere throughout most communal areas was lively and friendly. One lounge was quieter where people were happy talking to each other and reading. We saw a member of staff informing people that a person from an advocacy service was scheduled to visit the home as an additional way to seek people’s views and involve people in the expressing their views and decision making.

Throughout the inspection we saw staff communicated well with people. We saw positive discussions take place where staff shows a caring attitude towards the people they were supporting. We heard a member of staff say to one person who was distressed, “We are here for you”. The same member of staff was seen to spend time with the person to reassure them. We later saw further examples of

staff meeting people’s needs in a caring way. For example when someone rang their call bell we heard the member of staff say, “Can I help you with anything”. We saw that staff ensured they were at eye level with people when they communicated with them.

We saw staff spend time with people to ensure they were able to communicate effectively with them. For example we saw people having tea and cake. Staff checked with people whether they wanted to drink once they had finished. We saw staff take time to make sure people were able to respond appropriately.

We saw a member of staff spending time with people explaining an advocacy service was going to visit the home. The staff member informed people they would be able to speak with the advocate about any concerns they had regarding the service provided at the home.

People we spoke with as well as relatives felt that staff supported people’s right to privacy and dignity. One member of staff told us that privacy and dignity was, “Priority to me”. The same member of staff was able to demonstrate a range of ways in which they ensured privacy and dignity was maintained. We saw that staff were respectful to people. Throughout the inspection we saw examples of staff upholding people’s right to privacy and dignity. For example we saw that doors were closed while personal care took place and staff were seen to knock on bedroom doors before they entered.

We saw people had family and friends visit them. We saw staff greet these people to make them feel welcome.

Is the service responsive?

Our findings

People we spoke with felt that staff knew them and that they understood their individual care needs. Two people who lived at the home told us that their health had improved since they came to the home and confirmed that they had contributed to planning their care.

Staff told us that they got to know people by talking with them and reading their care plans. Staff told us that they were made aware of any changes in people's needs as they read the care plans and attended the handover to share information between shifts. Some people who lived at the home were aware that care plans existed and that staff wrote up daily records. One person told us, "Staff fill in a diary and write what we have been doing or if we are poorly. We are entitled to see this. I found it very interesting".

A relative told us that they had seen their family members care plans and in some cases involved with them. Another relative told us, "We discussed the care plan as a family". Another relative told us, "I have seen them [care plans and risk assessment] and discussed any issues". A further relative also told us that their family member had done well since coming to live at the home and that they had improved in their health and general welfare.

People told us that they were able to explore their hobbies and interests were possible. We saw people spent time reading a newspaper or relaxing in either one of the lounges or bedroom. We saw staff spent time with individuals engaging in one to one discussions or providing nail care. We saw a group yoga session take place. People who were taking part showed that they had fun taking part.

We heard people laughing and actively engaging with the person who lead the session as well as with each other. Staff had an awareness of people's interests and were heard to refer to events in people's lives or other people who were important to people who lived at the home while they provided care and support for them. Staff were aware of people's backgrounds and were able to provide care and support which was individual to each person who lived at the home.

One member of staff was seen to take the lead on the organisation and implementation of leisure activities in the home. We saw this person informed people of scheduled events. For example people were informed that a religious representative was due to visit if they wished to participate in an event. People we spoke with were happy their religious needs were able to be maintained while living at the home. We saw a 'yoga' group exercise take place which people later confirmed that they had enjoyed. We saw a number of people return from a mini bus ride around the local area. We saw people on their return and they told us they were pleased that they had taken the opportunity to go out

We asked people whether they would feel confident in raising concerns or complaints with the management. One person told us, "If I don't like something I say". Although many relatives were confident about raising concerns others were not and felt they would not be listened to. One relative told us about a care matter that was raised regarding one person's care. The person concerned told us that this matter had been resolved to their satisfaction. We saw that when written complaints had been received they were dealt with and that apologies where needed were offered.

Is the service well-led?

Our findings

Our inspection in July 2014 found the provider had not taken proper steps to ensure that effective systems were in place to assess and monitor the quality of the service people received. Following our inspection in July 2014 the registered manager sent us an action plan which detailed the action they intended to take to improve in this area.

At this inspection we found that improvements had taken place but further improvements were needed. We found that the registered manager had systems in place to monitor the effectiveness of the care provided. Audits included care plans, falls and medicines. The audits of care plans showed that they were reviewed and up to date. The falls audits identified people who were at risk of falling so that additional safeguards could be action to reduce the risk of subsequent accidents.

Medicine audits however did not always identify shortfalls and the on-going monitoring of records had not identified issues we found. For example when a medicine had been crossed off on the Medication Administration Record (MAR) this was not followed up when no other information was available to ensure that this was correct. The auditing and monitoring had not discovered this medicine was not given for over one month. It was later confirmed that the person should not have had this medicine discontinued as the doctors records showed they were still prescribed it. Day to day monitoring of medicines had not picked up on other errors. For example systems were not in place to identify when a new stock of medicines was needed. The service coordinator and senior staff were not aware that one person had no medicine available to be administered that evening and confirmed systems were not in place to identify when stocks were running low.

Under the law the provider was required to notify the Care Quality Commission of certain events and incidents which

had occurred. This is in order that CQC can monitor the care and support provided and identify and trends or concerns happening within the home. We were aware that under some circumstances this had happened. However, some other notifications such as following the death of people who had lived at the home had not happened. Following our inspection the registered manager undertook to inform CQC of future events as required.

People who lived at the home as well as relatives spoke highly of the service coordinator who was on duty at the time of our inspection. Staff told us that they could speak with the management of the home as needed. One member of staff told us, "I have never had a problem with them". Other staff told us that they had found management to be supportive. The service coordinator told us that they spent time working alongside the care staff. This was confirmed by staff we spoke with.

Staff told us that staff meetings had taken place. One member of staff told us, "They [management] listen and take on board what I say". We saw that minutes of a previous meeting were available and that these outlined the action needed to make further improvements to the service were identified.

We were informed that a satisfaction survey had been sent out during the summer of 2014. The service coordinator informed us that the results were on the provider's website. We checked and found that the results were in place for people would access to the internet to see. We found people had responded positively about the care and support provided.

Staff told us that they would report poor practice to the management of the home. The care coordinator had a good knowledge of people's needs. They had knowledge of recent safeguarding incidents in the home and were able to provide an update on each event as well as about the involvement of social care and health care professionals.