

Healthcare Homes (LSC) Limited

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Chase Care Centre is registered to provide personal and nursing care for up to 110 people aged 18 and over with a range of complex health and care needs. At the time of our inspection, 93 people were using the service.

The Chase Care Centre is divided over three floors and accommodates people within six separate units, some of which have adapted facilities. The service supports people with complex nursing and residential needs which include supporting young people with brain acquired injuries, people with mental health needs, physical needs and people who are living with dementia. At the time of this inspection one unit (Churchill) was closed for renovation work to be completed.

People's experience of using this service

We received positive feedback about the service and the care people received. People and professionals commented positively about the effectiveness and responsiveness of the support people received. There was evidence that people received good care outcomes and their comments about the service supported these findings.

Systems to ensure people were safeguarded from harm were effective and robust. People were supported by staff who had been trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been mitigated and were being managed effectively. Staffing levels were appropriate to meet people's needs. People were supported to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infections.

The registered manager and staff worked hard to ensure people received effective care to meet their needs. People were supported by staff who had completed the provider's mandatory training and additional specialist training in relevant areas. Staff practice was supported by recognised good practice guidelines.

Staff had respectful, caring and friendly relationships with people they supported. Staff upheld people's dignity and privacy, and they promoted their independence.

People received personalised care and support which met their needs and reflected their preferences.

There was a positive and open culture. Staff roles and responsibilities were clear, and staff were supported through regular supervision from the registered manager.

The provider's quality monitoring processes had improved and now evidenced how they continually worked to further improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 8 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Chase Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors, one assistant Inspector and two specialist advisors. The specialist advisors were both registered general nurses with a wealth of experience in the field of nursing care.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 20 people who used the service about their experience of the care and support provided by staff. We spoke with 11 staff including the registered manager, a representative from the senior management team and seven care staff. We also spoke with eight relatives.

We reviewed a range of records. This included nine people's care records and medicine records. We looked at a variety of records relating to the management of the service, including policies and procedures, audits and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at further training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- We found that accidents and incidents were being effectively managed and reported to senior staff. All accidents/incidents concerns are logged on an internal system and a monthly falls analysis trend is also completed. This assists the management team in completing the appropriate staffing allocation for each unit and in providing specialist equipment as and when required to minimise risks and to maintain people's health and welfare.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One relative we spoke with told us, "Yes, (name) is safe here. (Name) is not mentally impaired at all, they have an electric wheelchair and are able to take themselves out within limitations due to their own personal safety. I never worry about their safety within the home as I have always found the staff kind, professional and caring." One person who lived at the home told us, "There is always someone at hand if I need help. Sometimes when I ring my bell it takes them a few minutes but that's because they are usually helping someone else, so I don't mind." Another relative confirmed that they visit the home at various times of the day and have never had reason to be concerned about their family members safety. They told us "I would be straight to the manager's office if I found that (name) was not being cared for safely."
- The registered manager ensured there was an effective and robust system in for reporting safeguarding's. This meant that people were safeguarded from harm and their health and wellbeing was protected.
- We reviewed the log of safeguarding incidents that had occurred over the past twelve months. We found that this information was both detailed and accurate and provided an effective system in the monitoring of safeguarding trends and incidents.
- Staff had received training and demonstrated a good understanding of how to support people to stay safe. One staff member said, "They covered safeguarding in my induction and I also have refresher courses every year. I always make sure the people I look after receive the care and support they need and deserve. I also make sure that they're safe. I know there different types of abuse, verbal, emotional, psychological, sexual, modern slavery and financial abuse. I would always go straight to my senior if I had the slightest concern that someone I cared for was being abused or neglected. The manager is very strict on this."
- Staff had access to a safeguarding policy which detailed actions to take if there were any concerns. All five staff we spoke with knew where to find the safeguarding procedure and who to contact if they had a

concern.

- Each person had a detailed risk assessment in place which identified risks they could be exposed to and what they and staff needed to do in order to minimise risks, this included risks associated with developing pressure ulcers and the risk associated with falls. These assessments had been identified at part of the person's admissions assessment and had been updated since the last inspection took place.
- We reviewed the records of all four people who were highlighted as having pressure ulcers. We found all four records contained an up to date photograph of the wound and detailed records of the status of the pressure ulcer. All four were found to be healing well. One person's records evidenced that their ulcer had been reduced in size by 50% between the 12/10/2019 and 31/10/2019. We checked all the pressure relieving equipment in place and found these all to be in good working order and regular checks had been recorded. This meant that people were protected from further risk or harm and their physical wellbeing was effectively managed. We also saw evidence that confirmed all staff had received face to face training in relation to pressure care, since the last inspection took place.
- Staff spoke with people about their risk assessments to help them understand them. One staff member told us, "We are all responsible for reducing the risks to people such as falls or choking. Although it's the trained staff who complete these assessments we are all responsible for protecting people from the risk of harm."
- We reviewed the Personal Emergency Evacuation Plan (PEEP) register and found this reconciled with each person's individual record and was up to date.
- The registered manager, in conjunction with the maintenance team carried out regular health and safety checks which ensured the premises were always safe and there were no hazards to people's health and wellbeing.

Staffing and recruitment

- Staffing levels had improved since the last inspection and were now based on people's assessed needs. We reviewed the staff rota for October 2019 and found the service was now fully staffed with no dependency on agency staff. This meant that people who lived at the home could benefit from receiving consistent care and support from staff who knew them well.
- People felt there was always enough staff to care for them and they benefitted from being supported by a consistent team of staff. One person told us, "The staff are always busy but still have time to come and help me if I call them." A visiting relative told us, "It is much better here now. The manager makes sure everyone has the help they need without waiting for too long. I am here nearly every day and I see the staff attending to people quickly."

Using medicines safely

- The registered manager had a detailed and comprehensive system in place for monitoring and promoting the safe management of medicines. There was a daily auditing system in place which ensured each person received their medicines as prescribed and alerted the registered manager of any omissions or errors at the earliest possible stage. We checked the temperature for the medication cupboards and the drug fridges and found these had all been regularly maintained within safe limits.
- We checked eight medicines and records, and found all records were accurate and in order.
- Currently nobody at the service administered their own medicines but there was a system in place if this was required in the future. One person we spoke with told us, "They give me my tablets in my hand. I take it while they are there. However, a few months ago my (family member) handed a tablet in at reception that they found on the floor." This was addressed with the registered manager at the time of the inspection for their immediate attention. One staff member told us that they had completed a competency assessment before they could administer people's medicines. They said, "We are assessed regularly with regard to our competency and the manager and senior staff are meticulous and make sure that we are competent and

confident before they clear us to give medication to people, without supervision."

Preventing and controlling infection

- The registered manager had systems which ensured the service was clean and well maintained. People told us they were happy with their living environment and they found it pleasant and comfortable. One relative we spoke with told us, "I am always here and if I ever felt the place was dirty I would speak to the manager straight away." However, we discovered a strong smell of urine on one of the units which was raised with the registered manager for their immediate attention. This was actioned before we left the home.
- There were systems to prevent the spread of infection which included guidance on how to keep all areas of the home clean. Staff had been trained in infection control and where required, they used personal protective equipment such as disposable aprons and gloves to minimise the risk of cross contamination. Throughout this inspection we saw that there were ample supplies of aprons and gloves within each of the units.

Learning lessons when things go wrong

- The registered manager had a system for recording incidents and accidents, and these were reviewed regularly to improve practice.
- Learning from incidents were shared with staff through regular team meetings and during individual staff supervision.
- The provider acted promptly to make the required improvements following the last inspection in November 2018. We found the provider had worked effectively in addressing the failings found and implemented an action plan which addressed all aspects of the service that required improvement. The registered manager worked hard to improve how risks are managed. This has resulted in the incidents of falls within the service to be significantly reduced from lessons learnt. Since the last inspection the registered manager has also incorporated a 'Lessons learnt' agenda item into all team meetings which ensured staff and management have the opportunity to reflect on good practices and practices that require further improvements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were now fully assessed before they moved into the service. Assessments focused on people's emotional needs, preferences and their physical care needs. One relative said, "I came with (name) from hospital to here. They asked me a lot of questions because (name) has dementia so I am their voice. They showed me what they had written about (name) and I signed it to say I agreed with what they had said and how they are going to look after (name) I can ask to see the care plan if I want to but I don't really need to as I am here every day so I know what is going on and nothing much changes."
- The registered manager and staff team had a good understanding of current guidance such as person-centred care. This was evident throughout our inspection.

Staff support: induction, training, skills and experience

- The training programme for staff had been improved since the last inspection. Staff had received recent training in areas such as safeguarding, dementia, moving and handling and health and safety. The registered manager had also organised for staff to attend specialist training for example, distressed behaviour and tissue viability training. One person told us, "On the whole I think the staff are all very capable and competent. My only frustration is that some staff cannot always communicate very well, and I have to explain things about (name) that I have already explained before but that's not really about their competence or ability to do the job." Another person told us, "The staff always seem to know what they are doing and I see staff go off for training and if I haven't seen someone for a few days, the other staff tell me that is because they are on a training course, so I guess that's a good sign,"
- The registered manager showed us that refresher training had been booked for staff whose training had expired.
- Staff received an induction when they started at the service. One staff member said, "I am quite new here. I have been told all about the fire procedures and I have been reading the care plans and the daily write ups of people I am going to look after. I am really enjoying working here and in time I feel I will be able to do a good job." Another staff member we spoke with told us, "I already had my care certificate when I came to work here but they still gave me a full induction which covered all aspects of the home and gave me the confidence to know what to do and where to go if I needed help and also how to best care for people because every home is different."
- Staff received regular supervisions and competency checks and told us that they could request more of these if they felt they needed more support. One staff member told us, "Supervisions and the support we get from the senior staff has definitely improved since you were last here, we all now get a one to one supervision at least every two months and we can always speak to one of the senior staff on duty if we have

a question or problem that we need help with." Another staff member told us, "I've had quite a few supervisions. Nurses do our supervisions. They are written up and I read them through and then I sign it."

Supporting people to eat and drink enough to maintain a balanced diet

- Menus had improved since the last inspection and people were now more positive about the food provided at the home. One person said, "The meals are much better now than they were, they weren't good at all but now the food is excellent. A visiting relative we spoke with told us, "The food is good with enough choice and people seem to enjoy it." Another person told us, "Food is like a good west end restaurant. Regards to the chef and thanks."
- We observed that meal time was relaxed and a social occasion. We saw where people required support to eat their meals this was done with patience, carried out at the person's own pace and we saw staff communicated with people throughout. This included checking if they had finished their previous mouthful and if they were enjoying their meal. One staff member observed a person had not touched their meal and went to speak to them. They discovered they had not liked what they had been offered and therefore the staff member arranged for an alternative meal of their choice to be provided.
- Staff had a good understanding of how to promote people's choice whilst they also supported people to follow a healthy and balanced diet. Staff monitored people's weight and referred them to dieticians if there were any concerns. All staff had been provided with additional training in nutrition since the last inspection was carried out.

Staff worked with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals such as GP's and dieticians depending on their needs. One relative told us, "The staff will always call me if they have called the GP out or if they have any concerns about (name)." One person we spoke with told us, "They called the doctor out to me last week because I had a bad chest. They came the same day and were very nice. The staff always listen if I am worried about my health and if necessary call the doctor out."
- We saw evidence of speech and language assessments in place for people who had been identified as needing additional support with eating and drinking or were at risk of choking. We reviewed the SALT (speech and language therapist) assessments for three people and found these to be robust and thorough in their guidance for staff. All three records had been reviewed within the past two months.

Adapting service, design, decoration to meet people's needs

- The environment had improved since the last inspection. In particular with regard to improvements for people who lived with dementia. This included areas decorated and painted in dementia friendly colour schemes and areas of the service that now displayed reminiscence corners and alternative places for people to sit and relax which included areas depicting indoor garden scenes, with wooden benches and flower displays. We also saw evidence that people were now consulted and involved in choosing the colour schemes for both the communal areas of the service as well as the colour schemes of their bedrooms. The registered manager told us that the home was in the process of a complete refurbishment. The units we saw which had been refurbished were of a high standard and greatly improved the environment in which people lived.
- People told us the service met their needs. One person said, "I was living here before they did it up, so I know how much better it is now and my bedroom has been redecorated and the communal areas we use are much brighter and cheery."
- People were happy to show us their rooms. We found that some bedrooms could benefit from being re-decorated however the registered manager was aware of this and this was planned as part of the overall redecoration programme for the whole service.

- All the areas of the service were accessible and spacious.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments had been carried to determine what decisions people could and could not make for themselves. We reviewed eight capacity assessments and all documents were completed accurately and with detailed information. These assessments also recorded people's views about the decision being made.
- People told us that staff always asked for consent before supporting them. One relative told us, "Absolutely. The carers always ask for permission." A staff member we spoke with said, "This issue is covered in our induction and training but also its also common respect and decency to ask permission before you start supporting a person."
- DoLS applications had been submitted where required. For example, where people are unable to leave the home independently or where a person had been assessed as requiring bedrails. The appropriate capacity assessments had been completed, the least restrictive measures used, and an application for DoLS was considered necessary and had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection people's independence and dignity was not promoted or met. People were not involved in decision relating to their care. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Ensuring people are well treated and supported; respecting equality and diversity. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10

Ensuring people are well treated and supported; respecting equality and diversity.

- People told us that they found staff to be both respectful and caring. One person told us, "Yes they listen to me. All treat me very well." Another person told us, "The male staff who give me a shower and help me with my personal care all have good sense of humour, we have a bit of a laugh together." Another person who we spoke to said, "For me they are fantastic, very good, if I have a problem they sort it out very quickly and are always caring and nice to me."
- People told us staff were friendly and would chat and sit down with them when they had time. One relative who we spoke to said, "This home has come on leaps and bounds since the new manager has been here."
- The atmosphere in the service was calm, compassionate and inclusive. We saw warm and meaningful interactions throughout the day between staff and people which were gentle, respectful and kind. People's body language and facial expressions showed that they were fond of the staff members as they interacted, smiled and communicated with them.
- Staff respected people's diverse needs and preferences, and they provided care in a way that supported people in a non-discriminatory way.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made decisions and choices about their care. Individual care plans detailed how people liked to be supported with getting up, how they liked to spend their day, their likes and dislikes in relation to their food preferences.
- There was information available about an independent advocacy service should people choose to contact them.
- People told us staff always had time to listen to them. One person told us, "The staffing has improved and there are more regular staff now who know me. They also have time to sit and chat together." One staff member told us, "We actually have time now to finish our work and then sit down, sing or just hold someone's hand for a while."
- Staff have an allocated keyworker which gave each person individual time with their worker to review their

care plan, and simply spend one to one time chatting and enjoying each other's company.

- People told us that they liked the keyworker arrangements and that it made them feel valued and involved. One person told us, "I like having the name of the person who makes sure I have everything I need. It makes me feel more of a person rather than just a number."

Respecting and promoting people's privacy, dignity and independence

- The registered manager has provided additional training in 'dignity in care' since the last inspection took place. This has helped improve staff's practices and their understanding on how to ensure they provide the best possible care and to maintain people's dignity and privacy. The registered manager conducts a daily walk around of the service in order to observe staff practices and to also be available for people to raise any concerns or issues with them. People told us that they found staff to be both respectful and caring.
- Staff said they promoted people's privacy and dignity at all times by talking to them and to provide support in private. Protecting people's confidentiality was an important part of the service and there were policies to guide staff on this.
- Regular dignity audits had been completed and were up to date. This ensured people's personal care standards were regularly monitored and maintained. These audits included people's appearance and if their clothes were clean, well laundered and ironed.
- The service encouraged people to maintain close links and relationships with their family members and friends. One person said, "The manager is friendly, and I always pop into the office for a quick chat when I visit. They always find time to see me and this makes both of us feel important and special."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection an assessment of people's needs was not carried out collaboratively with them. People's care was not designed to ensure people were able to make, or participate in making, decisions relating to their care to the maximum extent possible. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- The registered manager had worked hard to improve the assessment process within the service and we found people were now fully involved in developing their plan of care. We found that people's needs were fully assessed before they moved into the service. Assessments focused on people's emotional needs, preferences and their physical care needs.
- We reviewed all nine care plans and found these had been either endorsed by the person themselves, a relative or a representative had signed on their behalf which confirmed they were happy with its content. The registered manager had also developed individual pen pictures which provided key information that was important to the person and their welfare. This ensured staff were able to easily identify people's needs and provide the individual care based on people's choices, abilities and preferences.
- Staff were prompted within people's care records to respect people's individual choices and how people wished to be supported by them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us that information was available to people in different formats such as large print if needed. We saw pictorial information displayed throughout the service of how to complain, safeguarding information and there was also an information board that displayed photographs of the staff team.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who lived at the service benefitted from a new and much improved activity programme. We spoke with seven people about the range of activities provided and all considered they had a good range of

choices and social activities to choose from. On the day of this inspection we saw many people enjoyed a Halloween party, dressed in Halloween costumes, with themed finger foods and were taking part in a trick or treat event throughout the whole home.

- Recent social events included an Irish coffee day, a celebration of international women's day, a casino night, a themed 1940's through to 1980's tea parties , a fundraising event for Macmillan as well as a summer fete held in July.
- Regular activities included armchair exercises, bingo, board games, sing a long sessions baking sessions and reminiscence groups. One person told us, "I used to be bored here as we were only offered the same old activities each week but now each day is different, and the staff are enthusiastic and interested in what we want to do." Another person told us how they are now supported by the activity staff to go out into the local community more often and to visit the local shops in Watford town centre.

Improving care quality in response to complaints or concerns

- Compliments had been received and recorded by the service.
- The registered manager reviewed complaints on a monthly basis which ensured any trends or patterns were identified at the earliest possible stage and an action plan implemented.
- We saw from the complaints log that four recent complaints had been received. These had been fully investigated and resolved to the satisfaction of both parties. We also saw several thank you cards and letters of appreciation from family members praising the registered manager and all the staff for the care and support of their relative.
- A person told us, "I have no complaints about the staff, they are all very caring and professional." Another visiting relative told us, "I have no concerns about the service here, it is second to none." One person told us, "The manager is really good, and I see them come round every day and they ask if we are happy with everything."

End of life care and support

- The provider had a policy in place for supporting people with end of life care.
- People were supported to make decisions about their preferences for end of life care. This included Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR). Professionals were involved as appropriate. One member of staff told us, "We would always try to care for the residents here at their home if this is their wish."
- We reviewed three end of life care plans and found each one recorded a preferred place of death, how the person wished to be cared for in their last stages of life and information was also provided in relation to the decision not to transfer to the acute sector should the person deteriorate. We reviewed documentation for another person for end of life which stated the person wished no further hospital admissions and for comfort of care to be provided at the home. This had been in consultation and endorsed by the next of kin, family members, the GP and the hospital consultant.
- Staff told us that they support one another through reflections and informal support through this difficult time. We saw that all staff had received end of life training since the last inspection was carried out.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a much-improved governance system to assess and monitor all aspects of the service.
- Robust records kept, showed what action had been taken to address any shortfalls they identified during their checks. For example, there were now regular manager checks with regard to care records, food and nutrition, safeguarding and health and safety.
- The registered manager and senior staff had improved the auditing systems and regular and effective audits were now carried out. These included care plan audits, infection control audits, food hygiene audits, fire safety audits, equipment audits and MCA and DoLS audits. This ensured the service was safe and effective, and risks to people's health, safety and wellbeing were effectively managed. The registered manager and senior staff also regularly assessed staff's competence to provide safe and effective care. The most recent audits completed for September 2019 resulted in 100% achievement in health and safety equipment, fire safety, infection control and GDPR.
- Staff understood their roles and responsibilities, and what they needed to do which ensured they provided a consistently good service. One staff member explained to us the importance of consistent care which ensured people made progress and maintained their independence, where possible.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were committed to providing good quality and person-centred care to people who used the service. One staff member told us about how the service had improved since the new manager had been in post. They told us, "We now have regular supervisions and we are trained properly to do the job. A relative told us, "The manager is always available and very approachable."
- The registered manager had also introduced a new initiative entitled 'You said... We did' which encouraged people to raise issues and make suggestions about how the home can further improve its service to people. For example, people wanted some changes made to the current menu. The registered manager in conjunction with the chef and the kitchen staff introduced a new winter menu for people to try and to give their views and opinions on. The feedback from people throughout this inspection was that they were happy with these changes.
- Another point raised was in relation to the cleanliness of some areas of the home. The registered manager met with the care services manager and reviewed this issue and as a result each person had their room 'deep cleaned' as part of the current 'Resident of the day' programme.

- People and their relatives told us they were pleased with the positive changes that the new manager had implemented. The registered manager had identified and selected staff members who had been provided with additional training and there were now champions within the home in six areas for End of Life, Wound Care, Falls prevention, Nutrition, Dementia and Safeguarding.
- The provider and registered manager had worked hard in completing their action plan ahead of time and had ensured all breaches found at the inspection carried out in November 2018 had been acknowledged, and compliance achieved within the agreed timescale.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from the findings of our previous inspection and improvements that had been made. The registered manager had implemented an effective and robust action plan following our last inspection and all failings found had been resolved prior to this inspection being carried out.
- The registered manager reported relevant issues to CQC and commissioners of the services.
- The provider and registered manager were committed to continuous learning and improvement. They regularly engaged with professionals with expert knowledge in the support and care of people who lived with dementia.
- We received positive feedback from professionals who worked closely with the service. We spoke with one professional who told us, "The care and support to people at The Chase has improved immensely and we see people enjoying the new life that has been put back into the home. I find all the staff very helpful whenever I visit, and the manager and all the staff seem to be passionate about the people they care for."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People could speak to staff about their care whenever they wanted. They also ensured that they always conducted an open-door policy to people who lived at the service, visitors and staff.
- People were invited to provide feedback on the service during residents' meetings, keyworker sessions, care reviews.
- The provider also conducted a survey to assess whether the service provided, met people's needs and expectations. The results of the most recent survey showed people were happy with the quality of their care provided.
- Staff told us they could speak with the registered manager whenever they needed to, and they were supported by experienced senior staff. Staff said they also benefitted from regular team meetings, where information and learning was appropriately shared. Staff felt that they were listened to and valued by the registered manager. One staff member said they felt the care people received at the service was person-centred and that people were happy. Another staff member said, "I really enjoy my job now because we are valued, and our views are listened to by the manager."
- We reviewed the training programme and found that all staff had been provided with all the necessary training to carry out their role effectively and safely. This included additional training in managing behaviour that may challenge and dementia care.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- Professionals who commissioned the service felt the provider and registered manager had worked hard to improve the service since the last inspection was carried out and considered they had been proactive in working hard to meet all the requirements. One professional told us, "The current manager is very knowledgeable and proficient at their job. The home has been greatly improved with a lot of hard work from"

everyone involved in The Chase. They should all be congratulated."