Chasewood Care Limited

Chasewood

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

Overall summary

We inspected this service on 11 December 2014. The inspection was unannounced. At our previous inspection in September 2013, the service was in breach of Regulation 17, Involvement and information. At this inspection, we found improvements had been made and the service was meeting the Regulations.

The service provides accommodation and personal care for up to 26 older people who have a diagnosis of dementia. At the time of our inspection 23 people lived at the home.

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 who lived at the home told us they felt safe. People were safe because the manager and staff understood their responsibilities to protect people from harm. We found the provider had appropriate policies and procedures in place to minimise risks to people's safety.

The manager assessed risks to people's health and welfare and wrote care plans that minimised the identified risks. The care plans we looked at did not fully describe the equipment and number of staff needed to

Summary of findings

minimise risks to people's health and wellbeing. However, the care staff we observed and spoke with understood people's needs and abilities because they shadowed experienced staff until they knew people well.

There were enough staff on duty to meet people's physical and social needs. The manager made all the appropriate checks on staff's suitability to deliver personal care during the recruitment process.

The manager checked that the premises and equipment were well maintained and serviced to minimise risks to people's safety. People's medicines were managed, stored and administered safely.

Staff received training and support that ensured people's needs were met effectively. Staff had opportunities to reflect on their practice and learn from other staff.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection. For people who were assessed as not having capacity for their everyday decisions, records showed that their families and other health professionals were involved in discussions about who should make decisions in their best interests.

We saw people were offered a choice of meals. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs.

Staff monitored and recorded people's moods, appetites and behaviours so they knew when people might be at risk of poor health. Staff referred people to other health professionals for advice and support when their health needs changed.

Relatives told us they could visit at any time and always felt welcome. We saw staff understood people who were not able to communicate verbally and supported them with kindness and compassion. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning and agreeing how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences and care plans were regularly reviewed and changed when their needs changed. The deputy manager told us they would remove information that was out of date from people's care plans to minimise the risk of staff misunderstanding people's current care needs.

People who lived at the home, their relatives and other health professionals were encouraged to share their opinions about the quality of the service to make sure improvements were made when needed.

The provider's quality monitoring system included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

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?

Good

The service was safe.

Risks to people's individual health and wellbeing were identified and plans were in place to minimise the identified risks.

Staff understood their responsibilities to protect people from the risk of abuse and were encouraged to share any concerns with the manager.

There were enough staff to meet people's needs. The manager checked that staff were suitable to deliver personal care before they started working at the home.

There were appropriate arrangements in place to minimise risks to people's safety

Is the service effective?

Good

The service was effective.

People were supported and cared for by staff who received appropriate training to meet their needs. Staff were supported to be effective in their role through regular opportunities to discuss their practice.

Staff understood their responsibilities under the Mental Capacity Act 2005. People or their representatives decided how they were cared for and supported.

People were supported and encouraged to maintain an adequate diet to minimise risks to their nutrition. People had a choice of meals.

People were supported to maintain good health and to access other healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and abilities and were compassionate in their interactions with people.

People and their named representatives were involved in care planning discussions about how they would be cared for and supported.

Staff respected people's privacy and encouraged them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs and abilities were assessed and regularly reviewed. Staff understood and respected people's likes, dislikes and preferences for care and support.

People were confident that any comments or complaints would be dealt with appropriately and actions taken to resolve them.

Summary of findings

Is the service well-led?

Good

The service was well led.

The provider listened to people's views and took appropriate action to improve the quality of the service.

Care staff were confident in their practice because they were given guidance and support from the manager and deputy manager. Staff were encouraged and motivated to provide a good quality service.

The provider' quality monitoring system identified risks to people's health and welfare. The deputy manager investigated issues, accidents and incidents, which resulted in actions to minimise the risks of a re-occurrence.

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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 11 December 2014 and was unannounced. The inspection was undertaken by an inspector and an inspection manager.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider told us they had not received this request, but they were able to give us the information we requested on the day.

During the inspection we spoke with seven people who lived at the home and seven relatives. We spoke with the manager, the deputy manager, the cook, three care and domestic staff. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed two people's pre-admission assessments and two people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed two staff files to check staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the manager and area manager made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. Relatives told us their relations were safe and there were always enough staff to support them. One relative told us, "The atmosphere is calm and relaxed. They do try to keep people safe."

Care staff we spoke with told us they knew what they should do if they had any concerns about people's safety or welfare. A member of care staff told us, "If I saw anything wrong I would report it." The manager responded appropriately when concerns were raised about people's safety. The manager informed us of incidents they had referred to the local safeguarding authority and kept us informed of the outcome of their investigations.

Care staff were confident they would be supported by the manager if they challenged staff's practice because they knew about the provider's whistleblowing policy. A member of staff told us, "I would stop staff doing it. I would report it to the deputy or the manager or the owner." This meant there were systems in place to protect people from harm and staff followed the provider's safeguarding policy.

Two relatives we spoke with told us the manager had taken appropriate actions to minimise risks to their relations' health and wellbeing. One relative told us there was an agreed protocol for keeping their relation's hearing aids safe. Another relative told us, "We requested special equipment because [Name] won't press the bell and then staff know if [Name] is out of bed." We saw this had been provided.

The two care plans we looked at identified risks to people, but they did not include a clear record of the agreed equipment and number of staff needed to care for and support people safely. However, care staff we spoke with knew and understood people's needs and abilities. They were able to explain how and why they supported people to mobilise and to socialise safely.

Relatives we spoke with told us they were satisfied the home was a safe and suitable environment for their relations. One relative told us the premises had recently been refurbished so they were confident that fixtures and fittings were suitable and in good working order. One relative we spoke with told us, "We were fully involved in the refurbishment. [Name] moved out during the work and moved back in. The building is ideal."

The provider regularly checked that the premises and equipment were safe and appropriately maintained to minimise risks. The provider had issued guidance about how to test items such as the call bells and water temperatures and the actions to take in the event of a fire. Care staff we spoke with told us the system for recording issues with the premises or equipment were effective. A member of care staff told us, "The handyman comes whenever anything needs attention." This meant the provider had had taken action to minimise risks related to the premises.

People told us there were always enough staff to meet their needs. One relative told us, "There's always plenty of staff. They're great." Another relative told us, "There are always extra staff when they are needed." During our inspection two additional staff arrived. One of the additional members of care staff told us they had come in especially to support the staff team during the inspection. We saw there were enough staff to support people appropriately throughout our inspection.

Records showed that the manager checked staff's suitability before they started working at the home. In the two staff files we looked at, we saw records of the checks they made before staff were employed. The manager checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. The manager was able to demonstrate they completed additional risk assessments, according to the information they obtained. This meant that staff were recruited safely, which minimised risks to people's safety.

We saw a senior member of care staff administering one person's medicines. They explained how they would administer the medicine and the benefits the person would obtain from the medicine. When the senior offered the person pain relief medicine they said, "It will take the pain away." This meant people were supported to understand the importance of taking their medicine.

We saw medicines were kept securely in locked trolleys in a locked cupboard. We looked at the medicines administration records (MAR) for two people who lived at the home. The two MARs we looked at were signed and up to date. The records explained why medicines were not administered, for example, when the person was in hospital. We saw staff kept a stock balance of the amount of medicines received and administered, so they knew how

Good

Is the service safe?

much medicine was in the home. The deputy manager conducted regular checks of the medicines to make sure staff followed the proper procedures and that people received the medicines they needed, which minimised the risks associated with medicines.

Good

Is the service effective?

Our findings

One person we spoke with told us, "I get the care I need. The staff are lovely." Relatives we spoke with were confident that staff had the skills and experience to support their relation effectively. A relative told us, "The staff team is consistent and we see the usual (staff) faces whenever we visit."

Care staff we spoke with were knowledgeable about people's needs. They were able to explain how they cared for and supported people and why the level of support was necessary. Care staff told us they had training that was relevant to people's needs. A member of care staff told us training was included on the staff rota, which ensured they were able to attend training without compromising people's care or safety.

Care staff we spoke with told us they were well supported by the deputy and senior staff. A member of care staff told us, "The staff are fantastic. They help me with forms like the accident book." Care staff told us they had regular opportunities to discuss people's care needs and their own practice. A member of care staff told us, "[Name] is in charge. We get on well. We have regular chats."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found the provider had effectively trained their staff in understanding the requirements of the MCA. We saw staff encouraged people to make their own decisions for their everyday living and staff respected people's decisions.

We saw people had a mental capacity assessment, undertaken by a qualified professional, before they moved into the home. Everyone who lived at the home had a formal diagnosis of dementia. Once a person moved into the home, the manager and staff followed the requirements of the MCA and assumed that people had capacity to make their own decisions for their everyday living. For one person who had no one to represent them, and was not always able to articulate their decisions, the manager had obtained an advocate. An advocate is an independent person who is appointed to support a person to make and communicate their decisions.

The manager told us if they had any concerns about people making decisions that put their health or well-being at risk, they arranged best interest meetings with the person's representatives or advocates and other health professionals. The deputy told us they had recently held a best interest meeting for one person with their family and the district nurse. They had agreed which specific decisions staff should take in the person's best interests, to minimise risks to the person's health. This meant consent to care and treatment was obtained in line with the relevant legislation and guidance.

The MCA DoLS require providers to submit applications to a Supervisory Body for authority to do so. The manager told us they had not needed to submit any applications, because no-one needed to be deprived of their liberty in order to keep them safe.

All the people we spoke with told us the food was good and they had a choice of meals. One person told us, "The food is good. Anything you want, you just ask." A relative told us, "The food looks lovely and there is always plenty of it."

At lunch time we saw people were assisted to the dining room, which meant that lunch was an opportunity to socialise with others. We heard staff offering people a choice of meals. The deputy told us they asked each person what they would like at each meal time, because they might not remember what they had chosen if they were asked earlier in the day. We saw the meals for people who needed a soft diet were appetising, because each ingredient was served separately on the plate. For one person who was unable to eat independently, a member of care staff sat next to them and assisted them to eat. We saw that the member of staff was attentive and made sure the person had time to savour and enjoy their meal.

We saw one person declined both meal options, but ate a sandwich that staff prepared for them. We saw the person chose to sit in an armchair with the newspaper while they ate the sandwich instead of joining the other people in the dining room. This showed that people had a choice about what they ate and where they ate. Care staff we spoke with told us they all received training in planning and organising meals to meet people's preferences and dietary requirements. The cook told us, "They can have anything they want. Our job is to look after them."

Records showed staff monitored people's weight so they were able to identify whether they were at risk of poor

Good

Is the service effective?

nutrition. For one person who had lost weight, we saw staff recorded their daily food and fluid intake so they could monitor whether the weight loss was related to their diet. Staff had asked the person's GP to visit and advise how they should minimise risks to the person's health. Although the GP's advice was not recorded in the person's care plan, staff were able to tell us what the advice was and we heard staff sharing information about the person's needs during the handover.

Care plans we looked at showed that staff recorded when other health professionals, such as district nurses, chiropodists and speech and language therapists, visited people. One relative we spoke with told us staff had ensured their relation was referred to an appropriate health professional when needed. They told us, "They do support [Name's] health needs. [Name] had a check-up at the hospital and an x-ray assessment and the consultant came out to see [Name] last week." This meant people were supported to maintain their health and received on-going healthcare according to their needs.

Good

Is the service caring?

Our findings

All the people we spoke with told us they were happy living at the home. One person told us, "I like it here, this is my home now." Relatives told us, "[Name] loves the home" and "I think the staff understand [Name]."

At our previous inspection in September 2013, the care plans we looked at did not include people's or relatives' signatures, which meant there was no documentary evidence to show people were involved in planning how they would be cared for and supported. At this inspection, we found improvements had been made in recording people's involvement. All the relatives we spoke with told us they were consulted about their relation's care and their views were listened to. Relatives told us, "We were involved from the beginning" and ,"The deputy keeps us informed. We feel involved."

We saw that people were relaxed in staff's company. We saw care staff assisting one person with a manicure and chatting about subjects that interested the person. One member of care staff encouraged people to join in some physical exercise after lunch. We saw people enjoyed the exercise. Care staff we spoke with understood that meeting people's individual needs was their primary role. A member of care staff told us, "Everyone has dementia, but they all have different personalities." Care staff were able to spend time with people because there were enough support staff to undertake the cooking and cleaning tasks.

Care plans we looked at included the person's life history, which helped staff to understand the person. A member of care staff told us, "I look at the care plan, but I get to know people by talking, and talking to their family." A relative told us, "We brought [Name's] preferred bedding and an album of photos. Staff use the photos to chat with [Name]." Another relative told us, "They seem to know what he likes, or if he is not liking anything." This showed that staff knew people well.

People we spoke with told us the staff listened to them. They told us they made their own decisions about how they were supported. Throughout our inspection we heard staff asking people about their preferences and checking that people were happy with their assistance. One member of care staff told us, "I can make people smile. If you see them smile, you know you're doing good, and it brightens my day."

We saw staff treated people with dignity and respect and involved people in making decisions for their everyday living. Staff spoke discreetly with people when offering personal care and were tactful in their conversations. A member of staff told us, "We treat people well, because they are the same as us." Relatives told us the staff were always respectful to their relations and encouraged them to maintain their independence.

One relative told us, "We can visit anytime. I have stayed over one night." Another relative told us they could make themselves a cup of tea and sometimes they helped with the washing up. They told us their relation liked to help wash up too, as it felt more like their own home. One person we spoke with laughed when we asked if they used the kitchen. They told us they didn't need to because staff looked after all their needs, including meals and drinks, and they liked it that way. After lunch we saw one person returning their plate and glass to the kitchen, which showed people were encouraged to maintain as much independence as they wanted.

Good

Is the service responsive?

Our findings

All the people we spoke with told us they spent their time just how they wanted to. Two people told us, "I don't want to knit, or sew or read or watch television" and "There's nothing I want to do." A relative told us, "[Name] is well looked after" and [Name] stays in her room and she is happy with that."

We saw care staff knew people well enough to encourage them to take part in spontaneous hobbies and interests, such as soft ball and singing along to music. One relative told us, "They do have a lady to do exercise and music. They have a singer and staff will spend time and sit and talk with [Name]." Another relative told us the black and white photos of old movie stars on the dining room wall were useful to start a conversation with people. A member of care staff assisted one person to communicate with us and tell us about a recent entertainment they had attended. The person smiled and nodded while staff explained where they had been and how much they had enjoyed it.

We saw staff understood people's individual needs and abilities. A member of care staff told us, "We get to know them and they all have different ways." The member of care staff described how they supported one person according to their preferences. We saw people accepted staff's support when they offered to assist them. We heard care staff offering one person several alternatives when they became agitated. This enabled the person to take control of the moment, which decreased their agitation.

The deputy showed us records of the assessment of needs they completed before people moved into the home. The assessment identified why the person needed care and support to maintain their everyday life and whether the home could offer the care and support they needed. The assessment identified the person's needs, abilities, health issues and preferences. We saw the deputy had assessed the person's behaviours, habits and moods and checked them against their knowledge of staff's skills and experience, before they offered the person a home.

We attended a care staff handover meeting to understand how staff shared information about people's needs. A member of care staff told us, "We have handover in the morning and afternoon to the night staff. We are well informed." We saw staff explained how each person had been supported during the morning. Staff knew about people's appetites, moods and activity levels. A relative told us, "They keep diaries for [Name] so we always know what's happened."

The relatives we spoke with were confident their complaint would be dealt with appropriately. One person we spoke with told us, "I have no complaints." Relatives we spoke with told us, "If we had to complain we would speak to the deputy" and, "We can talk to the deputy about anything, any concerns." Another relative told us, "I asked to see the manager when I put a complaint in writing. There's a complaint procedure on the wall. I felt I could call and speak with her. She has arranged a meeting." This meant that the provider's complaints policy was known to, and understood by, people and their relatives.

Relatives told us the manager was approachable and resolved any issues they raised. One relative told us, "The manager is here every day. I don't need to see her more often. I can talk openly." Another relative told us that the manager had responded appropriately to their request for more information. The manager had arranged a meeting to make sure that all the family members were fully informed of changes in their relation's health needs and plans for their on-going care and support.

Good

Is the service well-led?

Our findings

All the people we spoke with were satisfied with the quality of the service. They told us they were happy at the home and could not think of any improvements. We saw the culture of the service was open and inclusive. During our inspection the provider came to the home to support the manager and to make sure we had all the information we needed. People who lived at the home recognised the provider, who greeted everyone by name. We heard one person speaking with the provider in the provider's native language, which gave both of them pleasure. One person we spoke with told us, "That's the gaffer. He knows me." A relative told us, "The provider and manager are often here. There is no problem if I want to speak with them."

When the manager came in they greeted everyone individually by name. People who lived at the home knew the manager and greeted them like an old friend. Care staff we spoke with said they were encouraged and motivated to spend time with people according to their interests, which offered people a good quality of life, because they followed the manager's example.

Care staff we spoke with told us they felt confident in their practice because they were given guidance and support from the manager and deputy manager. The deputy manager kept a schedule for regular one-to-one meetings with staff, which ensured staff had the opportunity to discuss their practice and consider their personal development. A member of care staff told us, "The staff support me. They tell me what's needed."

The deputy manager told us they conducted monthly quality monitoring checks to ensure people received the care and support they needed. Records we looked at showed the deputy checked, for example, that the home was clean and call bells were in working order and that people received their medicines as prescribed. The deputy spent time in the communal areas of the home, which meant they had informal opportunities to check whether improvements were needed to any aspects of the home. A member of staff told us the manager had recently ordered additional coffee tables, because they had observed that people became agitated when they had to share a coffee table. This meant the manager took appropriate actions when they identified that improvements were needed.

We saw the manager checked people's care plans were regularly reviewed to make sure the care plan was accurate and up to date. In the two care plans we looked at, we saw changes in people's needs and abilities were clearly recorded. Staff we spoke with were knowledgeable about changes they had made in caring for and supporting people. However, some of the information in the care records we looked at was out of date, which could be confusing or misleading for staff. The deputy manager told us they would ensure that all the information in people's care plans was up to date, or removed and archived at their next care plan audit.

We saw records of the deputy manager's monthly analysis of accidents and incidents. Recent records showed there were no particular patterns or trends that caused accidents or incidents. The deputy told us, "If the same person was to fall three times, we would refer them to the falls clinic." This meant the deputy manager understand the importance of identifying trends and taking appropriate action to minimise risks.

We saw people's care plans and records were kept in the office, where only staff could access them. Staff files were kept locked in the manager's office, which ensured they were kept confidentially. The manager had not received our email, requesting them to send us information prior to the inspection (PIR). However, the manager was able to provide us with all the information we requested on the day. This showed there was an effective system for managing information.