

The Chase Care Home Ltd

The Chase Rest Home

Inspection report

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Date of inspection visit:
12 April 2017
18 April 2017

Date of publication:
02 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The Chase Rest Home is registered to provide accommodation for up to 24 older people. Providing care for people including those who live with a dementia or mental health diagnosis. This was an unannounced inspection which took place on 12 and 18 April 2017.

The Chase Rest Home was inspected in January 2016. No breaches of regulation were found but we identified some areas of improvement we asked the provider to make to ensure people's care met best practice at all times. At this inspection we found the provider was not meeting all regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Chase Rest Home had a registered manager who had just recently completed their registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems in place to assess and monitor the quality of service provided were not robust. Maintenance and infection control issues found during the inspection had not been identified during recent audits completed by the registered provider and registered manager. Premises and equipment had not been kept clean, suitable for the purpose for which they were being used, properly used and properly maintained.

Medicines policies and procedures were in place; however some areas of medicine practice needed to be improved to ensure that people received their medicines in a safe and consistent manner.

Recruitment processes needed to be improved to ensure that adequate checks and references were in place before people commenced work at the home. There were enough staff to keep people safe. Staff had received training to ensure they had the knowledge and skills to meet the needs of people living at the service. Staff felt supported and had regular staff meetings and individual supervision and appraisals. Staff told us that improvements being implemented were positive.

Staff knew people well. Interaction between staff and people were open and friendly. We saw that staff were kind and patient when providing care. People were always treated with dignity and people's personal choices were supported.

Risks relating to people's individual needs were identified and managed to help ensure people remained safe. Staff had a good understanding about how to recognise and report safeguarding concerns.

Management and staff had an understanding regarding mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). People were actively involved in day to day choices and decisions around how they received their care. Care was assessed and reviewed regularly to ensure it was person centred and

information about the person was up to date. Staff made sure people did not become socially isolated and worked with other outside professionals to improve people's day to day lives.

Meal choices were provided and people gave positive feedback regarding the meals. People had access to fruit, savoury snacks and drinks when they wished. Kitchen staff were aware if people had any specific dietary needs, allergies or preferences.

Many people went out alone regularly or with relatives. People were encouraged to maintain their independence as much as possible. Staff were involved in providing daily activities for people his included games, quizzes and exercise. The registered manager was looking at further ways to improve activity provision. Staff were aware of people who may be at risk of becoming socially isolated and worked hard to involve people and encouraged them to come to the communal lounge.

People were involved in gaining and providing feedback about the home. Information fed back was used to make changes and improvements. A complaints procedure was available for people to access if needed.

We found two breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The Chase Rest Home was not always safe.

Premises and equipment had not been kept clean, suitable for the purpose for which they were being used, properly used and properly maintained. This put people's safety at risk.

Medicines policies and procedures were in place. However, some areas of medicine practice needed to be improved. Risks relating to people's individual needs were identified and managed to help ensure people remained safe.

Recruitment processes were not robust.

Staff had a good understanding about how to recognise and report safeguarding concerns.

Staffing levels were appropriate to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff had received training to ensure they had the knowledge and skills to meet the needs of people living at the service. Staff felt supported and had regular supervision and appraisals.

People were actively involved in day to day choices and decisions.

Management and staff had an understanding regarding mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink. Meal choices were provided and people gave positive feedback regarding the meals.

People had access to other healthcare providers.

Is the service caring?

Good 

The Chase Rest Home was caring.

Staff knew people well. Interactions between staff and people were open and friendly.

Staff worked with other outside professionals to improve people's day to day lives.

People were always treated with dignity and people's personal choices were supported. People's privacy and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People spent their time how they chose. Staff were involved in providing daily activities for people and the registered manager was looking at further ways to improve activity provision.

Care was person centred. Care needs were assessed and reviewed regularly to ensure they reflected people's current needs.

A complaints procedure was available for people to access if needed.

Is the service well-led?

Requires Improvement ●

Improvements were needed to ensure the service was well led.

The registered provider and manager had not maintained adequate oversight of the home. Systems in place to assess and monitor the quality of service provided were not robust. Audit information was not completed accurately to identify areas for improvement.

A high number of issues identified during the inspection had not been identified during recent audits completed by the registered provider and registered manager.

People were involved in gaining and providing feedback about the home. Information fed back was used to make changes and improvements.

Staff felt supported and that improvements being implemented were positive.

The Chase 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 which took place on 12 and 18 April 2017 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

The Chase Rest Home was inspected in January 2016. Although there were no identified breaches at the last inspection we did find some areas of practice that we asked the provider to improve. Since the last inspection there had been a change of registered manager. We found that although some improvements had been made, some new areas were found where the provider had not met regulations.

We spoke with eight people who lived at The Chase Rest Home who told us about their experiences of living in the home. We met four staff including the registered manager, two care staff and one member of domestic staff.

Not everyone was able to tell us about their experiences of living at The Chase Rest Home. Therefore we carried out observations in communal areas and throughout the home to see how people were supported throughout the day and during their meals. We looked at care records for three people to get an understanding of their care needs and how these were met. We also looked at documentation in a further care plan to follow up on specific health conditions and areas of care for the person, including risk assessments.

Medicine Administration Records (MAR) charts and medicine storage and administration were checked and

we read daily records and other information completed by staff. We reviewed three staff files and other records relating to the management of the home, such as complaints and accident / incident recording, quality assurance and audit documentation.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at The Chase Rest Home. People felt that staff kept them safe and knew how to look after them. Telling us, "Staff know me, they look after me well." And, "I need looking after a bit, and they certainly do that well."

Despite this positive feedback we found a number of areas which impacted on people's safety at the home. Although communal rooms were clean and maintained. People's rooms and communal hallways and bathrooms had not been maintained and cleaned to an acceptable standard. During a walk around the building with the registered manager we identified a lot of health and safety, maintenance and cleanliness issues. The registered manager told us they had a maintenance employee who was shared with another service. However adequate maintenance and equipment repairs had not been maintained. We found nine radiator covers not attached to walls in peoples bedrooms and communal bathrooms/toilets. five radiator covers which did not cover the entire radiator or had large gaps in them where you could touch the radiator. This would be a risk for people with dementia who could touch the radiator and maybe at risk of burns. In people's bedrooms and communal areas we found broken items of furniture and equipment. Two communal bathrooms had tiles and plaster missing. Stains could be seen on people's bedside tables and furniture. Large cobwebs were seen in some bedrooms and ensuite bathrooms and toilets. Appropriate cleanliness levels had not been maintained. These issues meant that people were at risk due to unsafe, poorly maintained and unclean equipment.

Some people living at The Chase Rest home had dementia and could be confused at times. If items are not appropriately stored people may be at risk. The laundry room was located in an outside room in the rear garden. This was not locked, nor was the cupboard contained substances which could be hazardous to health (CoSHH) in the garden. Staff had no means of washing or disinfecting their hands in the laundry and the laundry was dirty and messy. Therefore we could not see how appropriate infection control measures had been maintained. Old baths and equipment was stored by the back of the building and these were visible from the communal areas used by people on a daily basis. The registered manager told us the provider had requested these items be kept however there was nowhere suitable to store them. The registered manager contacted the maintenance employee who came to immediately repair all the radiator covers. This was completed before the end of day one of the inspection. Further improvements had taken place including new flooring in some ensuite bathrooms and some repairs before the second day of the inspection. Although we acknowledge that a number of the identified issues were rectified before the end of the inspection this was in response to the inspectors findings and the concerns had not been identified prior to the inspection. Although the risk to people was reduced by these actions being completed, this did not demonstrate that the provider had appropriate measures in place to ensure peoples safety was maintained at all times. Premises and equipment had not been kept clean, suitable for the purpose for which they were being used, properly used and properly maintained. This put people at risk. The above issues were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The current fire safety risk assessment had been completed prior to the new manager starting at The Chase Rest Home. This had not been dated and it was unclear who had completed this audit. Although the new

manager had followed up on the actions identified to ensure they had been addressed the registered manager could not demonstrate if the risk assessment had been completed by a suitably trained person. The provider could not be sure fire safety measures currently in place were safe. This was an area that needed to be improved.

Fire evacuation contingency plans and emergency procedures were displayed around the home. Personal Emergency Evacuation Procedures (PEEPS) were completed. PEEPS included individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility and health related issues. The registered manager had recently employed a second night staff member to ensure that in the event of an emergency night evacuation peoples safe evacuation could be facilitated. As some people had dementia, clear evacuation and emergency plans were essential to ensure people could be safely supported at all times in the event of an emergency occurring.

Gas, electrical (PAT) testing and water safety checks had been completed by external companies. Fire alarm and safety equipment checks had taken place. A legionella risk assessment had been completed and some further water temperature checks had been completed by the provider. We were told these were monthly, however these were not dated. We did not see records to show how flushing of all taps and showers was being monitored. Documentation showed this was in empty rooms only. However some baths and showers in people's rooms were not in regular use. The registered manager told us these would be added to the checks immediately to ensure all areas were flushed appropriately. This was an area that needed to be improved to ensure safe water checks were being maintained.

The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and all staff had received safeguarding training. Staff demonstrated an understanding around how to recognise and report safeguarding concerns and told us they would raise any concerns with the registered manager or report their concerns directly if needed.

The registered manager was in the process of updating and re-writing all care plans. As reviews took place or if peoples care needs changed, individual risk assessments were put in place to support people to stay safe, whilst encouraging them to be independent. This included risk of self neglect, falls, smoking, nutrition, personal care, medicines and skin integrity. Risk assessments identified the level of risk and how this was being minimised. Peoples mental health needs were also included in care plans and risks identified in relation to this including dementia, behaviour support, social and care needs.

There were systems in place to ensure people received their medicines safely. Care staff were medicine trained and people's medicines were stored in individual locked cupboards in their bedrooms. There was a medicine fridge in the main communal dining area. This was used to store medicines which needed to be kept cold. This was locked and temperatures regularly checked. It was noted that two creams opened by staff had not been dated on opening. Staff on duty told us this would be addressed immediately. This needed to be improved to ensure that use by timescales were monitored. Medicine administration Records (MAR) charts were audited to identify any gaps or omissions when medicines were given. When errors had occurred these were followed up by further checks to make sure staff were following correct procedure. We found that some creams being applied when required had not been signed on the MAR chart to show they had been given. Medicine protocols included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be given. When PRN medicines were given this was documented on the rear of the MAR chart. Staff followed this process to ensure that any changes to people's health were documented. PRN protocols needed to be updated to ensure that all newly prescribed PRN medicines or changes to PRN medicines were documented

and protocols in place to ensure staff had clear guidance to follow. For people who were taking medicines themselves without staff supervision including eye drops, assessments needed to be in place to show that this had been reviewed as being safe and appropriate. Care staff were clear about people's needs and medicines however some improvements were needed to ensure this was well documented. Some areas of medicines needed to be improved to ensure people received their medicines in accordance with prescription guidelines.

The registered manager and staff were able to tell us about people's care needs. The service had a 'no hoisting' policy'. This meant that everyone living at The Chase Rest Home was independently mobile. Some people used walking aids but no one required lifting equipment. The registered manager told us that if people's needs changed and they required moving and handling equipment as they were unable to weight bear then they would be moved to a more appropriate care setting.

Incidents and accidents were reported and the registered manager had oversight of any incidents/accidents or falls that had occurred. Accidents and incidents were discussed during daily handover to ensure staff were aware if any incidents had taken place. A monthly analysis was completed and these were reviewed to look for any trends or themes. For example, if someone had a fall, then this would trigger a review of their care needs. A referral to other outside organisations would then be made if appropriate.

Staff told us they felt staffing levels were appropriate to provide care for people. We looked at staff rotas and saw that staffing levels were appropriate to meet people's needs. Staffing levels were reviewed if there were any changes to people's health and care needs. Staffing levels at night had recently been increased to one waking and one sleeping night to ensure that people's care needs and safety could be maintained at all times.

Staff recruitment records showed that although some checks were undertaken before staff began work professional references were not in place for all new staff, including their most recent employer. If it was not appropriate for a reference to be requested from the most recent employer there was no information recorded to show this had been discussed. Interview notes did not demonstrate discussion around previous convictions if information had not been completed on the application form, although the registered manager was able to give us information relating to staff. However this was not clearly recorded.

This meant that decisions around people's employment were not always clear. References in place for staff did not always include a professional reference. We found two references from friends or colleagues with no other professional reference in place. One staff file did not include adequate photographic identification. Disclosure and barring service (DBS) checks were seen for people. The registered manager told us they would confirm that these were transferable from previous employment to ensure that people continued to be safe to work within the care sector. Recruitment documentation and processes needed to be more robust. This was an area that needed to be improved.

Is the service effective?

Our findings

People received care from well trained staff. One person said, "The staff are lovely, they know me, they make sure I am alright as I can get a bit muddled." Staff received all the training they needed and they knew people's needs well. People's care was supported by records and risk assessments to ensure care was effective.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, Speech and Language therapy (SALT) and mental health teams. Staff were clear that it was their responsibility to ensure that the appropriate professionals were contacted to maintain people's health.

There was a training programme in place to identify when staff needed training or updates. This included training identified by the provider as 'required' training, for example, safeguarding, moving and handling, fire safety and infection control. Further training including deprivation of liberty safeguards (DoLS), Mental Capacity Act (MCA) and equality and diversity. Staff training was monitored. Some training included written feedback and tests after completion to assess understanding. If staff did not demonstrate they had understood training then further input was given until they had a clear and full understanding. Staff felt they received the training and support they needed to provide safe effective care to people.

Staff who were newly employed completed an induction period. Staff who were new to care were required to undertake the Care Certificate, by arrangement with an external training provider. Care Certificate training which familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life.

A clear structure was in place to ensure staff received regular supervision. These were documented and staff knew when they were due to take place. Staff told us they felt supported by the registered manager and found the supervision was their 'chance to talk to the manager'. All staff told us they felt that the manager was approachable and they could go and speak to them at any time if they needed to and would not have to wait for their next supervision.

Staff were provided with training around Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. The registered manager demonstrated an understanding of MCA and its aims to protect people who lack capacity and when this might be required. Information was displayed around the office for staff to ensure they had a good understanding around capacity and decisions. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. People's mental health and wellbeing was assessed and reviewed regularly with liaison between the home and other health professionals if required.

Staff were clear that people were supported to be involved as much as they possibly could. For example, people with a dementia diagnosis were supported to make day to day choices about the clothes they wore,

what they ate and how they spent their time. People were involved in decisions regarding their care and support needs. We saw that throughout people's care plans and documentation information had been discussed with them and/or their next of kin if appropriate to ensure people were aware of and felt involved in any decisions or plans set involving them. People told us they could choose when to get up and when to go to bed and how they spent their day. We saw some people went out alone or with family or friends during the inspection. People told us they liked the fact that the home was close to the town centre and that if they needed a member of staff to take them shopping or to help them go out then this was possible.

People were provided with support and monitoring with regards to their nutritional needs. When people had poor appetites, been unwell or had difficulty with swallowing, staff had monitored people's daily food intake and weights. If there had been any concerns these had been referred to the person's GP or other health professional, for example Speech and Language therapy as appropriate. People's likes and dislikes and any allergies were documented. Kitchen staff were kept informed of any specific dietary requirements including if anyone required diabetic or pureed meals and any changes to people's preferences or allergies if relevant. Snacks including fruit and savoury snacks were available in communal areas for people to help themselves to if they wished. Hot drinks and juice were available throughout the day.

People got up when they wished and ate breakfast in their room or in the dining room. Lunch was served in the dining room or people could choose to sit in the lounge or in their rooms. There was one large dining table where people sat together. People were asked for their meal choice and this was served up by staff. Meals looked appetising and feedback from people regarding the food was very good. If people wanted a meal kept as they were going out staff made a note of this and they could have their meal when they returned. People were seen to chat between themselves and with staff. Staff were available throughout the meal to provide support when needed.

Is the service caring?

Our findings

Staff demonstrated a very caring attitude towards people. We saw staff taking the time to stop and talk to people and ensuring people had everything they needed and were comfortable. People told us, "It's nice here; it's a nice place to live. They are all friendly, no airs and graces." And, "I go out a lot, I just let them know where I am going, they make sure I'm dressed warmly and that I have everything I need."

There was a warm and friendly atmosphere at the home. Observations throughout the inspection showed that interactions between staff and people were caring and professional. Staff were observant and responded to changes in people's needs. For example, one person was very quiet on the first day of the inspection and staff were aware that this meant the person wanted to be left alone and liked to have a bit of space. We saw that staff still ensured that this person was OK and respected that they were just having a 'quiet day'.

Staff knew people well and were able to tell us about people's individual care needs and preferences. People were familiar with staff and happy to approach them if they had concerns or worries. When staff approached people they did so respectfully and spoke to them using their chosen name. They maintained eye contact when supporting them and tailored their communication appropriately if people were hard of hearing. During group activities taking place in the lounge. We saw that people responded with humour and there was light hearted banter and laughing throughout the conversation and activities taking place. The staff member facilitating the activities demonstrated that they knew people really well and this promoted open discussion about peoples past and lives before they moved to The Chase Rest Home.

One person did not like to leave their room very often. The home had worked with other health professionals as they were aware this person could become socially isolated. They had taken on board some tips given to them on how to encourage this person to leave their room. This had been tried with success and this person had joined other people in the lounge and was observing the activity taking place. They were able to move around the home as they wished but once out of their room had chosen to stay in the communal area for some time. Staff were clearly pleased that their interaction had been successful and felt this would improve this persons day to day interactions with others.

Some people liked to walk around the building and we saw they did this throughout the day. When they stopped to speak to staff their queries and questions were answered even when the same queries were directed at staff repeatedly. Each response was as if it was the first time the discussion had taken place and the person was given reassurance and information. Interactions by staff were considerate and respectful and demonstrated they had a clear understanding of peoples care needs.

People were supported to make their own choices about when to get up and go to bed or where to spend their day. Staff respected people's privacy, they knocked on doors and waited for a reply, where appropriate, before entering. People's confidentiality was respected. All care records were stored securely in the main office and discussions regarding peoples care needs took place discretely to ensure peoples dignity and privacy was maintained.

Is the service responsive?

Our findings

People told us they thought the service was responsive. "I pop into speak to the manager most days, and speak to her about what I need and she sorts it out." The registered manager had begun work at the service since the previous inspection and had recently registered with CQC. Since taking over as manager they had implemented a number of changes to documentation and care planning to ensure it was person centred and reflected people's needs.

People and their next of kin if appropriate were involved in reviews about how care was provided. There were systems in place to ensure that people's care needs were assessed, planned and reviewed regularly. Care plans were in the process of being rewritten. The registered manager told us they were looking at changing the care plan folders to make information more accessible for staff. We looked at two care folders which had been updated by the registered manager and one further care plan to follow up on a specific health need for this person. We saw that care plans and documentation included a 'pen picture'. This was relevant information about the person, their lives and background information around what was important to them. Care folders included information regarding people's preferred daily routine, for example whether they liked to get up early or late, if they wished to be checked at night. One person liked to have their breakfast in their room before they got washed and dressed and this had been included within their daily routine to ensure staff were aware of their preference.

We spoke to a member of staff who usually worked night shifts. They told us how people's needs were flexible. For example, at night some people found it difficult to sleep and would come downstairs and sit with staff in the main lounge, one person liked to watch a specific television show which was on late at night and they would come to the lounge to watch this and have a cup of tea. Staff were clear that people's routines were documented as a guide and if people chose to do things in a different way this was supported.

People's care needs had been identified and associated risk assessments completed. When people had diagnosed mental health concerns or for those with dementia or memory loss. Information was in place to ensure that they were involved in decisions regarding their day to day lives and how they received care. Care plans identified those at risk of becoming socially isolated and the steps taken by the service to help improve people's day to day lives. For example, working with other health and care organisations. Liaising with community mental health teams and ensuring people's mental health needs were reviewed regularly. Care information was clear and detailed, and had been updated and reviewed if changes had occurred. This meant that people's records were person centred and included information that was relevant and up to date.

There was no designated activity staff working at The Chase Rest Home. The registered manager told us that there was an activity schedule to provide daily activities each afternoon and that all staff were expected to be involved in this. We spoke to staff and they told us they sat with people and played games, did quizzes or listened to music. We saw that on one day a member of staff was assisting people to do armchair exercises and there was a lively chat and 'ad hoc' quiz taking place. This was well attended and people told us they enjoyed taking part. The registered manager told us they were looking to improve activities provided and

this was on-going. Some people went out with family, friends or on their own most days, and others preferred not to attend group activities and sat in the smaller lounge area watching television or listening to music. People told us they felt they had something to do most days. The registered manager was trying to source more visiting entertainers to ensure that activities provided were varied and involved things people were interested in. People had access to a computer which was in the lounge and we saw that one person used this regularly. The home had a cat, and one person had chosen to take on the responsibility of feeding the cat. They clearly enjoyed this and we saw that people enjoyed having access to a pet within the home.

Information was displayed in the main reception areas informing people how to raise a complaint. People we spoke to told us they would tell the staff if they were unhappy with anything or go directly and speak to the manager. We saw that on both days of the inspection people came to the manager's office to ask questions and to discuss any issues they had. Staff were clear that if anyone raised any concerns they would share this with the manager to enable them to respond. There were no formal complaints on-going at the time of the inspection. Although the registered manager was clear that any concerns raised would be responded to within the timescale as stated in the homes complaints policy and procedure.

Is the service well-led?

Our findings

The quality assurance system in place was not robust, the provider and registered manager had not identified the number of maintenance and infection control issues we found during the inspection. Audits completed over previous weeks by the provider, registered manager and domestic staff had indicated that all areas of the home were adequately maintained with no concerns or actions to be taken forward. This included a weekly environmental cleanliness checklist completed on the 24 March 2017, a hand hygiene audit tool completed 10 March 2017 and a provider audit (monthly walk through). The provider audit had no information completed to identify if they had spoken to any staff, carried out any observations or spoken to people living in the home. This had been completed on the 16 February 2017. The audit had 'OK' written across each section and had not identified any areas of maintenance or improvements to cleanliness required. No further provider audits had taken place since this time. Audits completed did not demonstrate how the provider and registered manager ensured that all areas of the home and care provision had been monitored effectively or show the provider had oversight of all areas of the home.

We discussed the number of concerns found with the registered manager during the first day of the inspection. By day two of the inspection a number of the maintenance issues had been addressed and the registered manager had completed a full intensive audit of the home. This had identified five pages of maintenance and infection control concerns including those identified during the inspection. Although we acknowledge that a number of these maintenance issues were responded to promptly this was reactive to CQC findings rather than proactive and these maintenance, health and safety and infection control issues should have been identified and addressed by the provider and registered manager prior to the inspection.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had implemented a system to audit medicines, call bell response times, care planning, falls, accidents and incidents. These included any actions and improvements taken forward. We discussed ensuring that they maintain oversight of all audits including those delegated to other staff to ensure that they are completed accurately, as identified in the weekly environmental checks which did not accurately portray the areas of the home needing to be improved. The registered manager also carried out unannounced spot checks. These had taken place at variable times including at night. No actions had been identified.

Feedback had been sought from people to enable the registered manager to make further improvements to the way the service provided care. There was a suggestions box in the reception area for people to feedback or make suggestions, anonymously if they wished. Questionnaires had been given to visitors, relatives and people living at The Chase. Feedback received had been discussed during meetings and changes implemented, for example menu suggestions or activities people want to see included.

Meetings had been taking place. This included monthly residents, senior care and all care staff meetings. We saw that minutes showed staff had been asked to complete a medicines test. This then led to discussions

around administration and identified any areas for future learning for people.

The registered manager told us that since becoming manager they had worked to improve the culture and leadership within the home. They had a clear vision and plan to take the service forward and make improvements. Staff told us that they felt the new manager 'was firm but fair'. Staff felt that this was needed to ensure people knew their roles and responsibilities. Telling us, "Things have really improved, there is clear leadership now." And, "We work really well as a team. There is good training and support."

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. The registered manager understood the importance of being open and transparent and was keen to improve future practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Premises and equipment had not been kept clean, suitable for the purpose for which they were being used, properly used and properly maintained. This put people at risk.</p> <p>15 (1)(a)(b)(c)(d)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to assess and monitor the quality of service were not robust. Issues found during the inspection had not been identified by the provider.</p> <p>17(1)(2)(a)(b)</p>