

Chase House Limited

# Chase House Limited

## Inspection report

House Lane  
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Date of inspection visit:  
13 February 2019  
18 February 2019

Date of publication:  
21 March 2019

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

Chase House Limited is a care home. It provides personal and nursing care for up to 50 younger adults and older people. Some of the people living at the service were living with dementia, long term health conditions and physical disabilities. At the time of the inspection, 49 people were living at the service.

### People's experience of using this service:

People's experiences of the service were quite positive. However, Well-led was rated 'requires improvement'. This was because the provider needed to improve their quality monitoring systems to show that actions were always taken to make sustained improvements.

Staff had been trained in how to protect people from harm, and they knew how to report concerns. Potential risks to people's health and wellbeing were assessed and minimised. There were enough staff to meet people's needs safely. People's medicines were managed safely. Staff followed effective processes to prevent the spread of infection.

Staff had been trained and had the right skills to meet people's needs effectively. Staff were well supported and had information they needed to meet people's assessed needs. Staff supported people to have enough to eat and drink. Staff supported people to access healthcare services when required, to help maintain their health and well-being.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. People were involved in the planning and reviewing of their care plans. People told us staff were caring and friendly. Staff respected and promoted people's privacy, dignity and independence.

Information in people's care plans supported staff to deliver person-centred care that met people's needs. The registered manager sought feedback from people about the quality of the service provided. The registered manager worked in partnership with other professionals to ensure people received care that met their needs. There was a system to ensure people's suggestions and complaints were recorded, investigated, and acted upon to reduce the risk of recurrence.

### Rating at last inspection:

The service was rated 'good' when we last inspected it. That report was published in August 2016.

### Why we inspected:

This was a planned inspection based on the previous rating.

### Follow up:

We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

# Chase House Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector, an inspection manager and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people living with dementia.

#### Service and service type:

Chase House Limited is a care home. People in care homes receive accommodation and nursing or personal care as a 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:

The inspection was unannounced.

Inspection activity started on 13 February 2019 and ended on 18 February 2019 when we received feedback from one professional who worked closely with the service. We visited the service on 13 February 2019 to see the registered manager and care staff; to review care records and policies and procedures; and to speak with people using the service and visiting relatives.

#### What we did:

Before the inspection, we looked at information we held about the service including notifications. A notification is information about events that registered persons are required to tell us about. We checked

the 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. We used this information to plan the inspection

During the inspection, we looked at various information including:

- Care records for four people using the service.
  - Records of accidents and incidents; compliments and complaints; audits; surveys.
  - Two staff files to check the provider's staff recruitment, training and supervision processes.
  - Some of the provider's policies and procedures.
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- We spoke with eight people using the service, five relatives, four care staff, two nurses, one activities coordinator, a care coordinator, an administrator and the registered manager. We also observed how staff provided care and support to people in the communal areas of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and with how staff supported them. Relatives confirmed this too. One person said, "I could not live on my own as I needed too much help. Here, the carers are good and I am safe enough." One relative said, "I can leave [person] here, go home and not worry because [person] is safe."
- Staff had been trained and knew how to keep people safe. Staff we spoke with knew how to report concerns in line with the provider's safeguarding procedures.
- Staff told us they reported concerns to senior care staff or the nurses, who in turn, reported this to the registered manager. Records showed the registered manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission. This was so that action could be taken to minimise the risk of further incidents.

Assessing risk, safety monitoring and management

- There was a system staff followed to manage potential risks to people's health and wellbeing. Senior staff carried out risk assessments to guide people and staff on how to minimise risks. Areas assessed included: mobility, eating and drinking, skin care, medicines, and relating to specific health conditions. These were reviewed regularly and updated when required.
- Relatives told us risks were managed well and they were always told if anything happened. One relative said, "They phone me straight away if anything happens at all. One day [person] was on the floor and not hurt, but they phoned to let me know."
- There were systems so that staff regularly completed health and safety checks to ensure the service was free from hazards that could put people, staff and visitors at risk of harm. The registered manager took appropriate actions to make improvements if required.

Staffing and recruitment

- The provider had safe staff recruitment processes because the registered manager completed all necessary checks before staff started working at the service. Staff confirmed this.
- People and relatives told us there was always enough staff to support people. One relative said, "There are always staff around." About using their call bell, one person said, "I don't call very often at night, but if I do, someone comes very quickly."
- The service had care worker vacancies. This meant they regularly used agency staff so that there were enough staff to support people safely.
- However, the provider had an ongoing recruitment programme to cover the current vacancies.

Using medicines safely

- Nurses and trained senior care workers supported people to take their prescribed medicines. The provider had systems to ensure this was managed safely. This included providing appropriate storage facilities, guidance for staff, and keeping correct records.
- People were happy with how staff gave them their medicines. One person said, "They do exactly what they are prescribed to do. There's no fuss or bother, it just happens." Another person said, "If I have any pain, I just speak to the carer and then the nurse will sort it out."
- We observed safe medicine administration practices.
- We saw that medicine administration records were completed fully to show that people had been given their medicines.

#### Preventing and controlling infection

- Staff told us, and records showed they had been trained in infection prevention and control, and how to handle food safely. They also had supplies of protective equipment, such as disposable gloves and aprons if required when supporting people.
- The provider had a dedicated team of housekeeping staff to keep the service clean. We saw, and people confirmed the service was always clean. There was an ongoing refurbishment programme to paint and decorate areas of the service that needed this.

#### Learning lessons when things go wrong

- The provider had systems to record incidents or accidents that occurred at the service to ensure these could be managed effectively.
- Staff knew to report any incidents that occurred so that action could be taken to reduce the risk of recurrence.
- There was evidence of learning when things went wrong. For example, the provider added additional security systems like CCTV and codes to external doors to ensure people at risk could not leave the service unsupported by staff.
- The provider introduced the 'Hebert protocol'. This is a scheme in partnership with the police, to guide staff to put together a record of important information which could be useful if a vulnerable person goes missing. The registered manager told us the additional security to the premises meant this was unlikely to be ever used.

# 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

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

- The service was meeting people's needs effectively. People and relatives confirmed this. One relative said, " At the [previous home], they (staff) used to just say [person] had refused a shower. Here, [person] has regular showers in a lovely wet room, with underfloor heating. It's fantastic." Another relative said, "[Person] gets good care. They understand dementia quite well here."
- There were systems to continually assess people's care, support and treatment needs to ensure their needs were met.
- People had care plans that showed how their needs, choices and preferences would be met by staff. These were reviewed regularly and updated when necessary.
- The decoration of the service had been further enhanced to meet the needs of people living with dementia. People's bedroom doors were being repainted in different and distinct colours to make it easier for them to identify their rooms. People had chosen the colours they liked.

Staff support: induction, training, skills and experience

- Staff were supported to gain knowledge and skills necessary for them to support people effectively. There was evidence they did a variety training to provide the support people required.
- Staff told us of the induction and training they had completed to help them meet people's needs well.
- Some staff had lead roles to look for current guidance on how to provide effective care in relation to: people with swallowing difficulties; hydration; continence; infection control; falls; dignity and end of life care. We discussed with the registered manager about some of the creative ways these staff could share their learning with other staff. They said they would consider this so that the information could be used effectively to support staff's learning.
- Staff told us they were supported in their work, including by receiving supervision. However, records showed staff had not always received regular supervision.
- The registered manager told us of regular informal support they provided to staff. They also said they had recognised the importance of keeping up to date records of formal support provided. Because of this, they had recently put a system in place to promote this.

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

- People told us they enjoyed the food provided by the service, and they had been supported to eat and drink enough to maintain their health and wellbeing.
- One person said, "There's always plenty of food and it's fine. Sometimes, it's very good." While another person said, "When I ask for cranberry juice, they are very happy to provide it for me." They also told us they had the right food to meet their dietary requirement.

- We observed there was a choice of food for people to eat and most people enjoyed their food. Two people were given alternative meals when they did not like what they had asked for. Staff also provided support to people who required this to eat enough.
- People normally ate well and staff were not currently worried about anyone not eating enough.

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

- Staff supported people to attend appointments with various health professionals such as GPs, dietitians, chiropodists and others.
- One person said, "If I want to see the doctor, I just ask and they will see me on the next time round unless it is urgent."
- Some people were also receiving support or treatment provided by specialist health professionals. Feedback from a professional who worked closely with the service was positive. They said staff had asked for their advice on how to look after people's skin well to reduce the risk of pressure ulcers. Staff had used this information effectively as no one had pressure ulcers at the time of the inspection.

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 with appropriate legal authority. 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 found these were met.
- Some people had capacity to make decisions and they had given consent to their care and support. Others, particularly those living with dementia, had variable capacity. For these people, the provider ensured they had processes to work closely with relatives and relevant professionals to ensure the care provided by staff was in people's best interest.
- Where required to safeguard people, DoLS authorisations were also in place to ensure that care was provided in a way that did not infringe on people's rights.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were kind, caring and polite. One person said, "They are kind and caring, and they are interested in what I do." Another person said, "The carers are good here. They will do anything they can to help."
- People told us they got on well with the other people living at the service. Some people had developed good friendships and they spent time chatting together in communal areas of the service. People told us they also got on well with staff, who always had time to chat despite being busy at times.
- People told us staff respected their individuality, diverse needs and preferences. We observed a member of staff had an excellent relationship with a person they were speaking with when they related many funny tales of the past 12 months to make the person laugh. They had a lot of light hearted banter about the adventures the person had and the things they liked. The staff member also said, "You love to go to theatre outings, and [person] looks wonderful when dressed to go out."

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

- People told us they were supported to make decisions and choices about how they wanted to live their lives and to be supported by staff. One person said, "They always ask me what I would like to wear when they are helping me dress."
- Some people could not remember being involved in developing their care plans, but they were happy with how their care was managed. Where required, staff also worked closely with people's relatives and other professionals. This was to ensure people's wishes were always considered when planning their care.
- One person told us, "We have very regular meetings, me, the manager and the social worker. That way, we can sort anything out that needs to be sorted out."

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a respectful manner, and they promoted their privacy and dignity. One person said, "The staff are lovely and some carers have been here for years." We observed staff supporting people in a respectful manner throughout our time at the service. The general culture of the service was peaceful and respectful in both staff's actions and how they spoke with people.
- People told us they were supported to be as independent as possible in carrying out some of their activities of daily living. We saw staff supporting some people to eat and drink, and to walk around the service. Some people used their walking aids without support, while others used wheelchairs. Staff ensured people could easily access their walking aids so that they could move to a different area of the service if they wanted to.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support needs were being met by the service in a personalised way.
- People said staff met their needs well and they were supported the way they wanted. One person told us, "Staff know what I need and they just get on with helping me live well."
- A relative told us they had been involved in the assessment of their relative's needs so that their care plans reflected their care needs and preferences. They said their relative was supported well by staff. However, they could not remember if they had been involved in further reviews. They said, "To be honest I can't remember, but we can always speak to the manager whenever we want to so we can sort things out."
- The registered manager told us since our last inspection, they had reviewed their care plan template so that these contained more personalised information about people needs, wishes and preferences. For example, we saw these contained more specific information about people's preferences, such as that one person liked to have lipstick on every morning. Another one showed that a person who liked to read daily newspapers wanted the pages stapled so they did not fall out while reading the paper.
- Staff told us the registered manager promoted a culture where everyone's individuality was valued and they liked working at the service. This was evident in the way staff interacted with people.
- The provider had three activities coordinators who supported people to pursue their hobbies and interests. They also booked a variety of external entertainers to provide entertaining for people on a regular basis.
- People could bring their pets to the service if these had been assessed as safe to live with them and other people at the service. The service was rated by the Cinnamon Trust as one of the Top 50 pet friendly care homes in the country. People had access to various small animals at the service, which they told us they enjoyed. The registered manager was proud of this.
- One person enjoyed growing vegetables which were used to prepare food for everyone. People were very happy about the garden area, with many looking forward to using it more often when the weather was warmer.
- Some people particularly liked the reminiscence street, made to look like an old high street that people would have been familiar with when they were younger. People told us they used the café for afternoon teas and the new pub, that was appropriately equipped, including a working jukebox. This provided a really pleasant and stimulating environment for people living at the service. Relatives told us they liked it too.

Improving care quality in response to complaints or concerns

- The provider had a system to manage people's concerns and complaints. We saw that appropriate action had been taken to manage well complaints received by the service.
- People told us they were happy with how their care was managed and had not complained about how staff supported them. One person said, "I don't need to complain. I'm quite content with everything here."

- One relative said, "I can talk to staff if I am worried about something, so I've never needed to complain."

#### End of life care and support

- The service did not routinely provide end of life or palliative care. However, they provided this support to people already living at the service if required.
- Currently, only people needing end of life care had this information added to their care plans. However, everyone had an 'Advance care plan'. This gave staff information about people's care wishes when they were no longer able to tell them.
- The information included where people wanted to be cared for at the end of their life, who they wanted involved in making decisions about their care, and whether they had special requests for their funeral.
- There was evidence that people's relatives were also involved in these discussions and therefore, knew what their relative's wishes were.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The registered manager and other senior staff carried out regular audits to check the quality of their systems and records. There had been checks of people's care records and staff records to ensure these contained up to date and relevant information. Safety checks of the premises were also completed regularly so that people lived in a safe service.
- The registered manager appropriately reported any issues or incidents to relevant agencies involved with the service. The registered manager told us they had a recent positive review by the local Clinical Commissioning Group.
- However, there were areas that required improvement. Prior to the inspection, the provider told us staff supervision had not always been up to date, but since January 2019, they had put systems in place to deal with this. The local authority had also identified this and training was not up to date when they inspected the service in October 2018. At this inspection, it was too early for us to judge whether the provider would sustain this in a consistent way.
- The service regularly used agency staff until the provider employed enough staff to cover the vacancies. We observed that one of the agency staff was not experienced at supporting a person to eat as they did not do this at a pace the person was comfortable with. We asked the provider how they assessed the competence of agency staff and they did not have a formal process to do this. This was important to ensure agency staff had the right skills to support people safely and effectively.
- The registered manager was supported by the deputy manager, care coordinator, and the administrator in their management and leadership of the service. However, their quality monitoring systems were not always robust enough to show what action had been taken to make sustained improvements following shortfalls being identified or concerns raised about some aspects of the service. Records were not always kept up to date to show learning and how this had been shared with staff. We discussed with the registered manager the importance of showing how they were constantly learning and striving to be the best they could be.
- The service was good overall, with some 'outstanding' features in how they had created a comfortable and stimulating environment for people to live in. The service had also been part of a project to trial 'cream infused wipes', used to support people with their personal and could reduce pressure areas. They decided to use these after the trial and staff told us they found these good. However, the provider needed to evidence more how they provided an excellent service, so that they could achieve an 'outstanding' rating in the future.

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

- Staff told us they enjoyed their job and they found the service good. They also told us they worked well as a team to ensure they provided safe, effective and good quality care.
- Staff said the registered manager provided appropriate support for them to carry out their roles well and they knew the standards expected of them.
- The registered manager was clear about the quality of care they wanted to continue to provide at the service and they wanted to continually look for ways to be the best service in the area. The service was popular in the area which meant they were normally full or sometimes, had a waiting list. One relative told us how pleased they were when they could finally transfer their relative to the service, and they had never regretted that decision in the many years their relative had been there.

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

- People and staff had regular meetings to discuss issues relevant to the service. Some relatives told us of social events they attended at the service, such as the Summer fete normally held in June. They also said they always felt welcome when they visited the service, and their views and suggestions were listened to.
- Everyone was complimentary about the environmental improvements, and how the service made links with the local community. This was because some people took part in social activities provided in the local area, including a singing group.
- The registered manager told us they always checked if people and relatives had any concerns, requests or other feedback. This enabled them to deal promptly with people's concerns.
- The provider also sent annual surveys to people, relatives, staff and external professionals to gain their feedback. They used the information from these to improve the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they required and expected.
- The commissioners of the service also monitored the service to ensure they met the standards and provided good care to people. The local authority told us their last review in October 2018 which rated the service 'good'.