

Roselock Limited

The Chase

Inspection report

165 Capel Road
Forest Gate
London
Essex
E7 0JT

Tel: 02084787702

Date of inspection visit:
28 April 2023
11 May 2023

Date of publication:
13 July 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Chase is a residential care home registered to provide accommodation and personal care support for up to 9 people with a learning disability and autistic people. At the time of the inspection 9 people were living at the home.

The home was spacious and arranged over 2 floors. People were able to move around freely and enjoy a large communal space and garden.

People's experience of using this service and what we found

Right Support: People living at The Chase were kept safe. Care plans and risk assessments were effective in keeping people safe and reducing the risk of harm. People were supported to make choices and have staff provide explanations if they were unable to do something. The home met people's individual needs and provide sensory activities for people who needed them. Independence was encouraged as much as possible, and people enjoyed being able to help out in the kitchen. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: The care people received was from kind, compassionate and patient staff. People's privacy and dignity was protected, and staff did not discriminate against people at the home. Each person living at the home had an individual care plan detailing their preferences and how to clearly support them if in distress. Staff understood their safeguarding responsibilities and how to identify and report potential abuse. People were supported to make choices about what to eat and drink and were supported to eat culturally specific meals if they wished. Staff received training to support them in their role and could approach the registered manager for additional support.

Right Culture: The atmosphere was welcoming and positive. Staff were observed to have time for each person living at The Chase. The care and treatment of people was a priority at the home to ensure they received good health outcomes. Quality monitoring took place to embed good practice and to check staff knew what was expected of them.

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

Rating at last inspection and update – The last rating for this service was requires improvement (published 25 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was

no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well - led.

Details are in our well- led findings below.

The Chase

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Chase is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. The Chase is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 5 care staff and 2 people who lived at the home. After the site visit, we sought feedback from 4 relatives.

We reviewed records in relation to the running of the home, this included 4 people's care plans and risk assessments, quality assurance, staff training and 4 recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks relating to the health and safety of people by ensuring staff providing care had the qualifications skills and experience to do so safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were kept safe at the home and staff were trained how to reduce risk.
- Risk assessments were in place to keep people safe from the potential risk of harm and contained information on what caused the risk and how staff could reduce the risk going forward.
- Care was provided in line with people's individual care plan. Staff understood risks to people and how to support people when they became distressed.
- The registered manager and staff were alert to changes in people's behaviours and updated risk assessments as required and sought professional support promptly to ensure they were providing safe and effective care to people.
- People were able to freely move around the home. We observed staff guiding people who required this support, to protect them from coming to any harm due to mobility concerns.
- Records confirmed staff had completed training positive behaviour to provide them with the skills to manage risk and to help people become during times of distress.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and protected from the risks of abuse.
- Staff completed safeguarding adults training and were able to explain the different types of abuse and how to report it following the safeguarding policy and procedure.
- Staff were aware they could whistleblow if they observed poor practice in order to safeguard people living at the home.

Staffing and recruitment

- There were enough staff to provide safe care and treatment to people living at the home.
- We observed staff interacting with people when they needed support and someone to talk to. Relatives told us there were enough staff.
- Staff rotas were prepared in advance and records confirmed each shift was covered.

- Staff had been recruited to the home according to the provider's recruitment policy and procedure. Records were present in staff files, which included application form, interview records, identification, references and a Disclosure and Barring Service (DBS) check. A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People living at the home were supported to receive their medicines safely to ensure they stayed healthy.
- There were clear procedures in place when staff were administering medicines. Two staff completed medicines rounds to ensure accuracy and reduce the risk of errors. The administering staff member wore a red apron that alerted others that they were giving medicines and they should not be disturbed.
- Medicines administration records (MAR) were completed accurately with no unexplained gaps.
- Procedures were in place to support people to receive medicine on a "as required basis" and staff were aware of these protocols.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People's relatives were welcome to visit the home without an appointment.
- Relatives told us they enjoyed visiting the home and staff were friendly and provided space for people to spend time with the family member.

Learning lessons when things go wrong

- Systems were in place to learn after accidents and incidents.
- The registered manager and staff told us about the learning they took part in after an accident in the home. This resulted in extra measures being put in place to prevent a similar occurrence in the future.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they began to live at the home.
- The needs assessment was in depth and took people's health and behavioural needs into consideration when planning care. The home worked with health professionals to ensure people's care needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained appropriately to have the skills for the role.
- Staff told us the training provided was useful and helped them perform their role well.
- Staff had completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervision and an appraisal of their work if one was due. Staff appreciated this time to reflect and speak in confidence with the registered manager.
- Relatives we spoke with told us staff were knowledgeable at their roles.

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

- People were supported to eat and drink enough within the home.
- We observed staff offering people drinks and snacks throughout the day.
- People were offered choices of different meal and to support people to make these choices, pictures of meals were available. People enjoyed the food provided.
- Relatives told us they were pleased with the food provided to their family member. A relative said, "I always ask what [person] ate for breakfast and dinner, and [person] tells me they liked it."

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

- The service worked well with health professionals to ensure people received the right care and support. Records confirmed a range of healthcare professionals were involved in people's care including the GP, community learning disability nurse, psychiatrist and district nursing team.
- Hospital passports were present for each person. A hospital passport is a document about the person and their health needs. It supported people living at the home to have their voice heard when needing and receiving health care.

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

- The home met people's individual needs and was accessible.
- We observed people's rooms and saw they had been decorated to people's individual tastes. This included decorating the room in people's favourite colours and according to their preferences. For example, we saw a person's room had been decorated in honour of their favourite football team.
- Sensory objects were placed at different points to help people with a sight impairment find their bedroom. This supported people to be independent and access the home freely.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Appropriate DoLS authorisations were in place for people living at the home.
- The conditions attached to people's DoLS were being followed and staff knew what these were.
- People's mental capacity was assessed, and the home knew to arrange best interest meetings with relatives and health professionals where people lacked capacity to make a decision.
- Staff asked people for consent to care before they started to provide care.
- Staff knew to offer people choice to encourage them to make their own decisions. For example, people were shown pictures of foods they would like to eat and different items of clothing.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind and patient with them.
- Relatives told us staff were welcoming whenever they visited the home. A relative said, "They [staff] are all kind, always welcoming." Another relative said, "They're [staff] really good, brilliant with [person]."
- Staff enjoyed helping people at the home. A member of staff said, "I came into care because I have compassion and want to help people here."
- The home treated each person with kindness and respect. Staff did not discriminate against people based on any of their protected characteristics, which included their race, religion, gender, disability or sexuality.

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

- People were supported to express their feelings and decisions about care within the home.
- We observed staff speaking to people in a comforting manner and providing extra support if they wanted someone to talk to about how their day was progressing.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected within the home.
- A member of staff said, "We don't just barge into their rooms, we must knock."
- People's independence was encouraged at the home. We observed people wanting to help staff in the kitchen to tidy up and load items into a dishwasher. This was seen to have a positive impact on the person.
- A member of staff said, "[Person] likes to help out, they see it as a duty, we don't try to stop them from doing it. Everyone likes to help out."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care was designed to meet people's individual needs within the home.
- Staff were able to follow people's care records and told us each person's needs were different. A member of staff said, "Oh the care is personalised, [person's] care is different from [another person's] needs."
- Staff could easily recall each person's likes and dislikes within the service. This showed staff took the time to get to know and understand people's preferences. A member of staff said, "If you play [person's] favourite movie or music, you have made their day."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Records confirmed people's communication needs were documented.
- Information to guide staff was present, for example, each person's known communication needs was clearly stated and respected, such as staff letting people speak at their own pace, respecting pauses and observing people's body language.
- People used objects of reference to help them communicate and be understood by staff.

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

- People were able to take part in a number of activities which were engaging and were supported to spend time with people they cared about.
- During the inspection we observed two different activities being provided for people using the service which people enjoyed. The home had access to a day centre which people thoroughly enjoyed attending. Activities included some of the following; arts and crafts, beauty therapy, massage therapy, chair exercise and drama therapy.
- Staff were enthusiastic about the activities and were seen to get people involved with them. A relative said, "It was a real eye opener to see all they [staff] do."
- Relatives were pleased with the activities and the effort made by staff to support time with their family member. A relative said, "[Staff] is very good, they are very good at making video calls to me. I have peace of mind when they are there. [Staff] has brought [person] to my home, it's really good."

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints.
- Relatives we spoke with were aware of the procedure to follow if they were not happy with an aspect of care and the who they could contact. A relative said, "If I ring and there's a problem, they always get back to you."
- The home had recorded one complaint which had been resolved to the relative's satisfaction. The registered manager told us the actions taken and how this was to be prevented in the future.

End of life care and support

- No one living at the home was currently receiving end of life care and support.
- Records confirmed the plan of care to be provided during a person's end of life had been documented in their care files, with the support of their family or representative.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure effective systems were in place to assess and monitor the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Effective systems were in place to monitor the quality of the service. The registered manager had an organised system showing the different checks they performed.
- Records confirmed some of the following audits were carried out; medicines audit, health and safety, infection control, managers walkaround, trips and slips hazard checklist and an audit of the kitchen area which included checking food had been labelled correctly with open dates and use by dates.
- The registered manager was clear in their understanding of duty of candour and what needed to be reported to the Care Quality Commission.
- The registered manager and provider were aware of the need to be open and transparent when things went wrong.
- Staff told us they had communication with other staff and the registered manager. A member of staff told us they used a mobile messaging app to share updates. Staff meetings and house meetings took place to keep everyone up to date with any changes within the home.

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

- People were looked after in an environment which promoted their health and well being.
- People were observed to be happy and relaxed at the home and approaching staff freely for support. Staff were trained to manage and support people if they were becoming distressed or needed time to express their feelings.
- Staff told us the environment at work was positive. A member of staff said, "The atmosphere is good, [registered manager] has really empowered me." Another staff said, "We are here to make people feel relaxed, ask them what they want and to speak to them kindly, use positive words."

- Relatives told us the atmosphere and management of the home was excellent. A relative said, "They are brilliant [registered manager and staff]." Another relative said, "Whenever I come [to the home] it is always calming and positive."

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

- Systems were in place to gather people's, relatives', staff's and health professionals' feedback on the quality of the service.
- People were supported to express their views with staff support. Engagement was encouraged as information was presented in an accessible way for people to understand.
- The registered manager showed us a new method that the provider had introduced to capture feedback when anyone visited. There was a QR code displayed at the entrance of the home which directed relatives or health professionals directly to the feedback form.
- Relatives confirmed they had been asked to provide feedback on the service via a questionnaire and welcomed the opportunity to tell management and the staff how pleased they were with the care and support provided to their family member.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with health professionals, provided support to other homes the provider had, and shared best practice.
- The registered manager and staff expressed they always wanted to learn and develop in order provide people with the care they needed.
- The registered manager had become a trainer after completing a course with the British institute for learning disabilities and was training staff within the organisation on how to use de-escalation and physical interventions.