

M & C Taylforth Properties Ltd

# Chaseside Care Home

## Inspection report

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Date of inspection visit:  
02 February 2017  
03 February 2017

Date of publication:  
10 April 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection visit at Chaseside was undertaken on 02 and 03 February 2017 and was unannounced.

Chaseside provides personal care and support for a maximum of 22 older people who may be living with dementia. At the time of our inspection there were 13 people living at the home. Chaseside is situated in a residential area of Lytham St Annes close to the local park and the promenade. There are two double rooms available for those who wish to share facilities, which include privacy screening. Communal areas consist of two lounges, a separate dining room and an area designated as the 'sensory room.'

At the last inspection on 29 June 2016, we rated the service as Inadequate and placed it in 'Special Measures.' This was because breaches of legal requirements were found. The provider failed to ensure care was planned around people's personal needs and wishes, in ways that promoted their dignity and privacy. We saw legal consent to care and treatment was not always obtained from each person or their representative. People were not always protected from the risk of being unlawfully deprived of their liberty. The provider failed to safeguard each person's health and safety by not consistently assessing risks and planning support to mitigate them. They had not ensured staff had the skills to care for individuals in a safe manner. Additionally, staff were not properly recruited to protect them against unsuitable employees.

We additionally made a recommendation for the provider to care plan people's individual preferences in relation to activities. This included information about the support they required to engage in them.

During this inspection, we found the provider had made a number of improvements following our last inspection. Training records we looked at confirmed staff had completed training related to safeguarding principles. When we checked their understanding of protecting people from potential abuse or poor practice, we found they had a good level of awareness. The provider was implementing new risk assessments and related procedures to protect people from an unsafe environment and inappropriate care. In the meantime, we saw current records had been updated and reviewed. People told us they felt safe whilst living at the home. One person said, "Yes, I keep myself safe, but the staff are there to help."

We looked at rotas from the previous four weeks and saw levels and skill mixes of staff were sufficient. Ancillary personnel enabled care staff to focus on their own roles and responsibilities. We reviewed staff files and found they consistently held the required information to protect people from the recruitment of unsuitable employees. Staff, including new personnel, had training and supervision, underpinned by competency checks, to support them in their responsibilities.

The home was clean and tidy throughout. However, we identified a strong, unpleasant odour within the ground floor hall and attached communal areas throughout our inspection. We saw further issues with the staff toilet, the lack of bin lids and kitchen cleaning recordkeeping. We discussed this with the provider, who assured us they would address the issues as a priority.

We have made a recommendation the provider seeks guidance about safe practice and recordkeeping in relation to infection control.

People we spoke with said they received their medicines on time and when required. We saw staff were trained to administer medication and had regular competency testing to check they were safe practitioners. However, we noted handwritten entries were not consistently countersigned to evidence accuracy and there were gaps in related monitoring charts. The provider told us they address these issues as a matter of urgency.

We have made a recommendation about the provider seeking guidance related to medicines recordkeeping.

The provider had improved how they obtained consent to care and worked within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had training to develop their awareness and we saw they did not take control, but worked hard to support people to make decisions. People told us they felt there were no unnecessary restrictions whilst they lived at Chaseside. One person said, "I like a bit of freedom and I've got that now, so I'm happy."

People and their representatives told us staff offered choice at mealtimes and they enjoyed the food. One person said, "I eat everything put in front of me and there's more than enough." We saw documentation was in place and up-to-date to monitor people against the risk of malnutrition.

Staff were kind, respectful and patient when they assisted people. One staff member told us, "A resident said the other day, 'I love you,' after I had helped her. It made me cry." Throughout our inspection, we found their approach helped individuals to maintain their dignity. A relative said, "I find them very respectful and welcoming." People and their representatives worked together with staff to help them understand their needs and preferences.

We found the provider had protected people from potential failed placements because they had been assessed before their admission. Records were detailed and guided staff about how best to respond to each person's individualised needs. Furthermore, care planning covered people's requirements in relation to social activities. A programme of events offered those who lived at the home social stimulation.

The local authority told us the provider was working closely with them as part of their improvement requirements. They confirmed the management team had developed stronger management of the home. Staff added they had opportunities to raise any issues or ideas to improve Chaseside. They felt a part of the changes and witnessed the positive results of the home's ongoing improvements.

We observed the provider promoted a calm atmosphere and was visible around the home. We saw evidence they worked with and acted upon suggestions from people and their relatives to improve the quality of their care.

The provider had introduced suitable arrangements to monitor people's safety and their wellbeing. For example, they completed a variety of new audits, which assessed the level of any concern, action required and action taken.

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

We always ask the following five questions of services.

### Is the service safe?

We found action had been taken to improve the safety of the home.

We have made a recommendation for the service to improve their infection control processes.

We saw staff administered people's medicines safely. However, we made a recommendation because their related record keeping procedures did not always follow national guidelines.

The provider was implementing new risk assessments, which required more time to assess their impact. Current records were updated to reduce the occurrence of potential risks. Staff had training to underpin their awareness of safeguarding principles.

We found staffing levels and skill mixes adequately maintained people's requirements. The provider recruited new staff safely, who then completed an induction programme.

**Requires Improvement** ●

### Is the service effective?

We found action had been taken to improve the effectiveness of the home.

The provider ensured all staff, including newly recruited employees, had induction, training and supervision to support them in their roles.

Care records we reviewed held evidence the person or their representative had signed consent to their support. We did not observe people's freedom being limited throughout our inspection. Staff demonstrated a good awareness of the MCA.

The management team completed risk assessments to minimise the risk of malnutrition to people they supported. They said they enjoyed their meals.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service caring?

Good 

The service was caring.

We found staff worked in a collaborative, person-centred approach to meet people's needs. Staff checked the individual's preferences and helped them to maintain their independence.

Throughout our inspection, we observed staff were polite and respectful towards those who lived at the home. People told us staff consistently maintained their privacy and dignity.

### Is the service responsive?

Requires Improvement 

We found action had been taken to improve the responsiveness of the home.

The management team checked people's requirements before they were admitted to ensure the home could meet them. A new care planning system was being implemented, but we were unable to fully assess the impact this would have on care.

The provider recorded information in records we reviewed that referenced people's preferences to their care and support. This included new information about their social requirements. We observed a programme of activities was in place.

People said they knew how to raise concerns about their care and felt staff would deal with them appropriately.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Is the service well-led?

Requires Improvement 

We found action had been taken to improve the leadership of the home.

We found the provider had implemented new systems to maintain good governance and service oversight. They addressed identified issues to sustain people's safety.

The provider worked openly with people who lived at Chaseside and their relatives, in order to improve the home. Staff told us the management team was supportive and lead them well.

We could not improve the rating for well-led from requires

improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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# Chaseside Care 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.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our unannounced inspection on 02 and 03 February 2017, we reviewed the information we held about Chaseside. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We were not able to discuss care with all of those who lived at Chaseside. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We were able to discuss support with four individuals who lived at Chaseside. Additionally, we spoke with one relative, two members of the management team, three staff and the cook. We did this to gain an overview of what people experienced whilst living at the home.

We looked around the building to check environmental safety and cleanliness. We also spent time looking at records. We checked documents in relation to three people who lived at the home and two staff. We reviewed records about staff training and support, as well as those related to the management and safety of Chaseside.

# Is the service safe?

## Our findings

At our last inspection on 29 June 2016, we found the provider had failed to mitigate the risks to people's health and safety. Risk assessment and support planning were not always completed or had missing information. Additionally, the management team did not update all associated records when they identified changes in people's health and welfare.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During this inspection, the management team showed us new risk assessment forms they intended to implement, which were more detailed. We were unable to fully assess the impact this would have on the protection of people against potential risks of receiving care. However, the provider assured us the process was ongoing and we saw those who lived at the home were safe. In the interim, the old system was utilised, but with more comprehensive and up-to-date information. This included assessments related to movement and handling, pressure area care, socialising and recreation, falls, self-harm and neglect. Records measured the level of risk, equipment used and actions intended to manage them. People told us they felt safe whilst living at the home. One person said, "Oh yes, I feel safe." A relative commented, "Staff have tried their best to ensure that [my relative] is kept safe and to minimise her fall risk."

Staff fully completed records we reviewed and updated them regularly, or when changes in health arose, to reduce the occurrence of potential risks. This included reviews of people who presented with behaviours that challenged the service and any potential risks to others who lived at Chaseside. Staff signed and dated all records we looked at to confirm when they were completed. The provider ensured staff had training in health and safety, first aid and fire safety to enhance their knowledge about related principles. The service's gas and electrical safety certificates were up-to-date. We found hot, running water was available throughout the home and window restrictors were in place to protect people from potential harm. A relative confirmed, "[My family member] is safe here, I'm reassured by that."

Training files we looked at contained evidence staff received safeguarding and whistleblowing guidance on commencement of employment and regularly thereafter. When we checked staff understanding of protecting people from potential abuse or poor practice, we found they had a good level of awareness. One staff member stated, "I wouldn't hesitate to report concerns. That could be my family member, which is how I think about it." People and their representatives said they felt safe when being supported. A relative commented, "I feel my relative is safe and there are safeguarding strategies in place."

At our last inspection on 29 June 2016, we found staff rotas did not always reflect which staff member led shifts. Not all shifts identified a manager or senior staff member on duty even though the provider said they were present on those occasions. Inconsistent skill mixes further compounded this and support for new employees was minimal.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014



## Staffing.

During this inspection, we observed three staff were on duty to support 13 people who lived at the home. Additional personnel included a cook and cleaner, which enabled care staff to focus fully on their own roles and responsibilities. We looked at rotas from the previous four weeks and saw levels and skill mixes of staff were sufficient. It was clear who was in charge of each shift and staff told us they found the management structure was much improved. New staff completed an induction programme, a variety of training and time to settle into their roles. They said they felt supported by the management team. One staff member told us the use of agency staff to cover sickness was very rare. They added this was because. "We try and cover it between us." This meant people were supported consistently by staff who knew their requirements.

At our last inspection on 29 June 2016, we found the provider did not safely recruit staff to protect people against unsuitable employees. They did not follow their procedures consistently because criminal and reference checks were not always in place before staff were employed. Additionally, not all staff were properly inducted and supervised before they carried out their roles. This meant people were at risk of unsafe or inappropriate care.

This was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

During this inspection, we reviewed two staff files and found they were consistent and held the required information. This included references and criminal record checks obtained from the Disclosure and Barring Service prior to the employment of both staff. The registered manager reviewed gaps in employment to ensure staff were suitable to work with vulnerable adults. Following their recruitment, we found staff immediately commenced their induction programme and completed training appropriate to their role. Additionally, staff records confirmed they received regular supervision to review their progress and ongoing training needs. A staff member told us, "My interview was very professional. I felt they were really checking if I was suitable."

When we looked around the building, we saw it was clean, tidy and well maintained. For example, equipment in use was dirt and rust-free. Hand sanitisers were available throughout Chaseside and staff wore protective items, such as gloves and aprons. However, on arrival we noted a very strong, unpleasant odour throughout the ground floor hall and attached communal areas. This persisted throughout the morning and at intermittent periods later in the day. This continued on the second day of our inspection, although to a lesser degree. Bins in bathrooms utilised to dispose of continence aids did not have lids on them, which contributed to the smell. Additionally, although we found the kitchen was clean and tidy, related records were not up-to-date. The staff toilet had a sink with ingrained grease and grime around the taps, which was not conducive to effective handwashing. People gave us mixed comments about the cleanliness of the home. One person said, "Yes, it's fine." However, another person commented, "In some areas it's not." When we discussed these issues with the provider they assured us they would address them as a priority.

We recommend the provider seeks guidance from a reputable source in relation to good infection control practices and associated recordkeeping to maintain people's welfare.

We reviewed three people's medicines records and observed a staff member administer medication. When the trolley was not in use or the staff member was not present, they locked the trolley securely to the wall. Where applicable, they asked each person if they wanted their 'when required' medicines and checked if they experienced any pain. The staff member explained the purpose of each medication and checked the individual had taken it before signing their records. Everyone we spoke with said they received their

medicines on time and when required.

The management team undertook audits to check associated processes protected people from the unsafe administration of medicines. We found medication was stored securely and equipment and storage areas were clean and tidy. Records we looked at evidenced staff had relevant training and competency testing to assess they were safe to administer. The management team also completed individual risk assessments and care plans to protect people against unsafe administration of their medicines. However, we found recordkeeping did not always follow national guidelines, such as the National Institute for Clinical Excellence (NICE) guidance 'Managing medicines in care homes.' For example, handwritten entries were not consistently countersigned to evidence accuracy and there were gaps in related monitoring charts. The provider told us they address these issues as a matter of urgency.

We recommend the provider seeks NICE guidance about medication recordkeeping to maintain the safe management of people's medicines.

## Is the service effective?

### Our findings

At our last inspection on 29 June 2016, we noted the provider had not trained all staff to underpin their skills and knowledge. They had not effectively inducted and supported newly recruited staff to provide safe and appropriate care. Staff files we looked at did not contain evidence those employees had any training.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During this inspection, we found the management team had improved the induction programme for newly recruited staff. They, along with other personnel, completed training appropriate to their role on commencement in their post and on an ongoing basis. This included, for example, personal and end of life care, safeguarding, whistleblowing, use of equipment, communication, dementia awareness and behaviour that challenges. Training was underpinned by staff competency checks, such as for infection control and medication. Staff told us they felt able and encouraged to access training. One staff member said, "I want to do my NVQ (National Vocational Qualification). [The provider] will support me in that." People we spoke with expressed they felt staff were experienced and well trained. One person commented, "I have a one-to-one now and a good one he is too."

Staff files contained records to evidence all employees, including those newly recruited, had regular supervision to support them in their work. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. The sessions assisted staff to explore training needs, their duties and a review of any difficulties they were experiencing. A staff member told us, "I feel a sense of being able to progress. I want training with this and [the provider] is really supportive about it."

At our last inspection on 29 June 2016, we found the provider failed to ensure records contained valid consent to care. Consent forms were blank or had missing information. Furthermore, relatives signed these documents without any evidence they had legal authority to do so.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent.

During this inspection, care records we reviewed held evidence the person or their representative had signed consent to their support. For example, they had signed their agreement to the terms and conditions of their placement at Chaseside, information sharing, medication and care planning. Additional consent forms were implemented for specific areas, such as the person's decisions about regular checks at night. Where applicable, we were able to ascertain only family members with the legal power to do so had signed consent to people's care. Staff had training to develop their awareness and we saw they did not take control, but worked hard to support individuals to make decisions. This included what they wanted to drink, what they wanted to do and where they wished to eat their meals. One staff member explained, "I want to check the resident is nicely dressed and washed properly in the way they want to."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met

At our last inspection on 29 June 2016, we found the provider failed to protect people from the risks of being unlawfully deprived of their liberty. They had not completed mental capacity assessments required to base decisions upon DoLS applications. When staff completed them on one person, which identified they did not have capacity, we saw they were not permitted to leave Chaseside. The provider had not applied for or obtained legal authorisation for this deprivation.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

During this inspection, we found staff followed correct safeguarding procedures and completed relevant records. The provider said nobody had been legally deprived of their liberty in order to protect them. However, they added they were in the process of applying for a DoLS to maintain one person's safety. This was facilitated by the completion of a mental capacity assessment, which followed the MCA Code of Practice. Other documentation covered the responsible person involved, a completed DoLS application form and a record of how and what decisions were made.

We did not observe people's freedom being limited throughout our inspection. A relative told us they found their family got up much later than when they were at home. They added, "I realise that I've been doing it wrong and it's the staff who've respected him and his decision to get up when he wants." Staff files held evidence to confirm staff received relevant training. A staff member gave an example of one person who lived at Chaseside who had their medication earlier than the normal time. They explained, "It's his preference, so we make sure he gets them when he wants them."

Care records contained documentation of professional healthcare and other external agencies involved in the care of those who lived at the home. Staff documented the reason for visits/appointments and actions taken as a result of any outcomes. Staff recorded and updated the referral to professionals and their contact information. This included advocacy services, chiropody, psychiatrists, social workers, hospital services, opticians and their GPs. This showed the provider had systems to maintain the continuity of people's care. When we asked those who lived at Chaseside if they had access to medical services when they required them, one person said, "Yes, I saw the doctor when I hurt my arm."

The cook had a list of people's meal requirements, which they updated regularly. This included each person's likes and dislikes, medical conditions, fortified diets and allergens. Consequently, the cook was fully informed about people's nutritional support and how best to protect them from the risks of malnutrition. Although we found the kitchen was clean, available documentation, such as cleaning schedules and records of tasks completed, were not up-to-date. This meant the provider could not confirm the effective management of safe food hygiene practices. When we discussed this with them, they assured us this would be addressed as a priority.

The management team completed risk assessments to minimise the risk of malnutrition to people they supported. Care records contained up-to-date charts intended to monitor each person's fluid and food intake. We saw people were regularly weighed and staff were clear about action to take if they were under or overweight. Staff additionally documented each individual's food preferences and dislikes. People sat where they chose to, such as in the dining room, lounge or bedrooms. They told us they enjoyed their meals. One person said, "I love my food." Following people's feedback, the management team began a month's trial of different meals in order to develop a more varied programme. This showed the provider listened to ideas in order to improve people's nutrition and wellbeing. A relative confirmed, "I know she has been involved in meal preferences."

We found action had been taken to improve the effectiveness of the home and to meet the regulations they had breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.

# Is the service caring?

## Our findings

At our last inspection on 29 June 2016, we found the provider did not always ensure people received care that was personalised to their needs and preferences. Care documentation had gaps and missing information that was important to the person and their requirements. Not all records contained their social history, important relationships and significant life events. This did not guide staff to tailor care to meet people's individual needs and wishes.

This was a breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

During this inspection, we saw the management team had completed new, updated care plans. Records included documentation of those involved, including the relevant person and/or their relative. They discussed each individual's needs and their preferences in relation to their support. We saw this information was transferred to their care planning. When we discussed people's involvement in their care one person told us, "They are nice and they talk to you about anything. If you've got a problem they'll talk to you." Staff fully completed records, including people's life histories, with a person-centred approach in all the records we reviewed. For example, one individual's documentation included an outline of their daily routine and a member of the management team recorded, 'which he does not like to deviate from.'

We observed staff supported people to maintain their independence whenever they assisted them, such as encouraging them to do things for themselves. Before helping one person who lived at Chaseside, we heard a staff member state, "Are you ok doing it, or do you want a hand." Staff were patient and understood the importance of assisting people to retain their self-determination. One relative commented, "Staff have been helpful." Another relative added, "They chat with people and don't rush my [family member] or the other residents." We saw staff supported people to personalise their bedrooms with pictures, photographs and soft toys that were important to them.

The provider had further implemented a number of systems to maximise the potential of people who lived with dementia. For example, a large clock with the date and time was displayed in the lounge. Additionally, the day's menu was hung on the dining room wall in pictorial format and communal spaces had pictures to identify their purpose. A staff member explained the importance of good communication to better help those who lived with dementia. They said, "It's about just picking up a word and getting to know them so that we can be in their world." Bedroom doors were painted in different colours and designed to resemble front doors to houses and apartments. The provider told us the purpose of this centred upon assisting people to feel like the bedrooms were their own flats. They added, "The different colours help our residents find their own rooms."

At our last inspection on 29 June 2016, we found people's personal information was not kept secure. This was because we saw personal information about those who lived at the home was contained in other people's care records. The provider had additionally failed to maintain their privacy with a consistent approach. They had CCTV in place in communal areas of Chaseside without completing an individual

privacy impact assessment. In addition, there were no procedures in place regarding the accessing, storage and destruction of CCTV footage.

This was a breach of regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect.

During this inspection, the provider gave us information to confirm accessing, storage and destruction of CCTV footage was properly assessed and in place. We did not find any breach of people's private information and noted staff stored their records securely. Throughout our inspection, we observed staff were polite and respectful towards those who lived at the home and consistently maintained their privacy. For example, we saw they knocked on bedroom and bathroom doors before entering. One person who lived at the home told us, "They are respectful." Another person said, "They knock, yes. They close the bathroom door when I'm in there."

The provider made available to people who lived at Chaseside information about advocacy services, such as contact details and reference to their purpose. Consequently, they could access this if they required support to have an independent voice. Furthermore, the provider checked for involvement of advocacy services prior to people's admission to ensure this continued.

Throughout our inspection, we experienced a consistently calm and relaxed atmosphere at Chaseside. Staff were constantly smiling and people who lived there were happy and comfortable. A family member commented, "Staff are very caring towards [my relative] and attempt to reassure her when she becomes upset and agitated." Another relative added, "The staff are very caring, they take their time." Whenever staff entered communal areas, we observed they engaged in meaningful conversations and had strong bonds with people who lived at the home. Staff were calm, caring and kind to individuals when they supported them. One staff member said, "I go home thinking I've made a difference in that resident's life. They feel like my family."

## Is the service responsive?

### Our findings

At our last inspection on 29 June 2016, we found the provider failed to maintain care records to meet people's requirements. There were gaps in records and information was limited and contained conflicting details about the individual. This did not always guide staff to be responsive to their needs, particularly because care plans were not regularly updated. Additionally, the provider had not ensured they could meet people's needs prior to admission. Pre-admission assessment processes were limited and potential risks were not checked or planned for.

This was a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During this inspection, we saw the provider had protected people from potential failed placements because they had been assessed before their admission. The management team checked the person's requirements in relation to, for example, their mental health, decision-making ability and mental capacity. The management team showed us a new care planning and risk assessment package they intended to introduce. We saw this was a more detailed set of documents related to the individual's person-centred requirements and agreed support methods. We noted the new system had not been fully implemented, which meant we were unable to assess the impact this would have on care. However, the provider assured us this was an ongoing development, which we will check at our next inspection.

In the interim, the management team completed new, updated care plans for those who lived at the home. These followed on from their risk assessments to ensure care planning was more fluid and tailored to their individual requirements. A variety of areas were covered, such as personal care, communication, mental and physical health, skin care and medical conditions. Records were detailed and guided staff about how best to respond to each person's needs. We found evidence the management team included people and their families in the review and update of care. For example, staff recorded those involved in care reviews, such as the relevant individual or their appropriate representative. One family member commented, "I feel the staff have responded to the needs of my relative." Staff fully completed, signed and dated all records we reviewed.

The management team recorded information in records we reviewed that referenced people's preferences to their care and support. This included their wishes about night checks, personal care, gender of staff member, activities, meals and getting up/going to bed times. We heard the provider asked one person who lived at Chaseside, "Do you want some music on? What sort would you like?" They then checked with other people present in the lounge before playing music relevant to the choices communicated. Other information contained in care files included the person's family and life histories to assist staff to better understand them.

Following our last inspection on 29 June 2016, we made a recommendation the provider care planned people's individual preferences in relation to activities. This was because the information was unavailable, including details about the support they required to participate. Although activities were available, we



observed there was limited stimulation for those who lived at Chaseside.

During this inspection, we found the provider had a programme of activities. This outlined daily events, such as chair exercises, board games, sing-a-longs, crafts, card making and prize bingo. People told us they were able to go out for walks with staff or on their own. One person said, "Every day I just go to the end of these houses and back for a bit of fresh air." We saw people discussed the weather and getting the morning newspapers. One person agreed to go out to the local shop and purchase them. This showed there was a sense of community at Chaseside and people had developed strong social links with each other. Care planning we looked at included new information about people's social requirements, their interests and activities they enjoyed.

The management team provided other activities to improve the wellbeing of people who lived with dementia. This included a tube that contained plastic, floating fish and flashing, coloured lights for stimulation. Additionally, the provider designated one room as a 'sensory space' with mood enhancing lights. However, we noted this was locked and only available for staff to use if individuals became agitated. Furthermore, beyond the lights, chairs and a table we found the room bare and did not offer any other stimulation. When we discussed this with the provider, they told us they were planning to develop the space further.

People said they understood how to raise concerns about their care if they needed to and felt staff would deal with them appropriately. One person who lived at Chaseside said, "I had a problem with wanting to go out for a walk and they sorted that out." Information was available for people and relatives to make a complaint if they wished. Details covered appropriate timescales by which the provider made a response. Information included the contact details of other organisations to refer to if the complainant continued to be dissatisfied. A staff member told us they would report complaints to the management team. They added, "We then set up meetings with [the complainant] and follow through to sort them out as quickly and professionally as we can."

We found action had been taken to improve the effectiveness of the home and to meet the regulations they had breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.

## Is the service well-led?

### Our findings

A registered manager was not in place. 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. Although there was no registered manager in place, we saw evidence the provider was in the process of registering a new manager. They had suitable systems to maintain the organisation and leadership of Chaseside in the meantime.

At our last inspection on 29 June 2016, we found a continuing breach of regulations from the previous inspection in November 2015. The provider failed to take action to address identified concerns in relation to systems they had to monitor quality assurance and people's safety. Completed audits did not pick up significant shortfalls we found in relation to, for example, care records and recruitment. The provider did not have systems to enable them to learn from adverse incidents such as accidents, complaints or safeguarding concerns. There was limited evidence about the day-to-day management of Chaseside and rotas did not give a true reflection of the home's management. Healthcare professionals we spoke with expressed concerns about the lack of strong leadership. The provider had not fully engaged in opportunities to improve the home.

This was a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

During this inspection, we found the provider had implemented new systems to maintain good governance and oversight of the quality of service provision. Staff confirmed they felt a part of the changes and witnessed the positive results of the home's ongoing improvements. One staff member said, "I've seen massive changes over the last few months. There's much more structure. We know what we're doing now." Furthermore, we noted the management team were working closely with local authorities to enhance service provision. When we discussed this with social services, they confirmed the provider had developed stronger management of the home.

The provider had new systems to gain oversight of quality assurance and people's welfare. These included scrutiny environmental safety, incidents, security, window restrictors, housekeeping, call bells, complaints, recruitment and medication. The assessments covered the level of concern, action required and action taken. Electrical, general equipment and fire safety checks were undertaken regularly and were up-to-date. We saw Personal Emergency Evacuation Plans held limited information and did not always fully guide staff in an emergency. When we discussed this with the provider they assured us they would update the plans immediately.

We observed the provider promoted a calm atmosphere and was visible around the home. They demonstrated a good understanding of each person's backgrounds and support requirements and engaged well with them and their relatives. In response, we saw those who lived at Chaseside felt comfortable and relaxed in these interactions and clearly knew who the provider was. One person said, "Yes, [the

management team] are very approachable." A relative added, "I get a sense the management are really nice and you can talk with them."

The provider worked openly with people who lived at Chaseside and their relatives, in order to improve the home. They held regularly 'resident' meetings and involved relatives in the development of Chaseside. We reviewed the minutes from the last meeting held on 03 January 2017 and saw areas discussed included meals and activities. The provider acted on ideas raised, such as implementing a month's trial of different meal suggestions for people to better enjoy their food. Additionally, the management team checked quality assurance in the format of satisfaction surveys, which asked people to rate and comment about the home. We saw positive statements in the sample of questionnaires we looked at. One relative wrote, 'I have been satisfied with the care shown to my relative.' Other comments included, 'Staff have been helpful,' and, 'I know who to ask if I had concerns re [my relative].'

Frequent staff meetings offered personnel the opportunity to raise any issues or ideas to improve people's living experiences. The minutes from the last meeting on 02 January 2017 outlined discussion points, such as the new menu trial, laundry, complaints and rotas. Staff also raised concerns about the loss of enthusiasm and structure at Chaseside and their desire to work more together as a team. During our inspection, one staff member said, "We're all motivated now." Another staff member commented, "The staff are amazing, I feel like they're my family and we work well as a team."

Staff told us the management team was supportive and lead them well. They added the provider was accessible and visible at Chaseside. A staff member said, "My managers are dead approachable. I feel I really can go to them about anything." Another staff member stated, "Things are so much better because [the provider] is here more often and the new managers are fantastic."

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

We found action had been taken to improve the leadership of the home and to meet the regulations they had breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.