The Chace Rest Home Limited

The Chace Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service: The Chace Rest Home is a residential care home providing personal care and accommodation for up to 41 people, some of whom have dementia. There were 39 people living at the service at the time of our inspection.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's experience of using this service:

● The provider's systems and procedures in place to manage the risks associated with the storing of items which were of a potential hazard to people and from cross infections needed to be strengthened.
● Staff were knowledgeable about safeguarding and able to raise concerns.
● Personalised risk assessments for some people needed to be in place so staff had all the guidance required to promote people's safety and consistency in care.
● People told us they felt safe living at the home. They told us the staff team were kind and caring and they treated them in a considerate and respectful way.
● People were supported by staff at the times they needed care without unnecessary delay and systems were in place to recruit staff safely.
● People were supported to take their medicines to meet their health needs.
● Staff were supported through on-going supervision and they accessed training relevant to people's needs, to ensure these could be met.
● 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's needs and wishes were assessed before they moved into the home with their preferences forming part of this so people's needs could be met and they would not be discriminated.
● People were encouraged and supported to make choices about what they ate and drank.
● The provider had taken some measures to create a dementia-friendly environment, and had plans in place to further adapt the home to people's needs.

● Staff and management worked with a range of health and social care professionals to ensure people's needs were monitored and met.
● Staff recognised the need to promote people's equality and value their diversity.
● People had the opportunity to participate in activities for fun and interest, and the registered manager gave assurances they would continue to develop personalised activities to meet each person's needs.
● People who lived at the home and relatives knew they could speak with the registered manager if they had any complaints and concerns to raise.
● The provider and management team had quality assurance systems and processes in place to monitor the quality and safety of people's care. However, daily quality checks needed to be strengthened to identify staff practice concerns and drive improvements. After the inspection we received actions the management team and provider had taken which included some of the concerns identified during the inspection.
● People who lived at the home, relatives and staff found the registered manager was approachable and willing to listen.

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

Rating at last inspection: At the last inspection, on 9 November 2017, the service was rated Requires Improvement (report published 22 February 2018). At this inspection the rating has remained Requires Improvement.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

The Chace Rest Home

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: On 12 March 2019 this inspection was carried out by two inspectors and an expert by experience. An experience by experience an expert is someone who has had experience of working with this type of service. On 13 March 2019 two inspectors returned to conclude the inspection.

Service and service type: The Chace Rest Home is a care home. People in care homes receive accommodation and nursing or personal care under one contractual agreement. The Care Quality Commission (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: This inspection took place on 12 and 13 March 2019, and was unannounced.

What we did when preparing for and carrying out this inspection: We looked at the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority and Healthwatch. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff

supported people they cared for.

We spoke with eight people who lived at the home and two relatives to find out their views of the quality of the care provided. We also received seven relatives written views and experiences of the care provided.

We looked at a range of records. This included sampling ten people's care records and multiple medicine records. We also looked at records relating to the management of the home. These included systems for managing any complaints, and the checks undertaken by the registered manager on the quality of care provided.

We spoke with the management team including the registered manager and deputy manager. In addition, we spoke with four staff members including care staff and the cook.

After the inspection and the registered manager and deputy manager shared information with us in response to our initial feedback during the inspection visit including confirming what actions they had taken in response to our inspection.

Requires Improvement

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- Systems were in place to mitigate the risks of avoidable harm. However, we found items of cleaning and showering products in two unlocked cupboards within one communal toilet/bathroom. The registered manager acknowledged these products were a hazard to people who lived at the home and removed these on the first day of our inspection.
- Although staff knew people well and how to support people while reducing risks to their safety and welfare risk assessments were not as robust as they could be. For example, one person required staff to support them with their skin care. However, there was no documentation to show staff had assisted the person to reposition or monitoring records to ensure risks were fully mitigated. Despite this documentation not being in place the person's skin was healing. Another example was a person's behaviour that challenged had not been documented fully to provide guidance for staff to promote consistency of safe and effective care.
- After our inspection the registered manager sent us the actions they had taken to ensure people's needs and risks were documented.
- Staff had been trained effectively in supporting people's needs when using equipment to meet people's physical needs safely. We saw when people required staff support this was done with full recognition of people's physical abilities so their safety was maintained. Service records for equipment showed this was safe and well maintained.
- Staff had received training in fire safety and checks on fire equipment were in place.

Preventing and controlling infection:

- People were not always protected from the associated risks of infection.
- Some areas of the home environment required a better system of monitoring infection control standards to avoid them being missed. For example, people's side tables and two hoists were unclean in places. We were advised one of the hoists was not used. We showed the registered manager people's side tables which were not effectively cleaned. They told us care staff were responsible for cleaning these and would remind

them of their responsibilities. After our inspection the registered manager told us staff had been reminded of their cleaning responsibilities and side tables in poor condition had been replaced.
● In addition, pedal operated bins were not available in communal bathroom/toilet areas to reduce the risk of spread of infection. This had been noted on a recent infection control check undertaken by a staff member. It was unclear when the pedal bins were noticed as required and ordered as one staff member thought the bins in place had been ordered incorrectly and were a 'stop gap' until pedal bins arrived. However, there was no clear documentary evidence to show this. During the second day of our inspection the registered manager had taken action and purchased pedal operated bins.
●Staff had been provided with, and made use of, personal protective equipment such as, disposable gloves and aprons to reduce the risk of cross-infection. People told us staff wore protective clothing with one person stating, "They [staff] always wear gloves, they are pretty tight on that."
● The provider had taken action to progress improvement work to keep the home environment smelling clean and fresh such as replacing flooring where required.

Using medicines safely:

● Clear guidelines were not always in place where people needed 'as required' medicines. For example, personalised guidance for staff when these medicines should be taken and the reasons they may be required. The deputy manager took immediate action and put these in place during our inspection.
● Trained and competent staff safely managed medicines. Systems were in place to ensure medicines were stored and disposed of appropriately.
● People told us they received their medicines when they needed them and they were administered on time.

Systems and processes to safeguard people from the risk of abuse:

● People who lived at the home felt safe with the care provided. One person said, "I do feel safe, very safe like I would in my own home." Relatives we spoke with also felt their family members were safe in the care of staff.
● People's safety from the risk of abuse was promoted. Staff received training in how to recognise the signs of abuse and had a good understanding of what to do to make sure people were protected from the risk of harm.
● The registered manager knew what their responsibility was in reporting potential abuse to the local authority for assessment and possible investigation in line with set protocols.
● We noted from our records the management team had consistently reported incidents to us. We found there was a safeguarding incident which had been reported to the local authority but the registered manager had not reported to the Care Quality Commission [CQC]. The management team apologised for this oversight which they advised us was due to the complexities of the events at the time. Immediate action was taken and a notification sent to the CQC retrospectively on 14 March 2019.

Staffing and recruitment:

● People received care when they needed it so their safety was not compromised. One person told us, "I have rung the bell before for my husband, they're only a few minutes in coming to see you, they are very good."
● Staffing rotas were set out in advance and staff we spoke with said they felt happy safe staffing levels were met.
● The registered manager described to us staffing arrangements were based on each person's assessed

needs. Additionally, in the provider information request [PIR], the registered manager told us, 'The level of staffing can be adjusted in times of shortage by the use of ...agency staff who are from one agency...so they know the home and residents well.'

● During our inspection we saw staff were responsive to people's needs without unnecessary delay which could compromise people's safety. For example, when a person's call bell sounded staff did attend to ensure the person's needs were met.

● Safe recruitment procedures were in place to make sure people were of a suitable character to work in a care setting.

Learning lessons when things go wrong:

● Records were kept in relation to any accidents or incidents that had occurred, including falls. The registered manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.

Good

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.

At our last inspection In November 2017, this key question was rated 'Requires Improvement'. This was because we found improvements were required to ensure records showed where best interests decisions were reviewed and updated in line with the law. In addition, records did not always reflect the support people needed with decisions to guide staff. At this inspection, we found steps had been taken to make improvements. Therefore, the rating for this key question has changed to 'Good'.

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 whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure it was lawful.
- Capacity assessments and best interest decisions were documented. The provider's training records showed staff had completed Mental Capacity Act training.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff told us they offered people choice. A staff member said, "I give people choice of what they would like to wear." A person who lived at the home said, "I can get up when I want and go to bed when I want, nobody has ever told me I can't, I can please myself."

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

● People's care needs were assessed before moving into the home, to ensure that effective care could be planned and delivered.
● People's cultural and social needs were identified so staff could be aware and meet these. This included where people preferred a female staff member to support them with their personal care needs.

Staff support: induction, training, skills and experience:

● People told us they felt the staff were competent and knowledgeable. For instance, one person said, "The carers are excellent and do a very good job."
● Staff training records confirmed there was a rolling programme of relevant training to ensure staff were able to undertake their role and fulfil their responsibilities.
● Staff told us they were provided with regular one to one meetings and they were well supported by the management and senior staff team.
● The provider had arrangements in place to provide all new staff with a structured induction programme which was linked to the care certificate and ncluded a period of shadowing experienced staff members. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.

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

● People had access to food and drink throughout the day, which was in line with their dietary requirements; but people gave us varied responses about the food. One person told us, "The food is excellent, we have mince, fish chicken, it's a nice variety." Another person said, "The food is a mixed bag really, but on the whole can't complain, they will offer a couple of choices."
● The chef told us they regularly spoke with people about the menus and meals they would like. A new menu had been started which would be reviewed based on people's views.
● People's eating and drinking needs were monitored. When concerns had been raised health care professionals had been consulted.

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

● The home environment required development to ensure it supported people living with dementia. There was some signage displayed in the home environment but this was limited. There had been no assessments carried out to show what alterations and adaptations were required to assist people living with dementia. The registered manager said they were going to consider these requirements with future changes to the home environment. We will follow this through at our next inspection.
● People had their own rooms which they had personalised to meet their preferences. This included appropriate beds to meet people's individual needs.
● There was an accessible garden, people who lived at the home and staff told us they had used it during the summer. In addition, the registered manager explained the plans they had to encourage and support people to be involved in gardening activities.

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

● People told us staff supported them to attend routine health appointments as well as, opticians and dental appointments, so they would remain well. One person told us, "The [community] nurses come to see

to my legs, and they will call a doctor if you ask them, they keep an eye on us any way, I think they know when people are not well, I've seen the chiropodist and optician, had some new glasses a couple of weeks ago." Another person said, "I see the chiropodist about every eight weeks or so, they [staff] are quick to call a doctor."

● People's physical and mental healthcare needs were documented within the care planning process. This helped staff to recognise any signs of deteriorating health. Records showed people had access to health professionals when required. A local GP also visited the home on a regular basis to discuss and treat any healthcare conditions.

● The registered manager ensured joined up working with other agencies and professionals, so people received effective, timely care. One example the registered manager cited in the PIR confirmed, 'The Speech and language Therapist has attended on a number of occasions to advice on nutrition for individual who have difficulty swallowing, reducing the risk of aspiration and preventing chest infection.'

Good

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; respecting equality and diversity:

● People expressed satisfaction with the care provided. One person told us, "They [staff] treat and speak to me with kindness and respect, they treat this room like it's my home, and that's the way they make me feel." Another person said, "Staff are very caring, they come to my room, they will always knock on my door, even if it's open, they help me get washed every day, we decide what I would like to wear, they are very respectful towards me." Relatives also spoke positively about the care provided. A relatives written comments read, 'My dad is very happy here & his care & welfare is brilliant. He is treated like a human not an animal. He is allowed to be himself. All his friends who visit say how welcome they are made to feel. Nothing is too much trouble & this is very reassuring for the family. If they have any concerns regarding dad I am always contacted straight away.'
● Staff approaches were warm and friendly, and people were seen to be comfortable in the presence of staff who were supporting them. We saw examples of staff supporting people at their own pace in a gentle and kind manner.
● Staff were respectful when they spoke with us about people they supported and showed they cared. One staff member said, "It's about talking to residents [people who lived at the home] and reminiscing about their past and they come alive, they might have physical or mental difficulties now, but they are still individuals."
● We saw relatives visiting during our inspection and noted they were offered refreshments. Relatives told us there were no restrictions place on them visiting their family members and felt involved in their care.

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

● People who lived at the home and relatives we spoke with told us they felt involved in the planning of care and in reviewing people's needs. Records showed care plans were reviewed and there was some evidence people who lived at the home and their relatives had been involved in making decisions. On this subject one person said, "They [staff] don't rush me, and they will talk me through what they are doing (consent) I think they know me very well, I have known some of the staff for years, they know everything about me."

● Information about advocacy services was available for people. Advocacy services are independent of the registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence:

● People felt their privacy and dignity was respected. One person told us, "They [staff] do knock on the door before they come in, they are polite." We saw this happened in practice.
● People had choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. We saw staff waited for people to respond when asked a question to ensure they knew the person's choice.
● People were encouraged and supported to maintain their independence whenever possible. For instance, people were encouraged to undertake their own personal care where they could. On this subject one person said, "I do like to keep my independence, I like to wash myself, and they [staff] let me, they help me If I need them, otherwise they leave me to it."
● Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Good

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 were cared for by staff who knew their likes, dislikes and preferences.
- The electronic care plans had some person centred information and the management team were progressing work to continually improve these.
- The registered manager used technology to enhance the delivery of effective care and support. We noted where people were deemed at risk they were supported using sensor equipment such as, an alarm mat by their bed.
- People spoke positively about the musical events and going out in the car with the activities co-ordinator. One person said, "[Activities co-ordinator] takes me out shopping in his car or to the pub, it's nice to get out now and again, I go to the church service as well I enjoy that once a month." Another person told us, "I like the musical entertainment, and the keep fit."
- The registered manager was responsive to continuing to improve people's stimulation as we saw there were times when this could have been enhanced. For example, supporting staff to provide people with activities to do for fun and interest within their daily caring roles. We saw one staff member supported a person to lay tables as the person enjoyed doing this. Later in the day music was played for people to sing and dance to as they chose. We will follow up at our next inspection the further developments for people to have things to do for fun and interest.
- Visitors were welcomed, we saw when visitors arrived they were greeted by their name and shown empathy and concern about the family member.
- Staff knew how to communicate with people and information was provided in ways which people could access and understand. This included the provider's complaints procedures being made available in different formats such as large print.
- The registered manager acknowledged their ongoing improvements such as, the new menu not only being displayed in writing but in pictures to support people with their meal choices. The registered manager was knowledgeable about the Accessible Information Standard and knew their responsibility in meeting this a legal requirement to support the communication needs of people who lived at the home.

Improving care quality in response to complaints or concerns:

●People who lived at the home and relatives felt confident in raising complaints if they had any. A relative said, "If I had a concern or any issues I would speak with the manager or staff. I know they would listen and take action."
● The management team acted upon concerns in an open and transparent way, and used them as an opportunity to improve the service.
● There was a process and policy in place to manage complaints.

End of life care and support:

● The registered manager told us there was no one currently receiving end of life care. However, their ethos was to provide the support people needed at the end of their life so people could remain living at their home if this was their wish. In the PIR the registered manager confirmed, 'Many of the residents at the home wish to stay until the end of life, preventing unnecessary moves.'
● Staff understood how to support people and their families at the end of their lives.
● 'Thank you' cards had been sent by relatives of those who had received end of life care thanking staff for their 'care' and a person told us, "I have nothing but kind words to describe the staff, especially the way they looked after my husband who has recently passed away."

Requires Improvement

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 the last inspection in November 2017, we rated this key question as 'Requires improvement'. This was because we identified people did not always benefit from effective monitoring to ensure people received quality care. At this inspection, we found that whilst the provider had made many improvements to their quality checking procedures, further work was needed.

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:

- This was the provider's second consecutive overall rating of Requires Improvement, due to the rating given in the key questions of 'Safe' and 'Well-led'.
- Since our last inspection the registered manager had further developed their quality checking procedures to cover aspects of care where improvements were needed. However, further action was required. This was to fully address the effectiveness of quality monitoring so they identified areas of daily staff practices which were unsafe and required development with action plans in place to drive through timely improvements. For example, although an audit of infection prevention and control had identified pedal bins were required it was not clear when these would be in place. Another example, was the shortfalls in the daily checks of staff practices to provide assurances people were safe from avoidable harm and cleaning was as effective as it could be.
- The registered manager showed an open and responsive management style. They acknowledged further improvement was required to infection prevention and control practices and assessing risks to people's safety. The registered manager had undertaken and put actions in place during and after our inspection visits to drive through further improvements.

We recommend the provider takes guidance from a reputable source to assist them in implementing actions to strengthen the provider's and management teams own daily monitoring checks.

● Relatives told us they could speak with the registered manager whenever they wished to and they were approachable. Two relative's who sent us their written comments told us, 'The management always have time to spare to stop and give a verbal update in the office. The email updates are useful to know when [person] has been on a trip.' Another relative wrote, 'I would happily highly recommend The Chace Rest Home.'
● People who lived at the home and their relatives were relaxed in the presence of the registered manager who maintained a visible presence around the home.
● Staff felt well-supported and valued by the management team. One staff member told us, "[Registered manager] and [deputy manager] are brilliant and it's such a lovely atmosphere here. I think [registered manager] is one of the most person-centred managers I've met." Another staff member said, "I feel supported by the management, I am having enough support, I feel I can approach them if there is anything that is worrying me, that's why I chose to be here. It's a beautiful place, good staff, good management, we communicate effectively."
● Systems were in place to ensure compliance with the provider's responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

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

● We saw staff worked well together as a team, and they described a sense of shared purpose with the management team. One staff member told us, "We have a wonderful team and support each other."
● The registered manager showed a clear understanding of people's individual needs and preferences. For example, the registered manager was open when discussing how they were monitoring and reviewing a person's needs to ensure they were able to continue to meet these.
● The registered manager was keen to continue to promote high quality care by supporting their staff team to develop themselves. They explained some of the ways they would be taking this forward within the PIR which read, 'To embed champions in the coordinator team who are able to observe report and guide staff to good practice in the areas of infection control, food and fluids, managing continence.' We saw the registered manager was following through staff leads such as, a staff member who had completed infection control checks. In addition, the registered manager told us they would be continuing to further develop staff to support people to follow their interests and hobbies.
● When the registered manager had received a complaint, they had considered whether these should be added to the regular checks they undertook so they were able to monitor and spot any shortfalls. This was another method the registered manager used to promote care centred on each person.
● The registered manager told us they had the support and resources they needed from the provider to manage the service effectively and drive improvements in people's care.

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

● The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service, for example the ongoing work to the home environment.

Working in partnership with others:

● The registered manager worked with local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working

collaboratively had provided staff with up to date professional guidance.