The Chaseley Trust

Chaseley

Inspection report

South Cliff
Eastbourne
East Sussex
BN20 7JH

Tel: 01323744200
Website: www.chaseley.org.uk

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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

Chaseley is a residential nursing home in Eastbourne, providing care for people with severe physical disabilities. Chaseley also provides long and short term respite care. There is an on-site gym with designated therapy staff providing support to people in their rooms and in the gym environment as appropriate. The gym is accessible for use by people in the community who may require specialist equipment for rehabilitation and daily fitness as well as people living at Chaseley.

Chaseley is registered to provide care for 55 people. At the time of the inspection there were 40 people living at the home, including one person staying at Chaseley for a period of respite care.

At the last inspection 18 and 19 November 2014 we asked the provider to make improvements for notifications after incidents occurred, training for staff around Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), confidentiality of records and assessing and monitoring the quality of service provision. The provider sent us an action plan stating these issues would be addressed. At this inspection we found that actions had been taken to ensure all regulations had been met.

This was an unannounced inspection which took place on the 22 and 25 January 2016.

Chaseley had a registered manager. 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.

The manager was in day to day charge of the home, supported by the deputy and human resources business partner. People and staff spoke highly of the manager and told us that they felt supported by them and knew that there was always someone available to support them when needed. Staff told us that the manager and deputy made a good team and had made a number of positive changes.

Staff felt that training provided was effective. Registered Nurses had received further training to ensure they were able to meet specific nursing needs for people. Care staff felt they received effective training and this ensured they were able to provide the best care for people. Competencies checks and workshops took place to ensure staff training was relevant and up to date. Robust recruitment checks were completed before staff began work, and staff completed a full induction when they commenced employment at Chaseley. There a programme of supervision and appraisals for staff, this meant that staff felt continually supported.

Medicine administration, documentation and policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing and checks were carried out to ensure high standards were maintained. People were supported to self-medicate if deemed safe for them to do so and this was regularly reviewed.

There were robust systems in place to assess the quality of the service. Maintenance checks had been completed. Fire evacuation plans and personal evacuation procedure information was in place in event of an emergency evacuation.

Peoples nursing and care dependency levels were assessed and reviewed to ensure appropriate care provision was in place. Staffing levels were reviewed regularly.

Care plans and risk assessments had been completed to ensure people received appropriate care. Care plans identified all nursing and care needs and had been reviewed regularly to ensure information was up to date and relevant. Staff had a good understanding around the principles of MCA and DoLS. People were asked for their consent before care was provided and had their privacy and dignity respected. Feedback was gained from people this included questionnaires and regular meetings with minutes available for people to access.

People were encouraged to remain as independent as possible and supported to participate in daily activities. Regular therapy was provided when appropriate and people had access to the on-site gym.

Staff demonstrated a clear understanding on how to recognise and report abuse. Staff treated people with respect and dignity and involved people and their families in decisions.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food and visitors told us they had eaten with their relative and found the food to be of a very high standard.

Referrals were made appropriately to outside agencies when required. For example GP and hospital referrals, dentists and speech and language therapists (SALT).

Notifications had been completed to inform CQC and other outside organisations when events occurred.

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.

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

Medicines policies and procedures were in place to ensure people received their medicines safely.

Environmental and individual risks were identified and managed to help ensure people remained safe.

Systems were in place to report and respond to accidents and incidents when they occurred.

Staffing levels were regularly reviewed and maintained.

Is the service effective?

Good

The service was effective.

All staff received effective training to ensure they had the knowledge and skills to meet peoples nursing and care needs.

Staff felt supported and received regular supervision.

Management and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS)

People were supported to have access to healthcare services and maintain good health.

Meal choices were provided and people were encouraged to maintain a balanced diet. People's weights were monitored when required.

Is the service caring?

Good

The service was caring.

People were involved in decisions and given appropriate nursing care and support.

Information and records were kept securely and confidentially.

Staff knew people well and displayed kindness and compassion when providing care.

Is the service responsive?

Good

The service was responsive.

Systems were in place to assess and review care regularly. Documentation was personalised, up to date and included specific information about people's nursing and care needs.

Care plans and risk assessments were regularly reviewed and updated.

People's choices and the involvement of relatives and significant others was clearly included in care files.

A daily programme of activities was available. People were encouraged to spend time doing things they enjoyed.

A complaints procedure was in place and the Chaseley statement of purpose was displayed around the building.

Is the service well-led?

Good

Chaseley was well led.

There was a registered manager in place who was supported by a deputy manager and administration team.

Staff gave positive feedback about the registered and deputy manager and the changes made to improve services.

There was a robust system in place to continually assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

A complaints procedure was in place and displayed around the building.

Chaseley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection which took place on 22 and 25 January 2016 and was unannounced and was undertaken by one inspector.

The last inspection was on the 18 and 19 November 2014 and we had asked the provider to make a number of improvements. At this inspection we found that all appropriate actions had been taken to ensure regulations had been met.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding notifications and any other information that has been shared with us.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the PIR to help us focus on specific areas of practice during the inspection.

Not everyone was able to tell us about their experiences of living at the home. Those who spoke with us gave positive feedback about living at Chaseley. We also carried out observations in communal areas, looked at care and service documentation. We spoke with eight people using the service and twelve staff. This included the registered and deputy manager, care and nursing staff, administration, kitchen, domestic, therapy and activity staff. This gave us an overall picture of how Chaseley provided care. We spoke with two relatives and a visiting professional. We received only positive feedback from people working for and visiting the service.

We looked at care folders for three people living at Chaseley permanently and one for the person staying for

a period of respite. We also looked at daily records, risk assessments and associated daily records and charts for other people living at Chaseley. All Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff, resident and relatives meeting minutes, maintenance and emergency plans. Recruitment files were reviewed for six staff personnel records and details of staff training, supervision and appraisals for all staff.

Good

Is the service safe?

Our findings

People told us they felt, "safe" and "looked after" at Chaseley. One told us that staff were, "Always there when you need them to look after me." Relatives told us, "I feel such a sense of relief now. I fought hard for this and I feel he is well looked after here and I can leave him knowing he is safe."

We found people at the home were safe. Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received regular safeguarding training. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the registered manager or person 'on-call' if they had concerns.

People at Chaseley had a range of complex nursing and care needs. These were assessed and reviewed monthly to ensure that the home could provide safe care. Those with reduced mobility had assistance provided by one or two staff as required. Specialised equipment was provided for people when needed. This included electric beds, lifting and standing aids and shower trolleys and any other appropriate equipment required to meet people's nursing and care needs.

Risks to individuals were identified and well managed. There were individual risk assessments in place which supported people to stay safe, whilst encouraging them to be independent. For example, eating and drinking, going out alone and using a motorised wheelchair. Other risk assessments included falls, moving and handling, bed rails, fire, nutrition, tissue viability and any other individual risks identified during the initial assessment or subsequent regular reviews of care.
Moving and handling support plans and risk assessments included photographs to ensure staff were aware of exactly how to apply equipment, exercise and mobilise people safely to meet their individualised needs.

There were robust systems to ensure people received their medicines safely. We saw that on both floors policies and procedures were in place to support the safe administration and management of medicines. RNs administered medicines supported by appropriately trained care staff, for example care staff applied topical creams and carried out some tasks which were then fed back to the nurse on duty. Medicines were regularly audited to ensure that all areas of medicine administration were maintained to a high standard. Medicine Administration Records (MAR) charts were checked by the senior RN or RN on duty every day to ensure that all documentation had been completed correctly. We observed medicines being administered and saw that this was done following best practice procedures. People who self-administered medicine had risk assessments in place to support this. These were reviewed monthly or more frequently if there were any changes to people's health.

Protocols for administration of medicines were in place. This included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. Medicines and topical creams were stored and disposed of

appropriately. Medicines were labelled, dated on opening and stored tidily within the trolley or medicine cupboards. Medicine fridge and medicine room temperatures were monitored daily to ensure they remained within appropriate levels. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Nursing and care staff were divided over the three floors. On two floors there was a nurse's office used by RNs and care staff. Staff were currently assigned to a specific floor for all their duties. Staff and management told us this was to allow staff to really get to know the people they provided care for. People told us they liked this continuity and it gave them the opportunity to get to know and trust staff. Staffing levels were assessed and reviewed dependant on people's need. A dependency tool was used to assess and review people's needs. We saw that some people required support to get up and dressed in the morning but remained independent throughout the day, calling on staff if needed for assistance to the toilet or for personal care. Others required 24 hour support or one to one support at all times. Some people were assessed to require support of two care staff. Staff told us that staffing levels were appropriate to meet people's needs. On the odd occasion that a staff member called in sick other staff were happy to cover. An RN told us that when someone had become unwell and their needs increased the manager had approved an extra staff member to allow staff to spend time with the person who required palliative care. Care staff told us that they felt staffing levels were, "Greatly improved and although busy, shifts ran smoothly." We observed that people received care in a timely manner, and when assistance was requested people and call bells were always answered promptly.

When staff were unable to cover shifts regular agency nurses and care staff had been used to ensure consistency for people living in the home. Staff turnover had greatly reduced, with improved sickness levels. We spoke to number of agency staff who were in the process of commencing permanent employment at Chaseley. We were told, "It's a good place to work."

Systems were in place for the reporting of accidents and incidents. Documentation showed that these were reviewed by management and appropriate actions taken, with clear learning taken forward to prevent incidents reoccurring if possible.

There were robust systems in place to ensure the safety and maintenance of equipment and services to the building. All maintenance and equipment checks had taken place with certificates available to confirm this. Staff told us all maintenance needs were addressed promptly. People told us the deputy manager was often around and if you needed something done he ensured this was done promptly.

The registered manager had a thorough recruitment system in place. We looked at staff recruitment files; these included the staff files of recently employed staff. All files showed relevant checks which had been completed before staff began work. For example, RNs had checks in place to ensure they were registered with the Nursing and Midwifery Council (NMC). All staff files included disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references had been sought before staff were able to commence employment. When further checks had been required or information needed to support an application this had been documented and risks assessed appropriately.

Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place. Although paper copies were available, a new training system was in progress this would include online access for all staff to relevant policies and procedures to support practice.

People's health and mobility had been considered in relation to their safe evacuation in the event of an emergency. Fire alarm and emergency checks had taken place regularly to ensure people's continued safety. Personal emergency evacuation plans (PEEPS) were in place with plans of the building, fire safety and evacuation information. A copy of peoples evacuation details were in their care files, with a copy in the main reception area in the fire evacuation folder. This had been kept up to date with information regarding people currently away staying with family or in hospital. An external fire professional carried out annual checks and risk assessments for the home. The manager and deputy showed us they were currently working through actions identified in the last fire safety check. There was regular training for both day and night staff and evacuation equipment was located around the building to aid evacuation.

People told us that they had call bells they could use to alert staff when they were in their rooms. People who were unable to use call bells had regular checks in place to ensure they remained safe. We saw that people had portable call bell systems when accessing activities or in the corridors and communal areas.

All areas of the building were wheelchair accessible. With large lifts and slopes to enable people to access the outside areas. Large wet rooms were available which could accommodate large shower trolleys. Communal areas were large and open. This meant that people were able to move around the building freely and spend their time how they wished.

Good

Is the service effective?

Our findings

A relative told us staff took the time to get to know people, and ensured that they communicated effectively with people even when verbal communication was limited. We saw that staff used a variety of communication aids. One staff member had learnt to use a system devised by a person's family. This staff member had been assigned as the person's keyworker as they were able to communicate with them effectively. They in turn were then supporting other staff to learn the communication system to ensure all staff were able to communicate clearly with this person. This meant that people were able to be felt involved in their care and how this was provided despite verbal communication limitations. Relatives told us that staff took the time to recognise facial expressions and picked up indicators from people about whether they wished to do something or not. We were told that people's communication had improved in their time at Chaseley and people found this made an invaluable difference to people.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, opticians, dentists, chiropodist and Speech and Language Therapists (SALT).

Chaseley management had worked hard to ensure that staff training needs had been improved and were appropriate and effective. People received care from staff who had knowledge and skills to look after them. RNs had received further training for specific health related equipment, for example for specialised nutrition and medicines systems. There was a full and intensive programme which included all essential training for care and nursing staff, with further training for example National Vocational Qualifications (NVQ) or similar. A new training system was in the process of being implemented, this was predominantly e-learning, but was supported by competency checks to ensure staff training had been effective. Staff told us the training they received enabled them to support and care for people, for example diabetes and one to one support. Staff told us told us that they received all mandatory training and additional training such as how to deal with behaviour and how to deal with people. Staff told us, "The trainers find a way of breaking the ice with you and helping you understand." And, "It gives you experience and the opportunity to learn new things. Before if we asked for training it was difficult. Now we can ask for extra training if we like at the meetings once a month and there is the opportunity for NVQ training."

Recruitment was on-going. A number of newly recruited staff were starting work or had worked at the home as agency and were now becoming permanent staff members. Inductions consisted of a two day induction. This included orientation to the home and mandatory training. This was followed by competency checks and practical observations. Staff told us that they were shadowed for two weeks and supernumerary for another two weeks. Induction logs were completed with certificates in personal staff files showing training completed such as moving and handling, safeguarding and fire safety.

Staff told us they received supervision. We saw that a programme was in place to ensure staff were regularly supported. Staff told us, "We get supervision six weekly and it's a two way process and any criticism is constructive. We saw that further meetings had taken place if required. For example following sickness or to address any issues which may have come to light during supervisions. Staff felt supported and involved in

the day to day running of the home, telling us any changes were discussed and information shared at meetings and handovers. We were told, "Communication is so much better, we are not the last to know anything now, there are meetings, emails and notes around so we know what is happening and why."

Some people at Chaseley did not have capacity to make decisions about their care and welfare. The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. Staff also demonstrated an understanding of MCA and its aims to protect people who lack capacity and when this might be required. People's mental health and wellbeing was assessed and reviewed regularly. Best interest and multi-disciplinary meetings and decisions had been documented to support any decisions made regarding people's safety and welfare.

People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support, and what they would do if someone declined the support offered. We observed staff speaking to people and involving people in decisions. For example, people were reminded of activities and when they were going to the gym. People were supported to make decisions about what they wanted to do, whether they attended activities or returned to their rooms or go out alone or with family.

People were supported to maintain a balanced and nutritious diet. People's weight and nutritional intake were regular monitored when necessary and we saw that referrals had been made to Speech and Language Specialists (SALT) if people's nutritional intake was reduced or staff had any concerns around people's eating and drinking. People who had enteral feeding had this assessed, managed and reviewed regularly with support from outside professionals. There was a separate dining room for people to use if they chose. Tables which were nicely set, with colour coordinated table cloths, flowers, placemats and condiments. Tables were height adjustable to ensure people could use these safely with motorised wheelchairs. We saw that some people chose to have breakfast in their rooms, whereas the majority of people came to the dining room for lunch and in the evening. People who required assistance had this provided. Afternoon tea and cakes were served daily in the conservatory. People were provided with specialised cutlery and plates when appropriate to maintain independence. People were asked for their meal choice when they arrived in the dining room and this was then served up. People were assisted by care staff and kitchen dining room staff to ensure they had the support and help required. Meals could be ordered to ensure they were available later in the day if people had appointments.

We spoke to people in the dining area who told us they enjoyed the meals provided. There was a weekly menu with choices and alternatives available for people. Staff and the chef manager knew people well and told us who had special dietary requirements. This included soft and fortified diets. People spoke very highly about the standard of the food and meals looked very appetising and well presented. Visitors told us they had eaten at the home and the food had been very good. We discussed people's nutrition needs with the cook who told us that there were care plans outlining each person's dietary needs such as whether food was pureed or soft. Whether people had any allergies or likes and dislikes. The kitchen received an email every day from the main office detailing any changes, preferences or new arrivals. There were daily 'food meetings' where points of concern were raised, for example, if a person has large portions or is eating unhealthily kitchen staff will alert care staff and monitor this. The chef manager told us that strategies were used to manage residents with unhealthy eating habits. For example using smaller plates and building in healthy foods into meals such as fruit into puddings or vegetables instead of chips.

Good

Is the service caring?

Our findings

People told us they always found staff to be caring. "This is my home and staff treat me like it is not like someone who's ill." Relatives told us, "They talk to my husband like he's a person, they know what they are doing, and they really care." We saw that staff showed real care when providing support to people. Many people living at Chaseley had a number of complex nursing and care needs. This meant they required a higher level of time for care provision. Staff were seen to provide care in a kind and compassionate way, talking to people throughout, explaining what they were doing and offering explanations at an appropriate pace for people and patience when care delivery took place. When people went outside, staff checked that they were appropriately dressed and in coats to protect them from the rain and cold. Staff were knowledgeable about the people telling us about their care, likes, dislikes and preferences.

There was an obvious rapport between staff and people living at the home and people responded to staff in a positive way. People were clearly encouraged to spend time how and where they chose. People were actively encouraged to make choices, the emphasis of the home was to safely promote and encourage independence. Some people were receiving treatment and therapy to help them adapt after life changing accidents, others were being supported to live as independently as possible with long term progressive health conditions. Despite this variety of nursing and care needs, staff demonstrated a good understanding of people.

Peoples care records were stored in the nurse's office in a cupboard accessible only by keypad. All confidential information was kept securely. People had the choice whether or not daily records and therapy notes were kept in their rooms or in the nurse's office. One person told us they did not want their notes in their room and we saw these had been stored in the nurses office.

People received care which ensured their dignity was maintained and supported at all times. Staff had a good knowledge on how to provide care taking into consideration maintaining their privacy and dignity at all times. Staff were aware that people valued their privacy and independence. Staff always knocked before entering people's rooms, and did not disturb people when they had visitors unless this was essential. Staff told us they were aware that at certain times of the day some people did not like to be disturbed. Some had a lie down and others liked to spend time on the telephone or computer.

When people required assistance wish washing and dressing they were involved in choices throughout, with staff helping them to ensure they were dressed appropriately for the weather conditions and paying particular attention to details that were important to them for example, colours of clothing, jewellery and their hair. Relatives who visited Chaseley daily told us they felt that staff understanding of how to support people was excellent. Visitors felt they were welcome at any time and encouraged to visit to ensure relationships were maintained. There was a bar/café at Chaseley called the Casbar. This was available for people living at Chaseley, visitors and relatives. People told us this was, "A great informal area where people and visitors could mix." This was a nicely decorated area where people could sit and purchase a drink or snack. There was wheelchair access to a decked area and designated outside smoking area. The outside area had lovely views over the seafront. We were told that in the summer this area was frequently used and

people enjoyed being able to sit outside with their family and visitors.

People were participating in activities, or in their rooms watching television programmes of their choice, listening to music or doing hobbies. People were seen to approach staff in the corridors or go to the nurse's room to request things, staff responded positively and promptly. We saw that light hearted banter was exchanged between people and staff. People told us, "The staff are great, I like them." And, "I go to the office and say hello, tell them where I am going, they always ask me if I have had a good time, if I have gone out or something." For people who remained in their rooms staff were seen to go in regularly to ensure they had everything they needed. Staff chatted to people sat in communal areas and stopped to chat to people when they passed in the corridors or walked past people's rooms. It was clear that people knew staff well and they responded positively to interactions.

Good

Is the service responsive?

Our findings

People told us that they felt Chaseley was responsive. One person told us, "I spoke to the deputy; if you ask him to sort something he comes back to you and tells you it has been done." Relatives told us, "If anything changes or my husband has not been well, they always contact me, they always stop to talk when I arrive, I am kept involved all the time and so is he." And, "If I am unwell they ring my family, if there is something I need they always sort it." One person did tell us they did not like some of the recent changes to the way the home was run, however this was not based on the standard of care they received but related to their feelings about other people who lived at Chaseley.

Staff told us they liked the registered manager. We were told, "I can't say I have ever had cause not to be happy. They seem to run things very well." Agency staff told us, "I like working here as it is so well run. It's organised and that means people get good care. I am always happy to work here."

Since the last inspection in November 2014, Chaseley had made a lot of positive changes to the way care and support are documented. There was a clear system in place to assess, document and review peoples nursing and care needs. Care files included personalised care planning and risk assessments. Information had been sought from people, their next of kin or significant people involved in their care. This meant that documentation was personalised. There was clear information in care files to support effective communication. For example, for people who communicated non-verbally, asking questions which can be answered yes or no and observing facial expressions.

People with specific nursing and care needs for example diabetes, urinary catheters or bowel care had information in their care plans to inform staff how to provide effective care. When catheters required to be changed we saw this was written in the nursing diary and corresponded with information on people's catheter log. When people were deemed at risk of pressure damage appropriate documentation was in place to inform staff of regular repositioning requirements. People received regular pressure area observations and pressure relieving equipment was in place when required. Equipment was regularly monitored. For example, people who had pressure relieving mattresses in place had settings checked daily to ensure they were appropriately set for the person weight.

All care documentation and risk assessments were reviewed by senior RNs and RNs to ensure information was relevant and up to date. RNs told us there was a key worker system for support staff and RNs took responsibility for six residents and carried out their reviews and updated the care plans when required. "We demonstrate in the care plans what people's likes and dislikes are and involve the relatives as much as possible." Regular auditing of care documentation took place to ensure high standards of documentation were maintained. Any changes to people's nursing or care needs were promptly updated and information shared with staff at handover. All staff told us they read care plans and care documentation regularly and were aware of any relevant information about people. "We need to know the residents and just listen to them; the care plans are easy to understand."

There was a daily programme of activity available for people. This included organised group activities

including arts, crafts, cookery, quizzes and trips out. People could also use the computer suite whenever they chose. People told us they had something to do throughout the day if they were not busy doing their own things. A hairdresser visited Chaseley regularly and people told us they enjoyed having their hair done properly. Plans were in place to have a visiting beauty therapist to provide massage, nails and treatments for people either in a designated 'beauty room' which was in the process of being arranged or in people's rooms if required.

Chaseley had a team of designated activity co-ordinators and volunteers who participated in a range of activities with people. We saw details of organised take away evenings and evening events. During the inspection we saw word games taking place, a lively pottery class, painting and cookery. There were examples of people's art and craft work displayed around the building and in people's rooms. Word games took place in the Casbar. The activity staff member was also assisting people to access the outside smoking area. This did mean regular interruptions during the quiz and this took them away from the activity. Despite this the activity coordinator was seen to be attentive and clearly knew people well, including their preferred drinks and what activities people enjoyed. There were books, jigsaws and magazines for people to use if they wished. Staff told us, "We are really on top of it here, each care package is different and we ask people what their wishes are. There is a choice of activities and choice offered including group sessions and one to one activities." "People are doing more things and look happier, there are more things for them to do." And, "People play games and watch movies, they cook and spend time together and are more out of their rooms, before they were stuck in their rooms and they were grumpy, now they are happy." Staff did say that they would like to see people encouraged to go out more often. Some people had been out for BBQs in the summer and other organised trips had taken place. There were designated vehicles and drivers available, staff just felt this needed a bit more organisation to encourage people to go out and do things they wanted to do more often.

A complaints policy and procedure was in place and displayed around the building along with the Chaseley statement of purpose. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. We saw examples of emails sent to management and these had been responded to quickly and appropriately. When verbal or written complaints had been raised we saw that an acknowledgement had been sent to the person informing them that an investigation was in progress. Outcomes and actions to take forward had then been fed back to the complainant. The registered manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear, transparent and robust. The registered and deputy manager were both clear that any issues were investigated and learning taken forward to prevent the issue reoccurring. Everyone we spoke with told us the manager had an 'open door' policy and people confirmed they would be happy to raise any concerns with the registered or deputy manager if they needed to. One person raised with us that they did not have access to Wi-Fi in their room. We raised this with the registered and deputy manager during the inspection and they told us they would look into this immediately and see if any steps could be taken to improve the internet signal.

Good

Is the service well-led?

Our findings

People told us they felt the home was, "Running well." And staff were "Lovely, they all are, I could not be happier, this is my home till the end of my days." Staff told us, "The manager is cooperative, very respectful and supportive." A visiting health professional who has provided care at Chaseley over many years told us, "It is like chalk and cheese, I am very happy with the changes it is so much improved."

During their time in post the registered manager had made a number of changes to the day to day running of the home. This had been facilitated by the team in place including a deputy and human resources business partner. All three worked closely together to ensure all aspects of the running of Chaseley were underpinned by effective systems in place. People we spoke with told us that they felt the registered and deputy manager worked well together to make sure the home ran smoothly. Staff told us that when they needed to speak to the management they had always responded promptly and they felt supported. It was clear that a lot of work had taken place to address previous issues. The registered manager told us this had been achieved by prioritising the most important areas, starting with staffing, training and documentation. Once these had been addressed this had set the stage for further improvements. At the last inspection in November 2014 we found concerns which related to the culture, management and leadership of Chaseley and how the service provided had been assessed and monitored.

We found that all concerns had been addressed and were able to evidence that these changes were now fully embedded into practice. We saw that immediate changes made had been reviewed to continually improve them. All management and administration staff had a clear understanding of their role. Systems had been put in place to support staff with the day to day running of Chaseley. This included a new computer training programme, improvements made to how complaints, accidents and incidents were recorded and responded to.

The manager had completed the Provider Information Return (PIR) and had provided us with detailed information about how they had made improvements to continually assess the service to ensure high standards of care were provided and best practice was maintained. The PIR also included plans to take the service forward over the following twelve months.

Staff supervisions and appraisals were monitored and recorded. Systems were in place to review staff sickness. Staff disciplinary procedures were clear and when required these had been followed to address any concerns regarding staff practice.

To improve communication a daily meeting had been put in place by the registered manager. This took place each day in the manager's office and was attended by an RN, member of care and therapy staff and other people involved in the day to day running of Chaseley. Minutes were kept with actions taken forward. These were followed up the next day to ensure they had taken place. Minutes included information about people's appointments, changes to nursing needs, appointments and any other information pertinent to people's care.

Daily handovers took place on each floor, these were attended by RNs and care staff at the beginning of each shift, all daily handover sheets were kept securely in a folder. This meant that if any issues arose a clear audit trail of information was available and issues could be easily followed up. A diary was used on each floor and information was shared effectively. This meant that staff were aware when people had appointments or if there were any special requirements during the shift.

There were regular staff, resident and relative meetings, with questionnaires sent out to people for further feedback. Results and feedback was then collated and analysed to identify any areas for improvement. Negative comments received from people had previously related to catering concerns. This had been fed back to the company providing meals at Chaseley and actions taken promptly. Staff felt communication had improved greatly in recent months. Minutes from meetings were available for staff who were unable to attend. We saw that one meeting included information about afternoon tea being provided daily in the sun lounge/conservatory. This had since commenced and people gave very positive feedback regarding this.

Since the previous inspection the registered and deputy manager had implemented a robust system to assess and monitor the quality of the service. Including a number of weekly and monthly audits, reviews, health and safety checks and annual policy reviews. This included all aspects of care delivery, accidents, incidents, 111 and 999 calls, documentation, medicines, environment, nutrition, activities and infection control. The response was proactive, any areas which needed to be addressed were noted promptly and actions taken to rectify or improve. Results were calculated into an overall monthly trend analysis and sent to the organisations head office for review. A quality assurance annual plan was also in progress for 2016. This detailed what audits and checks were required each month and who was responsible to ensure this took place.

Policies and procedures where available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. The registered and deputy manager had a good understanding around 'duty of candour' and the importance of being open and transparent and involving people when things happened. Information was seen displayed for staff around safeguarding and duty of candour and their responsibilities. The manager told us that they were always keen to learn from incidents to improve future practice.

Staff were aware of the policies and were aware that these underpinned safe practice. Policies and changes to procedure were discussed during supervision and at meetings to ensure everyone was aware if changes occurred. Policies were available on both nursing floors and would soon be accessible on the computer as part of the new training system.

All of the registration requirements were met and there were clear processes in place to ensure notifications were sent to us and other outside agencies when required.