Chaston House Ltd

Chaston House Care Home

Inspection report

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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

The inspection took place on 27 and 28 June 2016. The first day was unannounced and we told the provider we would return on the second day to finish our inspection. The service was last inspected on 19 February 2014 and at the time was found to be meeting all the regulations we looked at.

Chaston House is owned by Chaston House Limited. Chaston House offers accommodation and personal care for up to 11 older people. There were seven single rooms and two shared rooms. At the time of our inspection, 11 people were living at the service, nine of whom were living with the experience of dementia.

There was a registered manager in post who had been managing the service for the past eight years. 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.

Areas of the home were in need of upgrading and redecoration. Some carpets were stained and worn, flooring was damaged in one of the bathrooms, and there was a malodour in the main lounge on the first day of our inspection. We have made a recommendation for the provider to address this. The home was clean and tidy and free of hazards.

A range of activities were provided at the home, and we saw a program of activities displayed. However, we saw very few activities organised on both days of our inspection.

Medicines were stored securely and staff followed the procedure for recording and safe administration of medicines. Staff received training in the administration of medicines, and this was refreshed annually. The registered manager undertook regular audits of medicines.

The provider had processes in place for the recording and investigation of incidents and accidents. Risks to people's safety were identified and managed appropriately.

There were enough staff on duty to meet people's needs in a timely manner.

People felt safe when staff were providing support. Staff had received training and demonstrated a good knowledge of safeguarding adults.

Recruitment records were thorough and complete and the provider had ensured that staff had a Disclosure and Barring Service (DBS) check prior to starting work.

The registered manager told us that some of the people living at the service had mild dementia, and there were no restrictions in place at present but they told us that they would refer people to the local authority if

they were aware that a person was losing the capacity to make their own decisions about their care and treatment.

People's capacity to make decisions about their care and treatment had been assessed. Staff had undertaken training about the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS).

Staff received regular supervision and an annual appraisal, and told us they felt supported by their manager. There were regular staff meetings and meetings with people and their relatives.

Staff had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service.

There was a complaints process in place and people told us they knew who to complain to if they had a problem. People and their relatives were sent questionnaires to gain their feedback on the quality of the care provided.

People told us they felt safe at the home and trusted the staff. They told us staff treated them with dignity and respect when providing care. Relatives and professionals we spoke with confirmed this.

We saw people being cared for in a calm and patient manner. There was a relaxed, unrushed atmosphere which facilitated good communication between staff and people using the service.

People gave positive feedback about the food and we observed people being offered choice at the point of service. People had nutritional assessments in place. People had access to healthcare professionals as they needed, and the visits were recorded in their care plans.

During the inspection, we saw that people were consulted and consent to their care and support was obtained verbally. We saw evidence in people's care records that they had consented to their care and treatment.

Care plans we looked at were signed by people, and there was evidence that people were involved in regular reviews of their care.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Care plans contained assessments of people's needs and information on how care was to be provided. Care plans contained information about people's daily routines and preferences.

People living at the home, their relatives and other stakeholders told us that the registered manager was approachable and supportive. They encouraged an open and transparent culture within the service. People and their relatives were supported to raise concerns and make suggestions about where improvements could be made.

The provider had systems in place to monitor the quality of the service and ensure that areas of improvements were identified and addressed.

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 were aware of the risks to people's safety and supported them to manage these risks.

Staff were aware of safeguarding procedures and worked with the local authority's safeguarding team to investigate concerns raised.

There were enough staff available to provide timely support and ensure people's safety. Checks were carried out during the recruitment process to ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and healthcare needs had been assessed and were met.

People were cared for by staff who were suitably trained, supervised and appraised.

Is the service caring?

Good

The service was caring.

Feedback from people and their relatives was positive about both the staff and the management team.

People and their relatives said the staff were kind and caring. Staff were aware of people's preferences and interests and involved them in decisions about their care and support.

People's diversity, values and human rights were maintained. People were supported with their individual needs.

Is the service responsive?

Good

The service was responsive.

A range of activities were available at the service and people were consulted about what they liked to do although there were very little activities taking place on the day of our inspection.

People's individual needs were met when their care and support was being assessed, planned and delivered.

People and their relatives were involved in planning and reviewing their care.

Complaints were investigated and responded to appropriately.

The service regularly conducted satisfaction questionnaires of people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection, the service employed a registered manager.

People and their relatives found the management team to be approachable and supportive.

There were regular meetings for staff and openness and sharing of information was encouraged between people, staff and the management team.

There were systems in place to assess and monitor the quality of the service and make improvements.

Chaston House 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 checked 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 took place on 27 and 28 June 2016. The first day of our inspection was unannounced and we told the provider we would be returning the next day to complete our inspection.

The inspection was carried out by a single 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. The expert for this inspection had experience of residential services for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications of significant events, safeguarding alerts and the findings of previous inspections.

During the inspection, we spoke with six people who used the service, two relatives, eight staff members, including the provider, the registered manager, two senior care workers, three care workers and a handyperson.

Following our inspection we spoke with two healthcare professionals and two social care professionals who were involved in the regular care of people who used the service.

We looked at the environment and observed how people were being cared for. We looked at records, including the care records for six people, recruitment records for four staff members, staff supervision and training records, medicines records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

There was a malodour in the main lounge on the first day of our inspection, however this was no longer evident on the second day of our visit. Some of the carpets on the stairs and some of people's bedrooms looked worn and stained. Most of the armchairs in the lounge were also worn and stained. The registered manager told us that some flooring had already been replaced and they had plans to replace all the other carpets and update some of the furniture in the near future. The flooring in the top floor bathroom was damaged and needed replacing. We were told that the whole bathroom was going to be refurbished as a matter of priority. One healthcare professional told us, "The home could do with improving lighting in communal areas and bedrooms and some general modernisation and freshening up." There was only one small toilet available downstairs, although other toilets were available upstairs. We discussed this with the registered manager and the provider, who told us that the house was leased and therefore they were unable to make any structural changes to it. Some people were happy to use this toilet and other told us they preferred using the upstairs toilets. We saw that cleaning was taking place on both days of our inspection, and the environment looked clean, tidy and free of hazards.

We recommend that the provider puts in place a refurbishment program to address areas of concern identified and provide a more pleasant environment for people who use the service.

People we spoke with indicated they felt safe living at Chaston House. Some of their comments included, "It's not bad I suppose, they are alright here", "Yes I get very well treated." One relative told us that they felt their family member was safe at the service, and added, "I have never had any concerns. I would talk to [manager] if I did" and another said, "Staff are lovely and people are looked after well." People confirmed they would know who to contact if they had any concerns, and added they did not have any concerns about the service. Staff received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure and a whistleblowing policy in place and staff had access to these. This indicated that people were protected from the risk of abuse. We saw a poster in the main lounge displaying information about adult abuse and telephone numbers for people to use if they had concerns about their safety.

The registered manager had raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They had also notified the Care Quality Commission (CQC), as required, of allegations of abuse and serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional, and records we viewed, confirmed this.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. Risks identified included falling, physical frailty and self-neglect. Risk assessments showed a thorough understanding of each person's physical and mental health conditions and included guidance for staff to follow to enable them to care for people in a safe way. We saw

that staff were instructed to "prompt and encourage" a person to take their time and make sure they had balance before mobilising where the person had been identified as being at risk of falling.

People's records contained body maps which were dated and signed by the person completing these. We saw one body map indicating a rash to a person's body part. There was evidence that this had been addressed and appropriate treatment had been obtained.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. Emergency contact numbers were accessible.

Incidents and accidents were recorded and analysed by the registered manager and included an action plan to address any issues or trends identified. We saw evidence that incidents and accidents were responded to appropriately. This included a referral to a healthcare professional and a plan to reduce the risk of re-occurrence for a person who had sustained a fall.

The provider had a health and safety policy in place, and this was made accessible to staff and people living at the service. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and workplace safety. We saw evidence that all areas were regularly checked and any requirements were actioned appropriately. We saw that weekly safety checks were undertaken by the registered manager. These included checks of all mobility aids, stair lift, call bells, fire doors and kitchen appliances. We saw that any identified issues were addressed without delay. This included a call to the maintenance person to repair a broken kitchen light. Records showed that this was fixed on the day. We saw that all Control of Substances Hazardous to Health (COSHH) products were stored safely on the day of our inspection. All upstairs windows were fitted with window restrictors to prevent the risk of people falling from heights and records indicated that those were regularly checked.

The service had taken steps to protect people in the event of a fire, and we saw that a general fire risk assessment was in place and this was reviewed regularly. We saw evidence that checks of all fire safety equipment were carried out regularly. These included the fire alarm system and fire extinguishers. The service carried out regular fire drills and fire alarm tests and staff were aware of the fire procedure. People's records contained personal emergency evacuation plans (PEEPS). These included appropriate action to be taken in the event of a fire according to people's abilities and needs. Copies of these were kept in the reception area for staff to refer to in the event of a fire. Some staff members we spoke with were unsure where the PEEPS were. We discussed this with the registered manager who informed us that newly recruited staff were still undergoing their induction and getting familiar with the service. They assured us that this will be discussed in this month's team meeting.

People told us they were happy with the staffing levels. Their comments included, "There are quite a lot here. There is usually a lot then too (at night)", "Always enough staff on. Very friendly and very knowledgeable", "Yes, weekends and bank holidays is also fine. I do not want for anything." One relative agreed and said, "Yes always, probably more than enough staff. They are very caring, especially if you're unwell", however another told us, "For looking after her basic needs then yes. Not seen them do any activities when I come."

The staffing records we viewed confirmed there were always enough staff on duty at any one time to provide care and support to people. The registered manager told us they never needed to use agency staff as they worked as a team to ensure that there was always a full team on duty.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working at the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

Arrangements were in place for the management of people's medicines and all medicines were stored securely in a locked cupboard. Staff were trained in the administration of medicines and received yearly updates. Their competencies were assessed before they were allowed to support people with their medicines.

Medicines policies and procedures were in place and senior staff demonstrated a good understanding of the procedures they followed when they supported people with their medicines. One person who used the service had been assessed as able to manage their own medicines and we saw there was a risk assessment in place, which was regularly reviewed. We checked the medicines administration records (MAR) charts for all the people who lived at the service which had been completed over a month. They showed that staff had administered all the medicines as prescribed. We found one gap in signature, although the amount of tablets left in the pack indicated that the person had received their medicines as prescribed and the missing signature was more likely to be an omission. We informed the registered manager who told us the next day that they had addressed this with the member of staff according to the home's policies and procedures.

There were protocols used for the administration of medicines that were taken 'as required' (PRN). Whilst most people were able to request PRN medicines, the registered manager had put in place pain assessment tools to help them make a judgment where people may need medicines for pain relief. This meant that people were protected from the risk of suffering unnecessary pain. One person told us, "They ask what time I want it [medicine], so I've got it set to 8pm before I go to bed."

Controlled drugs (CD) were stored in a double locked CD cabinet. We saw that balance checks were completed regularly. Random checks of several CDs were carried out during this inspection. The quantity of CDs in stock matched the quantity recorded in the CD registers. This indicated that people were getting these medicines as prescribed.

Senior staff carried out regular audits and they had not identified any errors. The registered manager told us the pharmacist delivered the monthly medication. The service carried out checks on the storage, recording of receipt, handling and returning of medicines. This indicated that people living at the service were protected from the risk of not receiving their medicines as prescribed.

Good

Is the service effective?

Our findings

People told us and we saw that they were consulted and consent to their care and treatment was obtained verbally. Some of their comments included, "Yes, they say we are going to do this, is that ok with you? Like this morning, they said 'we are going to give you your inhaler, is that ok with you?' They make you feel involved. And the fact we know who everyone is, is a plus", "They do ask. If it needs doing they should do it. If they ask me I say, whatever suits them, it's my motto." Care plans were signed by people, and there was evidence that they were involved in regular reviews.

Some of the care records we checked contained 'Do Not Attempt Resuscitation' (DNAR) forms. These are decisions that are made in relation to whether people who are very ill and unwell would benefit from being resuscitated if they stopped breathing. These were authorised by the GP and people had been involved in this decision. The registered manager told us that all the people living at the service had capacity, although this sometimes fluctuated. This meant that people were being appropriately supported when decisions about their care were made.

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. We found that the provider understood the principles of the MCA and had followed its requirements. The registered manager told us that some of the people living at the service had mild dementia, and there were no restrictions in place at present but they told us that they would refer people to the local authority if they were aware that a person was losing the capacity to make their own decisions about their care and treatment. All staff employed at the service had received training in MCA and DoLS. Staff we spoke with demonstrated a good understanding of the MCA and DoLS.

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular supervision meetings from the registered manager. The registered manager told us that this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

Care files contained a section dedicated to eating and drinking which recorded nutritional status and dietary needs such as the need for fortified or pureed food, swallowing difficulties and assistance required to eat and drink. Malnutrition Universal Screening Tool (MUST) scores were in place and used where there were concerns about people's nutrition. We saw that people's weight was monitored and recorded monthly. We checked the records for five people using the service and saw that people's weight was stable. This indicated that people were receiving adequate amount of food to keep them healthy.

People told us the food was good at the home. Some of their comments included, "Pretty good. They always give you what you want", "Very good, very nutritious and I like it. They ask how much I'd like and I say only one potato please. You can get cake and tea, blackberry, apple and orange on the table most of the day. So you can help yourself", "Very, very good", "Very good, can't fault it in anyway. Plenty. Always drinks on the table you can have", "We get a choice at breakfast, I always have porridge and sausage and beans. In the evening we have a choice of two main things and ask if you want any veg and we usually get tea and biscuits" and "I eat anything and everything!" A relative told us, "Yes they get two choices. My [family member] can't have spicy food so when there is curry, they give her something else." People had a choice of food at each meal. There were menus displayed, although these were quite small and were not pictorial. This meant that people may have had difficulties identifying what was written on the menus. However we saw that people were asked what they wanted to eat at the point of service. The registered manager told us that if people wanted something different, they would go and cook it for them. We viewed all menus for the week and saw that they changed daily and were rotated across the month. People had adequate amounts to drink. Tea and coffee was served mid-morning and mid-afternoon and jugs of juice and water were available in lounges throughout the day. People were also served hot or cold drinks on request. This meant that the service recognised the importance of food, nutrition, hydration and a healthy diet for people's wellbeing generally, and as part of their daily life.

The service was responsive to people's health needs. One person who used the service told us, "If you want to see the GP you can ask but I have mostly been ok. I normally go to the hospital to see the doctor there, a member of staff goes with me" and another said, "Yes when I have not been too good they have arranged a doctor to visit", a third person told us, "Just seen the optician who gave me stronger glasses." A healthcare professional told us that the service was very good at calling them whenever a person required their services. They said, "The home is good at communicating with us and conveying their service users' needs." One relative told us, "There is a surgery down the road that comes here all the time. The chemist drops off her meds and there is a chiropodist that comes round", and another said, "Yes they phone if she has a turn. [Manager] phones me and tells me what's happening also I can call to find out things." Records showed that people's health needs were monitored and any concerns were recorded and followed up. This included a person who lived with a chronic health condition. We saw that staff received appropriate training and the care plan contained information about the condition and guidelines for staff to follow to ensure that the person's healthcare needs were met. Care plans contained individual health action plans. These detailed people's health needs and included information about their medical conditions, mental health, medicines, dietary requirements and general information. This showed that the service was meeting people's health needs effectively.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. One person said, "Yes, pretty good. They are there when you want them" and another said, "Yes they are good. They ask us if we need anything. I like to wash my own clothes." One relative told us that the staff and management team were caring and people were happy living at the service. Another relative said, "Yes. Every time I have been here they have been very caring and pleasant." A healthcare professional told us that people were "very well cared for".

The service provided individually focussed support which enabled people to maintain and improve their mobility. We saw than one person had been admitted recently and was wheelchair bound on admission. However, with staff patience and encouragement, the person was now able to walk with a walking stick and one member of staff beside them. The registered manager told us that they had spent a lot of time developing the person's confidence and strength and this had prevented their muscles wasting and the complete loss of their mobility.

The staff we spoke with spoke respectfully about the people they cared for. They talked of valuing people and respecting their rights and their diverse needs. One member of staff told us, "It's about having respect for people at all times. I treat people the way I would want to be treated" and another said, "I know exactly what people need. I love it here." We saw that people were treated with care and respect and according to their individual needs. Every member of staff and the management team we spoke with demonstrated a sound knowledge of people's individual needs and wishes and we saw that the culture of the service was based on providing care that met each person's unique needs.

Staff told us they ensured that people's privacy and dignity were respected. We observed this to be the case on the day of our inspection. One person told us, "Yes, I like to keep my door open to let air in" and another said, "I share a room with my friend. She likes the door closed. I don't mind. I close it and go to bed. Staff check on us during the night." One relative told us, "My [family member] has a key to lock her door. She does not like to eat in the main hall, so she eats here. Staff help her if she needs help." Staff promoted people's sense of dignity and self-esteem by encouraging them to do what they enjoyed doing. This included one person who liked to wash her own clothes.

The registered manager discussed people's end of life wishes as part of their care plan. This discussion covered all aspects of their care including where they wished to end their life. The registered manager told us they discussed end of life openly as part of daily conversation and during meetings organised for people who used the service. They told us that by being open about this subject, people were happy to talk about it and it was not considered a taboo subject. We saw evidence that people's wishes were recorded in their care plan.

The registered manager received letters and postcards from relatives thanking the team for the care received by their family members. We viewed a range of these. Relatives' comments included, "Thank you for giving great care to my [family member]", "First class care" and "My [family member] is much happier

than she was when she lived at home on her own."

There were posters and pictures displayed around the home which had been created by people living at the service. These included artistically designed notices on each bedroom door with the person's name and photograph, which people had been supported to create. A large board in the entrance hall displayed a notice which said, "Welcome to Chaston House. We are all individuals. Together we are a masterpiece."

Good

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us that they were consulted before they moved in and they had felt listened to. One person told us, "I went to my doctor and told him I had a problem walking and got referred to the hospital. I was told to go to the care home and was recommended to come here. The lady came over to talk to us." A relative told us, "We came here a couple of times and my [family member] was included in everything." The registered manager told us that some people were referred from the local authority and they had obtained relevant information from them. This included background information for most people which helped staff understand each person and their individual needs. One social care professional told us that the staff team provided a service according to people's individual needs.

The care plans we viewed were comprehensive and contained detailed information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. For example, one person wished to read until late. We saw care notes indicating that staff respected this wish. We saw one comment saying, "[person] had a good day, she was reading until 10.30pm last night." People told us they were involved in making decisions and in the care planning process. Care plans included people's assessed needs, interventions and outcomes. We saw that records were signed by people, which meant that they had understood and agreed what had been recorded. Relatives we spoke with confirmed that regular reviews were organised and they had been invited to participate in these.

Staff told us they encouraged and supported people to undertake activities of interest to them. However on the day of our inspection, there was very little activity undertaken. The television was on throughout the day on a radio station. One person was playing dominoes with a member of staff in the afternoon, and we saw some people reading the newspaper or chatting. One person told us, "We do some exercises" and another said, "They try to encourage me to do things, but I am not a person into all that. If I can go out, I do." Relatives had mixed views about the level of activities on offer at the home. One relative told us, "She does a lot of reading, crosswords and TV. They ask her if she wants to do other things, she says no" and another said, "I don't think there are things put in place. We normally just go out." There were a range of activity materials available at the service and people had access to them whenever they wanted.

There was an activity board displaying what was happening during the week. Activities planned included armchair exercises, art work and music and singing. Outside entertainers were invited to visit on a regular basis, and we were told that the "bug man" had visited the day before our inspection, and brought all kinds of insects for people to look at. The registered manager told us they were planning to involve everyone to make papier mache people for the garden. They told us they ordered the 'Daily Sparkle' newspaper for people. This was a publication designed for people living with dementia which encouraged them to reminisce about past events. A mobile library visited the service regularly. The provider told us they planned to continue to develop and improve the program of activities at the service, and were planning to include

music therapy, cooking, gardening and outings such as visits to Kew Gardens and the circus. Each person had their own activity plans in place, taking into account what they enjoyed doing. This included a manicure, hand massage and nail painting for one person using the service.

The service had a complaints procedure in place. This was available to people who used the service and displayed on the notice board. The service received very few complaints but where complaints had been received, we saw that they had been investigated and the complainants responded to in accordance with the complaints procedure. This included a complaint which had been referred to the local authority's safeguarding team. The provider told us and records showed that they had worked with the local authority to investigate the matter and responded to the complainant in a timely manner. People and their relatives told us they were confident that if they had a concern, the staff and management would address it. One person told us, "Sometimes I have complained about the music being too loud. They are very sympathetic and then I had a chat with them, but I get told everyone has a choice and they are allowed to play it that loud. It's not late, like 6-7pm" and another said, "No complaint. I'd find someone to have a chat with. I'm a pretty passive person." A relative said, "I would speak with [manager]. Never made one." A healthcare professional confirmed this and said, "The care team is always responsive whenever we visit." One social care professional told us the registered manager was very responsive, raised concerns whenever they needed to, and attended meetings. They added, "In my experience, when family members have attended previous safeguarding meetings, they have spoken highly of Chaston House as they felt that the home has a 'homely feel'."

People were supported to feedback about the service through meetings and quality questionnaires. The registered manager told us that different topics were discussed during meetings, such as death, abuse, choice and food. Monthly questionnaires were pictorial and included questions relating to how people felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and social needs. We saw that the results showed an overall high level of satisfaction. Relatives were also consulted and the results showed that they were satisfied with the service. Some comments from people who used the service included, "Excellent care is given", "So much better than a year ago. Getting better and better" and "Improvements have been ongoing over the year. Getting better."

Good

Is the service well-led?

Our findings

The management team consisted of a provider and a registered manager. They worked closely together to provide care and support to people who used the service. There was a compliance officer employed at the service, however they were on sick leave on the day of our inspection. The registered manager had been in post for eight years, and held a National Vocational Qualification (NVQ) Level 4 in Leadership and Management.

People were cared for in a well-managed service. People and their relatives were complimentary about the registered manager and the provider and told us they were approachable. One person said, "The manager is very nice." One relative told us, "[Manager] is very nice, very helpful. She is around all the time. I don't know if she gets any sleep! When my [family member] is ill, she sits with her, gives her a blanket and makes sure she is alright. I think it is managed really well." Another relative said, "They tell me everything, send me a letter. They would change things to accommodate you."

Staff commented that they felt supported by senior staff and the registered manager. They told us the registered manager was "hands on" and "always available". Their comments included, "The manager is flexible and always available. She will speak to us anytime we need", "The manager is lovely. She gets on well with the residents and their families. She is very good", "I get great job satisfaction. The manager is very good" and "What I love about her, she makes it a home for the residents. She will do anything. Above and beyond."

People could be confident that there were systems to monitor the quality of the service and make improvements. The registered manager had put in place a number of different types of audits to review the quality of the care provided. These included medicines audits, environmental checks, health and safety checks and care records. Audits were evaluated and when necessary, actions plans were put in place to make improvements in the service. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were thorough and regular. This meant that the registered manager would be able to address any areas of concern promptly.

The registered manager told us they held "chit chat club" team meetings monthly, but they could not locate records of these. They told us that the compliance officer had been on sick leave for several weeks and they were normally in charge of typing the minutes of meetings. They told us items discussed included any issue about people who used the service, environment and health and safety issues, policies and procedures, training needs and complaints. Staff we spoke with confirmed that meetings were regular. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations.

The provider told us they met with the registered manager weekly to discuss any current issues or concerns, and twice a year, they met to discuss future plans for the service, including improvements needed. This included plans to install a new bathroom and new carpets on the stairs. The provider told us they were also committed to introduce more events and activities for people who used the service.

The registered manager ensured they attended all training important to their post. This included training in, "Safeguarding Under the Care Act for Providers", "Duty of Candour", "Introduction to the Care Act, Mental Capacity Act (MCA)" and "End of Life."

The registered manager subscribed to monthly social care publications and attended provider forums and other meetings organised by the local authority. They told us they found these useful and informative. They also maintained their knowledge of social care by consulting the Care Quality Commission (CQC) website. They collated all relevant information into a folder and encouraged staff to read it. One staff member told us, "Our manager is really good. She makes sure we know our job well. She tests us all the time to make sure we are up to date and understand our training. I love it here. It's the best! I am not going anywhere, I am here until I retire."

There was a board in the entrance hall which displayed staff photographs, information leaflets, the provider's certificate of registration, certificate of employer's liability insurance, health and safety information and the complaints procedure. There was a visitors' book which we were asked to sign in and out of the building. A large sign in the reception area said, "Residents and staff welcome you to our house."

Service user guides were issued to all people living at the service. They included a statement of purpose, a service agreement and information about the service, and a copy of their care plans.

The service worked closely with healthcare and social care professionals who provided support and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. One healthcare professional told us the service was "very well managed" and a social care professional said, "The manager is very responsive and works with us openly."