Tamaris Healthcare (England) Limited

Chasedale 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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Chasedale Care Home is a residential care home situated in the Blyth area of Northumberland. The service can provide accommodation, personal care and support to 60 older people. On the first day of inspection there were 57 older people, most of who were living with a form of dementia, using the service. The service dedicated one unit to general residential needs including end of life care.

We previously fully inspected Chasedale in May 2013, at which time the service was compliant with all regulatory standards. There have been two responsive inspections in the interim. In December 2013 a warning notice was issued regarding record keeping, however in February 2014, the service was fully compliant.

The service had a registered manager in post. 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.

The service had an excellent person centred culture. The management and staff were fully committed to delivering a service which was caring and compassionate. The people and relatives we spoke with valued their relationships with the staff who they described as "second to none" and "genuinely interested". Relatives told us they felt their loved ones were really cared for. Privacy and dignity was upheld and people were respected by the staff and treated as individuals. External professionals told us Chasedale was regarded as a service who supported people who display behaviours which can challenge staff very well.

Staff told us they were "a network of support for people and their relatives". We saw staff were highly motivated and inspired to provide individual care and attention to people by managers who were described as "great leaders", "supportive" and "approachable" by staff and relatives. Staff spent time with people and their relatives and made memory boxes which people enjoyed looking through and reminiscing. Picture and pen portraits were on display outside bedroom doors.

Relatives in particular were consulted in imaginative and creative ways in order to gather their opinion and were encouraged to get involved in the running of the service. A real time electronic 'Quality of Life' survey was available in the reception area for visitors to instantly record their responses at the push of a button to questions posed about each visit. Coffee morning drop-in sessions and scheduled 'resident/relative' meetings also took place. People and their supporters were actively encouraged to become involved with management decisions and in developing the service further through these meetings and a regular newsletter.

People told us they felt safe living at Chasedale and relatives confirmed this. Records and management systems were in place to support the staff to provide the service. Staff used the systems well which enabled them to provide safe, quality care. The records we examined were accurate and up to date.

There were a range of policies and procedures in place to support staff and ensure the smooth running of the service. These included a safeguarding policy which staff displayed an understanding of and they were able to tell us about their responsibilities towards protecting people from harm or improper treatment. We reviewed the staffing levels and found there to be an adequate amount of staff on duty to deliver safe care. There were no major concerns reported to us about staffing during the inspection.

Accidents and incidents were recorded and monitored to identify trends. Staff routinely updated care records after an incident and recorded reduction and preventative measures in risk assessments. People were referred to external healthcare professionals when there needs changed to receive additional support.

The premises were well maintained. Checks on the safety of the home were routinely carried out by maintenance staff and by external contractors where necessary. Personal emergency evacuation plans were in place.

Medicines were well managed and safe working practices were followed. We observed medicines being administered during the inspection; we found these were handled safely and hygienically. Medicine administration records were accurate and well maintained.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. We found that the manager had a thorough understanding of the principles and had acted in accordance with the law.

Records showed staff had received an induction and were trained; formal supervisions and appraisals were undertaken. Specific training was sourced from a range of training providers including healthcare professionals.

Staff supported people to maintain a well-balanced, healthy diet. Food appeared healthy and nutritious. The kitchen was well managed and people's individual needs and preferences were catered for. People were offered choices and staff encouraged them to make decisions about daily life where appropriate.

People participated in a range of meaningful activities. The activities coordinators had spent time researching the benefits of activities which would suit the needs of the people who used the service. People were supported to maintain personal and community links as the staff welcomed family, friends and visitors into the home.

Complaints were recorded and investigated as necessary and the registered manager had shared complaints with external bodies as required. Everyone we spoke with knew how to complain and would do so if necessary. 'Residents/Relatives' meetings and surveys were used to gather feedback about the home and the service the staff provided. External professionals and other visitors were also asked for feedback on the service.

The manager held records which showed the safety and quality of the service was monitored through manager and provider audits as well as an internal inspection process.

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.

Safeguarding procedures were in place and they were followed correctly by the registered manager and staff team.

Risk assessments were in place to ensure safety. Care needs had been assessed, control and preventative measures were in place with instructions and advice for the staff to follow.

Staff recruitment was safe and robust. Enough staff were employed to meet the needs of the service.

We saw evidence that people received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective.

Consent was sought in relation to care and treatment. The registered manager and staff have a good understanding of the MCA.

Staff were suitably qualified, with a mix of skills, knowledge and experience. They were supported by the registered manager through regular supervision and appraisal.

People and relatives spoke highly of the catering team, who supported them to maintain a healthy diet.

We saw evidence that external healthcare professionals were involved as necessary.

Is the service caring?

Outstanding

The service was extremely caring.

Staff displayed gentle, kind, caring attitudes and interacted very well with people. They were led by a compassionate and attentive manager.

Staff were very knowledgeable about individuals; their abilities, behaviour patterns and life histories.

Staff involved people and their relatives in creative ways to provide stimulation and inclusion.

Staff had an understanding of equality and diversity and acted with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and health and social care needs were assessed. Reviews were carried out regularly by a keyworker or named nurse.

Activities were interesting and meaningful to people.

There was a complaints procedure in place and people told us they knew how to complain if they needed to. The registered manager held a record of complaints and incidents which were investigated and dealt with appropriately and in a timely manner.

The registered manager regularly sought feedback from staff and relatives.

Is the service well-led?

Good

The service was well led.

There was a calm and peaceful atmosphere in the home and the management team had a clear vision about the direction of the service.

Staff told us they had confidence in the registered manager.

The registered manager demonstrated good governance. There were comprehensive management records to monitor the safety and quality of the service.

Audits were regularly carried out to ensure staff complied with their responsibilities and that people received the care and support they required.

Chasedale Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 19 May 2016 and was unannounced. The inspection team consisted of one 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.

We reviewed all of the information we held about Chasedale prior to the inspection including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their registration obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We contacted local authority contract monitoring teams and safeguarding adult's teams, to obtain their feedback about the service. We also asked external health and social care professionals for their experiences of the service, such as the challenging behaviour service, the infection control team and the local authority care management team. We asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information informed our planning of the inspection.

During our inspection we spoke with 10 people who lived at Chasedale. We spoke with eight members of staff including the registered manager, the deputy manager, nurses, care workers and domestic staff, who were all on duty during the inspection. We also spoke with six relatives of people who used the service, who were visiting at the time. A provider representative attended part of the inspection and we were able to talk with them about leadership.

We spent time observing care delivery at various times throughout the day, including the lunchtime

experience in two dining rooms and a medicine round. We also observed people engaging with activities.

We examined three people's care records in depth and reviewed others. We also looked at other elements of people's care, including generic risk assessments and medicine administration records.

We looked at five staff files, including a mix of staff who carried out care and non-care related roles. Additionally, we examined a range of other management records which related to the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Chasedale with the care and support from the staff. Relatives confirmed this. We heard comments such as, "I don't think he would be alive now if we hadn't found this home" and "It's most important to me that she is safe here, hand on heart I can say I feel confident she is very safe".

Policies and procedures were in place to protect people from abuse. The registered manager used ADASS (Association of Directors of Adult Social Care) guidance to set a threshold for incidents. Staff were trained in safeguarding procedures and displayed a good understanding when we asked them about their role and responsibilities.

We reviewed 10 low level alerts which the registered manager had informed the local authority about. We saw these were well documented, investigated and protection measures were put in place to reduce or prevent a future event. More serious incidents were referred to the local authority adults safeguarding team and we saw records of thorough investigations, strategy meetings and outcomes clearly documented. Accidents and other incidents were recorded in a similar way and monitored for trends. The local authority safeguarding team told us there had no concerns about this service.

Staff told us they were not afraid to speak up if they heard or witnessed misconduct. One staff member said, "It doesn't matter who you are or who you are friends with". The management team felt confident that staff would 'blow the whistle' on colleagues who mistreated people. The deputy manager told us, "The staff are good – they give full accounts whenever we are investigating an incident". This demonstrated that the provider protected people well from improper treatment that may breach their human rights.

Risk assessments were in place for each person's individual risks. Care records showed each person's individual needs where assessed and any area considered a risk was documented with control measures and preventative actions. For example, people with mobility needs had a falls risk assessment and a moving and handling risk assessment completed. The service had considered positive risk taking to promote independence. For example, they had considered which tasks people could try to carry out themselves before the need for staff intervention. This meant people had freedom and their choices were respected, all the risks were managed and reviewed in order to protect people from harm. A nurse told us, "The staff are well trained so people are safe here. We try to minimise risks".

Personal Emergency Evacuation Plans (PEEP's) were drafted and stored in care records. These are plans which the staff devised after assessing a person's ability to escape in the event of an emergency, such as a fire. Fire fighting equipment was in place and the maintenance manager told us about practice evacuation drills which had taken place. All the staff we spoke with were confident with the emergency procedures.

The premises were well maintained and safe. One member of staff said, "People are safe living here, staff are trained in health and safety and fire safety, they get lots of reminders about it. We get good responses to evacuations, I'm confident the carers would react well". The maintenance manager kept comprehensive records which related to the safety of the premises, equipment and utilities being used. Safety checks on

gas, electricity and water which must be carried out by approved contractors were arranged and carried out periodically as necessary. Other safety checks were routinely carried out by the maintenance, domestic and catering staff. The provider had a business continuity plan in place in the event of an incident which may stop the service. Action cards were completed which included instructions for staff on how to deal with emergencies such as a loss of power or a flood. This meant the provider had considered the needs and safety of people in any event.
There were no issues with infection control. We observed the home to be clean and comfortable throughout. An Infection Prevention and Control Practitioner told us that they carried out training within the home in April and no concerns were raised. We observed the laundry room was well organised and people's washing was kept in individually labelled trays. Separate baskets were in place for the kitchen laundry.

During the inspection we rarely heard the nurse call bell being activated. Staff told us that people didn't need to 'buzz' for assistance very often because the staff on the units knew people well, kept to their routine and monitored people closely. One member of staff said, "We can pre-empt their routine, we usually know when people will need us. Usually in the evening more people buzz because they are tired and want to go to bed, otherwise we generally see to everyone before they need to buzz". Staffing levels appeared adequate and the staff we spoke with raised no concerns about this. Two relatives told us they thought more staff were needed. The management used a 'dependency tool' alongside their knowledge and experience to calculate how high people's needs were and how many staff were needed to care for them safely. Staff told us they were sometimes deployed to other units if their colleagues need additional assistance.

Staff recruitment was robust. The staff files we examined contained evidence of application, interview and pre-employment vetting checks being carried out. For example, two written references were obtained, their identity was verified and a DBS check was completed. The Disclosure and Barring Service (DBS) check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are to be employed. Checks had been carried out routinely to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and remained fit to practice. The staff we spoke with confirmed these checks had been carried out. Records related to the management of staff included monitoring of sickness absences and any disciplinary action taken. This showed that the registered manager had ensured staff were suitable to work with vulnerable people and their performance was monitored.

Medicines were well managed. We spent time with the deputy manager who was also a registered nurse as they carried out an afternoon medicine round. We observed the nurse dispense people's individual medicine into a separate container. The nurse approached people with care and spoke to them gently. We heard the nurse say, "Hello (person's name), I've got your tablets here". The nurse crouched down to be at the same level at the person and quietly encouraged them to take the medicine. People were not rushed and were supported to take their medicines one at a time. An additional drink was offered and left with the person after administration. Medicine administration records (MAR's) were completed by the nurse after each task was completed. This meant accurate records were made as people accepted or refused their medicine.

Medicines were stored safely and securely. We observed the nurse locking the medicines trolley each time it was left unattended. Only the deputy manager and the nursing staff had access to the medicine room. Within the locked room, there were locked cupboards which contained each person's individually labelled medicine, surplus medicine and controlled drugs. Controlled drugs are those medicines which require tighter legal control measures under the Misuse of Drugs Act 1971. We carried out a random check on the stored medicines and the controlled drugs. We found them to be accurately recorded and monitored. Medicines which were only taken when required, such as for pain relief were also well managed and

individually labelled. A refrigerator was in place for those medicines which required refrigeration. Staff completed checks on the temperature of the refrigerator and the room. Daily, weekly and monthly auditing took place to ensure that medicines were administered safely and that staff maintained records which were accurate with regards to the receiving of new medicine and disposing of unused medicine.

Good

Is the service effective?

Our findings

The staff we spoke with were trained and knowledgeable in key areas such as safeguarding, health and safety and dementia. They received training from a range of sources which included in-house training, distance learning, e-learning and external training providers. The registered manager had appointed 'e-learning champions' to check staff training accounts and ensure topics didn't expire. They also supported staff to achieve their full potential. Staff had also received specific training from professionals relating to challenging behaviour and infection control. This showed that the service was able to care and support people with a variety of healthcare needs.

Staff told us they completed refresher courses regularly and records confirmed this. The registered manager told us, "We have lots of training about distress and choking – these are important for the people we look after. We have no issues with attendance; the staff are good like that". The deputy manager said, "We do a great course in 'resident experience', where we look at the positive and negative experiences and use role play scenarios to get the staff involved". We reviewed the training matrix which was a database maintained to monitor training requirements. We saw evidence of a range of training and qualifications in staff files.

Staff files also contained evidence to show all new staff had received an induction suited to their role, and they had been supervised during a probationary period. More recently, new employees had undertaken the 'care certificate'. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. Competency checks were carried out to ensure people where suited to the role in which they were employed. The records showed the staff team was consistent with many members of staff having worked in the home for many years.

The heads of each department conducted the supervision and appraisal of their team of staff. Records showed that regular supervision and an annual appraisal took place. The registered manager told us that supervision sessions were themed. She also told us staff weren't frightened of the sessions and thought of it as a learning process. We reviewed the most recent supervision and appraisal records. We saw topics such as 'Standards of Care', 'The Role of the Nurses', and 'Inspection' were discussed with staff members. Safeguarding people and whistle blowing were routinely discussed and staff had an opportunity to speak with their senior openly and confidentially. Actions plans were devised which included training and performance related improvements. A staff member said, "I appreciated the good comments, it made me feel valued. They [supervisions] are always fresh and new – not repetitive."

Handover meetings took place every day. The nursing staff held these meetings with the staff team at the start and end of each shift. They then passed any relevant information to the registered manager to deal with. The registered manager told us, "We reinforce a consistent approach all of the time." Staff meetings took place regularly and we saw they these were separated into departments. We reviewed the minutes from staff meetings and handovers which showed that staff where communicating effectively to ensure people received necessary care and support.

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Care records showed, and the registered manager confirmed that most people who used the service were subject to a DoLS. We reviewed the records regarding the applications to the local authority and outcomes of these decisions. The registered manager had also notified the Care Quality Commission of these applications and decisions. People who lack mental capacity may still have the ability to consent to some aspects of their care and support. Records showed that people were included in the best interests decision making process along with their supporters as far as reasonably possible. Records also showed that people (and/or their supporters) had given their consent to receive care and support along with other items such as, having a photograph taken or sharing of information with external professionals.

We spoke with some members of the catering team. They told us there had been lots of improvements in the kitchen and catering. The maintenance manager had been given the role of overseeing all of the non-care related departments. The staff had welcomed his input, knowledge and experience especially in the catering trade. One member of staff said, "I was glad of (maintenance manager's) input, we have a lot of team meetings now, we have a routine in place, we are making progress and our opinions are shared and listened to." The maintenance manager told us he had enjoyed the new responsibility and felt that staff had integrated throughout the home. He said, "I have suggested some big changes, they have been open to it. It has opened them up to teamwork not just individuals." The catering and domestic staff had been encouraged to attend courses in dementia awareness, person-centred care, safeguarding and dignity. This meant that all of the staff employed at the service had a better awareness of the needs of the people who lived there.

The kitchen was in good order and was clean. Staff told us they had a cleaning routine and undertook 'deep cleaning' regularly. We saw they followed best practice guidance in relation to storage of food, separated areas for cooked and raw food and they monitored the equipment they used. Catering staff told us, they believed they used good quality products and were able to produce a variety of meals to suit everyone. The registered manager told us the catering staff all had different skills in relation to home-made food, such as cakes, biscuits and soup. There was a board in the kitchen to remind staff of different dietary needs, such as diabetics, allergies and pureed food requirements. They also received 'diet notification' sheets when new people moved in or when people's needs changed which contained information from a dietician if necessary and information about individual preferences. Menus were produced which took into consideration peoples preferences, although anyone could choose something else if they wished such as an omelette or a sandwich. The registered manager and the care staff told us the cook was always happy to make people anything she could if they changed their mind from the chosen menu.

We observed the staff supporting people over 'lunchtime' and 'teatime'. People could choose where they preferred to eat their meals. Some people used the communal dining areas and we saw people sitting together and interacting with the staff during their meal. We observed staff supported some people on a one to one basis and assisted them to eat their meal. Other people had equipment and adaptations such as shaped cutlery or plate guards to allow them to remain as independent as possible. There were plenty of staff around during mealtimes, nobody waited long for their meals and people weren't rushed. We heard

people say they liked the food. Comments were made such as, "I like stuff like this – it's nice". The food looked well-balanced, healthy and nutritious. Most people chose to stay in their room and eat their meal there. Staff served meals from a trolley in the corridor and also spent time assisting people to eat in their rooms. We heard staff offer people choices throughout which included choices about food, drinks, portion sizes and additional servings.

Care records showed that people's health and social care needs were being met by the involvement of external professionals as necessary. Routine visits to the GP, dentist and chiropodist had taken place as well as intervention in-between appointments. The staff promoted and monitored health and well-being to ensure referrals were made quickly when needs changed. The deputy manager told us about medicines they hoped to trial with input from the challenging behaviour team to try different approaches to extreme behaviours. There was a meeting scheduled on the day of inspection to discuss the trials. The service had a good relationship with a local GP who made weekly 'ward round' visits. One member of staff said, "It's great having the doctor come regular, it means we can speak with him in person straight away about any concerns we have". We examined the food and fluid charts that were in place for some people and saw that people's weights were monitored. One relative told us, "He (her husband) doesn't need tablets anymore, and I think that is because they care for people properly here". Another relative said, "They have gradually taken her (his wife) off the drugs she was prescribed, she is doing well, and she is maintaining a good weight".

The décor in the home was homely, pleasant and well maintained. The reception area was welcoming with ambient music playing and an aromatherapy dispenser. All of the communal areas displayed ornaments and old memorabilia which were designed to stimulate interest and conversation. The corridors were themed; for example, 'Hollywood', 'The Garden' and 'The Beach' were on display with pictures and objects on the walls. Comic style posters, old adverts and pictures of historical people and places also featured in areas.

The premises were adapted to suit the needs of the people who lived there. The service had considered best practice with regards to the stimulation of people living with dementia. There were four separate units. The units were spacious and organised to suit the needs of the people who lived there. Staff told us it was important to consider upon admission, which unit people would settle into. People had personalised their bedrooms and had brought furniture, ornaments and pictures from their own home. There were handrails in place, shower rooms with walk-in facilities as well as bathroom's with bath lifts and seats. These rooms had doors with contrasting colours and displayed signage which contained words and pictures to ensure people understood what was in the room.

Around the premises there were secured gardens with grassed and patio areas. There were pots for planting and areas for people who wished to undertake gardening tasks. This meant people had access to appropriate space to either be alone if they wished or socialise with other people and their visitors in pleasant surroundings. They could also access the outdoor space as much as they liked.

Outstanding ☆

Is the service caring?

Our findings

The staff we spoke with were extremely passionate about their role and their approach towards the people who used the service. Care staff said, "You fall in love with your job", "We adapt and mould to people – we do our very best", "I love working here, it's a home from home" and "We are like a family". Nursing staff told us, "We care for people, they feel this and then they settle", "I love this job so much, I don't ever want to change it" and "You get a bond here that you don't get in a hospital setting".

Relatives told us, "I don't think I could find a better home for my husband, it feels like a real home", "The facilities are excellent, and the residents are all so well cared for. The manager and deputy are supportive of both residents and the relatives," "The main thing about the staff here, they are beautiful, nothing is a problem to them they always put the residents first". One person we spoke with said, "This place is perfect for me."

We saw all of the staff carry out their role with care and compassion. For example, we saw staff spent time with people, holding their hand and providing reassurance. They were all highly motivated, kind, helpful and friendly. One member of nursing staff said, "It is such a rewarding job, the staff on my unit were made for this job – they have that passion in their heart and it's a really difficult job". Most of the staff we spoke with mentioned that if they had a family member who needed residential support this would be the place they would choose. We saw some 'thank you' cards on display which read, "The care provided is second to none" and "Thank you for the care, support and affection each and every one of you showed (person's name) and also us".

We observed the home to be a very person-centred environment. Staff told us they used the internet to research health related conditions so they could understand and support individual people better. Outside of people's bedroom doors there were framed photographs with a life story. Some pictures were of the person as a child, some were wedding photographs and some were group family portraits. The life stories underneath the photo described in great detail who the person was, their previous occupation, family life, interests and hobbies. These were an excellent way of stimulating conversation, but also encouraged people to recognise their own room and their belongings. Staff told us they had helped people put together memory boxes. These were creative and imaginative ways of stimulating old memories. Staff had supported people and their relatives in putting these items together. The boxes contained old photos, letters and other small items to help people remember who they are and the life they had once led. One staff member said, "It's lovely looking through the memory boxes with people, we look at the photos and read the letters to them". This demonstrated that staff had creatively found ways to overcome some the obstacles people living with dementia faced.

A small number of people lived in a general unit. Most of the people living there were at the end of their life. One person had chosen to live there and to be cared for at the end of their life a short period of respite. This unit was quiet, calm and peaceful. People's rooms were beautifully decorated to promote peace and tranquillity. Staff on the unit had completed an intensive 12 week distance learning programme to enable them to support people at the end of their life. Staff told us about their "really strong relationships with

relatives". They also told us that they were a support network for relatives who often struggled to come to terms with the reality of what was happening. They added, "We take care of them [relatives] too". A relative told us, "The staff are very caring and kind, they are very good. I don't know how they do it. The nurse takes a genuine interest in us both". End of life care plans were in place and we saw people had been involved in expressing their wishes at this time. Preferences were documented in relation to resuscitation and withdrawal of medical assistance for example. Equally, other people had chosen not to discuss this topic during their latest review and staff had respected their decision.

Training was given to staff in equality and diversity. The deputy manager told us about 'residential experience' training which showed staff how people are all different. The staff used role play scenarios to help them understand people's differences and how different experiences can affect people differently. Nursing staff told us about the challenges they could face due to the diverse needs of people with complex health conditions. One nurse said, "We are able to settle even the most challenging of people", they added, "I love it when someone has been particularly challenging one minute and with our intervention the next minute they give you a smile and a little hug – it makes it all worthwhile".

Staff told us about how they upheld dignity and maintained privacy. They said, "We knock on people's doors and ask to come in, we close the blinds or curtains if people are getting changed". Another said, "We ask people about all aspects of daily life, we encourage them to choose their clothes and toiletries." The service had nominated 'dignity champions' who worked together to raise the profile of dignity in care. We spoke with staff about individual people's needs such as those who were partially blind or didn't recognise food. One member of staff said, "We'd rather they do it independently obviously, but if not we can assist when they need it". Another said, "Everyone in the home is different, all individual with different personalities." We observed people being treated with respect at all times during the inspection. A member of staff told us, "As long as you respect people and treat them as you would treat your own parents, you won't go far wrong". We witnessed a small altercation, where a person raised their hand to the carer's face. The carer gently held the person's hand before any contact was made and placed it back on the person's lap. This happened twice and the carer remained calm and relaxed, did not attract any attention and continued to feed the person whilst gently stroking the person's hand to comfort them. This was an excellent example of a caring approach, which maintained the person's dignity.

People were involved in their care planning. Records showed wherever possible people had contributed to the decisions about their care and support. Relatives and other supporters were also involved in this process. Regular 'resident/relative' meetings took place, although the registered manager told us that not many people attended these. She felt this was because of the availability of the staff and herself to see and speak to people and relatives whenever they wanted. Posters were on display throughout the home encouraging people and relatives to become involved in the running of the home. A 'coffee hour' was scheduled for June and was advertised as a 'drop-in' session for relatives and friends. A quarterly newsletter was produced by the service to inform people and their supporters of the activities programme, workshops and days out. The registered manager told us, "Relatives are very much encouraged to be involved with the home, they often arrange the raffles and bring their friends to events we hold. One relative asked if she could pay for an entertainer to come to Chasedale and bring her friends from a local sheltered accommodation so it was like a joined up event". We also saw how relatives of people who had passed away were still 'friends' with the home. They were also encouraged to continue to visit and join in as they told staff they missed the contact.

The service had a 'Quality of Life' programme which was a real time system situated in the reception area. It was a survey for relatives and other supporters to complete whenever they wished. There was quarterly analysis of the results. On a noticeboard entitled, 'You Said, We Did' results to the questions were on display,

along with actions put into place to further improve and develop the service. For example one question read, "Did your relative appear well cared for today"? The response was 100% agreement. The feedback from the last quarter showed the service had achieved a positive score of 99.1% from 35 responses to the survey.

Other articles were on display on noticeboards around the home to provide advice and guidance to people and their relatives and friends. There were themed noticeboards about safeguarding, health and safety, dignity in care, infection control and staff awards. Information about advocacy services was also on display. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. Staff told us they were aware of how to access a formal advocate if people needed this support, however most people had family who acted on their behalf informally. Some people had legal arrangements in place with relatives acting as a lasting power of attorney for finances and health matters and we saw this was evidenced in their care records.

Good

Is the service responsive?

Our findings

People's care needs records were person-centred and very thorough. They contained high level, detailed personal information about each person including a life history, their abilities, their needs, outcomes and actions. The records were organised into sections and new documentation had been put into place recently. All of the sections contained care plan information about the person's needs and preferences with regards to each element of their care and support. Each care plan was regularly evaluated by a nurse or keyworker. We found these entries to be relevant and recently reviewed.

Pre-admission assessment document was contained in each file which showed the registered manager and other professionals had considered the service to be a suitable home to meet individual needs. There was evidence that where necessary, people had been referred to other services for assistance with their health and social care needs. One of the records we examined showed in a three month period that one person had seen eight different external professionals, including a speech and language therapist, an out of hours GP, a social worker and an optician.

Each care record was supported by daily notes and documented checks at regular intervals. Named nurses or key workers were responsible for recording this information, as required. For example, food and fluid intake charts and tissue viability nurse instructions with times of turning was noted. We found this information to be up to date and very well documented. A care needs summary was recorded and regularly reviewed. An external healthcare professional told us, "They appear to manage the care of all residents well and there are some with quite challenging behaviours. Any issues raised during care reviews are acted upon straight away, but I have to say these are few and far between. The families speak highly of the care home and when I have spoken to nurses and senior care staff they have a good knowledge of the residents without having to refer to care plans."

Two activities coordinators managed the activities programme between them. We saw evidence in their records that they had researched professional theories specifically in relation to dementia. We saw how they had followed the published research; Comfort, Identity, Occupation, Inclusion and Attachment were headings within their research and lists of activities to stimulate these needs were listed. We saw that the coordinators had researched the benefits of each activity. Another piece of published research involved the coordinators including needs such as safety, trust, rapport, confidence, pleasure, respect and improved mood when devising the activity programme. The service followed NICE guidance about the mental well-being of older people and had taken into account spirituality, memory and alternative therapies to medicine. They also used the 'North West Dementia Centre's' published factsheet to assist them with new ideas for activities. The coordinators had also researched the use of dolls in dementia care and included doll therapy observations in their programme.

We saw the activities programme on display throughout the home and it included a range of meaningful activities to suit everyone's preferences such as, singers, karaoke, quiz nights, gardening, animal petting and trips out. On the second day of the inspection, a pony therapy service visited the home. A miniature pony was guided around the home to visit people in communal areas or their own bedrooms if people wished by

a therapist from the service. They talked to people about the animal and people were able to stroke it. We saw how it stimulated conversation and old memories about how ponies used to work in the pits in the past. We also saw it brought great joy to those who had a keen interest in horses and ponies.

The service has built up a relationship with the MIND Active charity and they were given six places a month for people to have a day out to the local community centre and enjoy lunch, entertainment, refreshments and a raffle with other people with similar needs from around the local area. A hairdresser also attended the home on a weekly basis and we saw people enjoyed those pampering sessions.

Nobody we spoke with during the inspection gave us any cause for concern. Relatives were aware of how to complain and we saw copies of the complaints procedure on display on noticeboards throughout the home. We reviewed the complaints records. There was one formal complaint recorded for 2016. We saw the original complaint letter and emails between the complainant and the registered manager. We reviewed the investigation notes and saw a thorough and open investigation had been completed. The registered manager had written a full response letter to the complainant which included an apology. We saw that the service had responded in line with their company policy. Historical complaints were also reviewed which contained, written, verbal and anonymous complaints. These were all investigated and responded to with follow up actions noted as necessary. Staff told us they felt the management were approachable and were confident to support a person to raise a complaint if necessary.

A noticeboard on display in the reception area hosted a lot of 'thank you' cards. Some of the comments read, "You all come highly recommended" and "You always made us feel so welcome".

Good

Is the service well-led?

Our findings

The manager had been in post for six years and was registered with the Care Quality Commission. This means she has accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The deputy manager and many other staff were also long serving employees.

Prior to our inspection we checked our records to ascertain whether statutory notifications were being submitted and we found that they were. The registered manager had sent regular notifications to us about applications for DoLS and notifications of deaths or other incidents which had occurred at the home as she is legally responsible to do.

Staff told us they loved their job and working at Chasedale. One staff member said, "It's a nice place, I love working here – I've never had a day yet where I've thought, I don't want to go in." Others said, "I love it" and "I love working here." Relatives told us, "The manager and deputy are very supportive of both residents and the relatives". External healthcare professionals who we asked for feedback from all spoke well of the management and staff. One professional told us, "On the whole I have always found Chasedale a good home to work with. I think that both (registered manager) and (Deputy Manager) manage the service well and there is a very clear division of responsibilities between the two. In particular I think that (Deputy Manager) combines the role of nurse and manager extremely well. I am also aware that they are supportive of their staff and staff have always seemed happy to raise any concerns with them." The registered manager told us she believed she had a good staff team. She added, "You never hear them complain". The deputy manager told us, "There is good morale here, staff pull together, they work across units and cover if needs be."

During the inspection, we saw the registered manager's door was always open and she welcomed relatives and visitors into the office if they needed to speak with her. This showed there was a culture of openness and responsibility. The registered manager and deputy manager conducted three daily 'walk around' audits. This was to ensure they had an overall picture of how the service was being run. If they saw anything of concern it was dealt with immediately. The registered manager told us she felt she was a "firm but fair" manager and that staff responded well to her management style. Both managers found that a 'find and fix' principle led the team well. They both also carried out 'spot checks' of the service on an evening and at weekends. One member of staff told us, "(Registered manager's name) is the best manager I've ever worked for – she trusts me and my decisions. She gets me to be involved in everything". Another staff member said, "I feel involved in the management [of the home]. They [managers] are there for you. They are good leaders."

The non-care related staff we spoke with told us about the idea of 'swapping roles'. The management encouraged them to learn each other's roles so cover could be provided when staff were absent through sickness or holiday. Staff told us they enjoyed this and it enabled them to learn new skills. Care staff told us about being encouraged to work on different units. They told us, "It means we get to know everyone in the home". The registered manager told us this meant they did not need to use agency staff as the team were happy to cover for each other at short notice and it provided consistency to the people who used the

service. Nursing staff told us they had "management support to develop further".

The registered manager and the deputy manager worked in partnership with key organisations such as the local authority commissioners and safeguarding teams. They attended provider forums and had built relationships with other providers and services in their area in order to promote joined up care and support for people. The service was also an 'Approved Learning Environment' which meant they were able to offer students from academies and colleges placements within the home. We spoke with one member of staff who returned to the service for full-time employment after a successful work experience programme.

The service worked particularly well with people who displayed behaviours that challenged others. Management and staff believed they had a good reputation amongst external professionals as a service who worked well with people who had high, complex behavioural needs. The registered manager told us, "We triage people here and assess them to avoid hospital admissions and psychiatric wards. It helps to settle people and their families too. We take emergency placements when relatives can't cope or when other services can no longer manage a person's behaviour". During the inspection, we witnessed a person being placed at Chasedale in an emergency situation. The registered manager told us, "It avoids the trauma caused to a person by being sectioned." An external professional told us, "The home has always been highly regarded and has become one of the main places that clients with challenging behaviour may move to." We observed all of the units within Chasedale to be relaxed and calm. Although there were some people living at the home with complex behavioural needs, we found it to be well managed. Staff knew people well and looked for triggers to help them avoid situations escalating. Staff got paid to attend 'formulation' sessions with the Challenging Behaviour Team where they discussed individuals' positive and negative behaviour and look for strategies to deal with certain situations.

The registered manager maintained comprehensive records and audits about all aspects of the management of the service. These were reviewed during the inspection and found to be up to date and informative. As well as the registered manager and deputy manager auditing their own records, the provider's representatives visited periodically to carry out additional audits. These covered care and support assessments, general and financial administration, medicines, social activities, training and maintenance. Following an internal audit or inspection, an action plan was devised and the registered manager and staff worked on the improvements together, sharing ideas and feedback at staff meetings. We saw evidence of this in the staff meeting minutes we reviewed.

The provider kept an overview of the service and the registered manager completed a weekly report to monitor key performance indicators (KPI's) such as, weight losses, pressure damage, infections, hospital admissions and the use of bedrails. This demonstrated that good leadership was visible at all levels which inspired the staff to provide high quality care.

The registered manager held monthly quality and clinical governance meetings with the heads of each department. They monitored issues within their department related to aspects such as safeguarding, infection control and quality audits. Information was reported to the registered manager during these meetings and the staff discussed actions to develop the service and drive continuous improvements. We saw the registered manager used these meetings to relay feedback from the customer surveys, external inspections and discuss changes to company policies. The qualified staff within the home (the nursing staff, deputy manager and registered manager) also met on a monthly basis to discuss people's individual needs, ensure staff competencies were being undertaken and support each other with revalidation. Revalidation is the method by which nurses renew their registration, and is built on post registration education and practice. The purpose of revalidation is to improve public protection by making sure that they remain fit to practice.

Corporate staff surveys were used to gather the opinion of the staff, results were published and on display, along with actions and improvements the provider planned to make. The provider encouraged staff recognition and schemes were in place to reward staff who 'went the extra mile'. Staff told us about receiving a ROCK (Recognition of Care and Kindness) nomination which made them feel valued at work. Long service awards were also awarded to staff and the provider hosted a presentation. Staff also told us that reading reviews on an external website where relatives and supporters of people had left a review of the care being delivered at the service made them feel like they were making a difference to people's lives.