

Sefton New Directions Limited

Sefton New Directions Limited - Chase Heys Resource Centre

Inspection report

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Tel: 01704214279

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Sefton New Directions Limited - Chase Heys Resource Centre is a purpose built establishment providing accommodation and personal care for 30 older people. The care home has 19 respite places and 11 intermediate care places (places supported by rehabilitation services from the local NHS provider.)

This was an unannounced inspection which took place on 4 and 5 October 2017. The last inspection was in April 2015 when the service had been rated as 'Good'.

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.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We found that required checks necessary to ensure a robust recruitment process had not been made.

When asked about medicines, people said they were supported well. We found some medication recording and administration records could be improved as well as safe storage for people who self-medicate.

Most people told us their care reflected their identified needs from admission and during their stay. There was evidence that care plans had been discussed with people so they felt involved in their care. For people admitted for intermediate care we found care plans and records were not fully developed to reflect choice and personal care. Some people told us they had not received a bath or shower when requested.

Quality assurance processes were in place to seek the views of people living at the home and their families. The information from these was not always collated and analysed to provide feedback of actions taken. The frequency and scheduling of audits was not apparent and actions following audits were not clear. Some of the issues we identified on inspection had not been reflected in the audits seen.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We saw that complaints had been made but these had not been tracked and recorded as part of the complaints process.

You can see what action we told the provider to take at the back of the full version of this report.

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain each person's care needs and how they communicated these needs. People we spoke with, relatives and health care professionals said staff had the

skills and approach needed to ensure people were receiving the right care. Some key areas of staff training needed reviewing and updating to meet the provider's training schedule.

We made a recommendation regarding this.

People told us the meals were good and well presented. Lunch time was seen to be a relaxed and sociable occasion. We found the choice of meals on offer could be better developed and promoted.

We made a recommendation regarding this.

When we spoke with people living at Chase Heys they told us they were settled and felt safe at home. All of the people we spoke with commented on consistent standards of care.

We found there were sufficient staffs on duty to meet people's care needs.

There were two models of care running together at Chase Heys. The 'respite' service offered short stay support for people who then return home. 'Intermediate care' was also offered. This is for people who have completed care in hospital and need further support and rehabilitation before returning home. The health professionals involved in the management of people on intermediate care said Chase Heys provided effective support for people.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified.

Staff sought consent from people before providing support. When people were unable to consent, the registered manager and staff understood the principles of the Mental Capacity Act 2005 and would provide for an assessment of the person's mental capacity.

People felt involved in their care and there was evidence in the care files to show how people had been included in key decisions.

There was strong emphasis on social activities and these were organised in the home and continued to be developed. People told us they could take part in social events which were held.

The manager was aware of their responsibility to notify CQC of any notifiable incidents in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff had not been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Some medication administration records could be improved. Safe storage for people self-medicating needed improving

We found there were protocols in place to protect people from abuse or mistreatment and staff were aware of these.

There were enough staff on duty at all times to help ensure people's care needs were consistently met.

There was good monitoring of the environment to ensure it was safe and well maintained. We found that people were protected because any environmental hazards were routinely monitored. The home was clean and there were cleaning systems in place to manage the control of infection

Requires Improvement ●

Is the service effective?

The service was not fully effective.

Staff said they were supported through induction, appraisal and the home's training programme. Some key areas of staff training needed reviewing and updating to meet the provider's training schedule. We made a recommendation.

People were supported with dietary needs. The choices available could be further improved. We made a recommendation.

The mix of intermediate care and respite services worked to provide good outcomes for people.

People living at the home had been assessed as having capacity to make decisions regarding their care. We saw that the manager and staff understood and were following the principles of the Mental Capacity Act (2005) and knew how to apply these if

Requires Improvement ●

needed.

Is the service caring?

The service was caring.

Staff displayed reassuring and effective communication when interacting with people.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained.

People told us they felt involved in their care and could have some input into the running of the home.

Good ●

Is the service responsive?

The service was not fully responsive.

We found improvements could be made so that personal care preferences were better highlighted and carried out for people admitted for intermediate care.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed. Not all complaints made had been processed as part of the complaints procedure.

Requires Improvement ●

Is the service well-led?

The service was not wholly well led.

The information from quality assurance processes was not always collated and analysed to provide feedback of actions taken. The frequency and scheduling of routine audits was not apparent and actions following audits were not clear. Some of the issues we identified on inspection had not been identified in the audits seen.

There was registered manager who provided a positive lead for the home and who had continued to develop a positive culture of care in the service. The registered manager was open and receptive to feedback during the inspection.

Requires Improvement ●

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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 was an unannounced inspection which took place on 4 and 5 October 2017. The inspection team consisted of an adult social care inspector and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the home.

During the visit we were able to speak with 14 of the people who were using the service. We spoke with five visiting family members. We also spoke with, and received feedback from, three health care professionals who work with the service to support people on 'intermediate care'. People receiving intermediate care have been in hospital for a period of treatment and are receiving follow up care at Chase Heys.

We spoke with 11 staff members including care/support staff and the registered manager. We looked at the care records for three of the people staying at the home as well as medication records, three staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits, including feedback from people staying at the service, and relatives.

We undertook general observations and looked round the home, including some people's bedrooms, bathrooms and the dining/lounge area.

Is the service safe?

Our findings

When we spoke with people staying at Chase Heys they told us they were settled and felt safe at home. Comments received included, "Oh, I feel very, very safe", "Yes, I feel safe, I do", "I feel very safe living here" and "I am safe in here, it's very good."

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at three staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw, for two of the staff files we reviewed, these checks had been incomplete. In one staff file we found there had not been a current DBS check made. The DBS on file was dated January 2017 and was from a previous employer. The file also did not have completed references for the staff member concerned, although these had been requested. A second staff file showed a DBS check that included a past criminal record. The provider's policies state that this should be followed up with a risk assessment and interview to clarify any associated risk prior to employment; there was no record this had been carried out.

Lack of robust recruitment procedures pose a potential risk to people using the service as staff employed may not be suitable to work in a care environment. Information from the registered manager post inspection assured us this would be followed through with senior managers.

These findings were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that many of the people staying at the home had 'capacity' to make their own decisions about their medicines. Self-medication was actively encouraged as people were staying at the home for short periods before returning home so supporting people to manage their own medicines promoted continued independence. People who self-medicated kept their medicines in their bedrooms. Part of the risk assessment carried out by staff included the need for safe storage of these medicines and a locked facility was provided in bedrooms for this. We saw three separate people who self-medicated who were not using the safe storage facility provided. One person told us they could not lock the bedside cabinet where they keep their medicines "Because there is no key." We spoke with the registered manager and highlighted the need to ensure people using the service maintained safe storage of their medicines in line with the providers risk assessments.

Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature medicines may not work correctly. The temperature of the drug fridge was recorded and showed safe storage. The temperature of the clinic room was not recorded however. We saw central heating pipes in the clinic room which may, at times, raise the temperature above safe limits. A senior staff on duty informed us that the pipes in the clinic room were cold as the thermostat was switched off in that room. Room temperature of the clinic room was added to the temperature monitoring sheet during the inspection.

A number of medicines were prescribed as 'when required' (PRN). A record was kept of PRN medicines when they were given. However, there were no supporting protocols for PRN medicines to guide staff when to give a PRN medicine and the duration. This would help ensure consistent administration. We had raised this issue on our last inspection in 2015 and had been told, at the time, this would be addressed. The registered manager drew up and showed us a new record which could be used for this.

We saw medicine administration records [MAR] were completed to show that people had received their medication. We saw that people's medicines were reviewed on a regular basis. The health care professionals [GP, physiotherapist and nurses] supported people on intermediate care and medicines were reviewed daily if necessary. People on respite care arrived with a current list of medicines from their GP and this was checked on admission. MAR's were written by hand due to the nature of the admissions and turnover of people using the service. We saw that most of the MAR's had been checked and signed by two staff members at the top of the MAR as 'best practice' to help ensure a correct record of medicines. We found three MAR records that had been continued onto another sheet were not double signed / checked. This increased the risk of medicines being given incorrectly.

The registered manager or other senior staff carried out regular checks on stocks of medicines in the home. Additionally there were some medication audits from visiting senior managers in the organisation; one seen dated 14 September 2017. These continual checks helped ensure safe practice. We discussed how the audits could be improved as some areas of medication administration and safety were not included on the audits we were shown; for example, PRN support plans, administration of creams, administration of 'thickeners' [prescribed powder used to thicken fluids for people with swallowing difficulties], safe clinic room storage temperatures and safe storage of medicines kept by people in their bedrooms. The registered manager advised us this would be discussed and actioned.

These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When asked about medicines, people said they were supported well. Some were prompted by staff to ensure they took medicines on time; others were given medicines at appropriate and correct times by staff. One person commented, "The staff give me my medicines at the right time" and another person stated, "They are always on time, I never miss my medication."

We saw part of the morning medication round and this was carried out safely so people got their medicines and they were recorded as per the home's policy; following each individual administration the records were completed by the staff. The staff member carrying out the medicines round had protected time and wore a tabard saying 'do not disturb drug round in progress'. This helped reduce the risk of errors occurring.

The competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the manager or deputy and updates around medication administration were also organised.

Controlled drugs were stored appropriately and we saw records that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation.

We asked about staffing at Chase Heys. To support the 23 people accommodated at the home on the days of the inspection there were five care staff. These worked on both respite and intermediate care. We saw

from the duty rota that this staff ratio was consistently in place to provide necessary and safe care. The care staff were supported by a registered manager, deputy manager as well as ancillary staff such as a chef /cook, domestic staff and administrative staff. People told us there was sufficient staff to provide support. Comments included, "I don't wait long when I press my buzzer, they come straight away", "It depends on the time of day, generally speaking, yes" and "The staff come quickly." There were additional staff provided for people attending the service for day care.

We spent time in the lounge and dining area. We saw staff constantly present to support people. We saw people receiving support to mobilise [for example] and staff were not hurried and took their time to ensure people's safety and wellbeing.

We found staff carried out key assessments to manage clinical risk so that people could be as independent as possible. An example of this was the way people were assessed regarding the management of their medication when they were admitted for their stay. We saw that people were given the choice and that a risk assessment was carried out to help assess whether they could manage their medicines safely. People's mobility was also carefully assessed so that staff support could be targeted to promote as much independence as possible whilst remaining safe.

We spoke with two health care professionals who supported people in the home. They felt that staff managed people's care needs well and this included ensuring their safety. Professionals told us they had no concerns and staff were proactive and would report any changes to people's health. The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed where obvious hazards were identified. Any hazards that were discovered were reported to the maintenance person and the area needing repair made as safe as possible. We saw some documented evidence that regular checks were made including nursing equipment and fire safety. For example a 'fire risk assessment' had been carried out and updated at intervals. The manager explained the attention that had been paid to ensuring effective evacuation of the premises in case of an emergency and these had been tested through fire drills. There had also been a recent fire incident and the emergency response from staff had been well coordinated. Personal emergency evacuation plans [PEEP's] were available for all of the people at Chase Heys.

We saw there was good recording of accidents and incidents with good detail of how individual examples had been responded to but there was a lack of in house information reflecting analysis of all accidents which could identify any trends for the registered manager.

The accommodation was clean and hygienic and there were cleaning schedules in place with sufficient staff to carry these out.

Is the service effective?

Our findings

People we spoke with were pleased with the service offered at Chase Heys. A relative told us, 'My mother has been on intermediate care and it's been very good – ready to go home now.' A person staying for respite said, "It's good here, well organised and relaxed."

We observed staff providing support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain people's care needs and how they communicated these needs.

The care plans for the people on intermediate care were drawn up with specific rehabilitative aims prescribed by the health professionals supporting this service. The GP and health professionals involved in the management of people on intermediate care said Chase Heys provided an effective service; we were told 70% of people on intermediate care are discharged home following their stay. Health professionals told us care staff were caring and supported people well with their personal care needs. One professional commented, "It works well; staff liaise well with us."

One person's care file, on intermediate care, included evidence of input by a full range of health care professionals. There was a care plan which showed evidence of the person's involvement in the admission process. Care staff at Chase Heys recorded people's medication on admission and other health details and this was signed by the person. There were daily notes from the care staff which detailed the care carried out.

Care staff showed us the range of equipment used for rehabilitation purposes. Rehabilitation included the use of a kitchen facility where care staff ran a 'breakfast club' for people who may need practice and support to regain some independence in this area before discharge home.

For people on respite care, access to health support was assessed on people's changing needs. The PIR stated, 'Medical advice and support [is] requested without delay from local GP surgery if there are any health concerns with respite service users.'

People we spoke with, relatives and health care professionals told us that staff had the skills and approach needed to ensure people were receiving the right care. We looked at the training and support in place for staff. The manager supplied a copy of the staff training matrix which identified and plotted training for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness. The matrix sent to us showed staff had attended training over the past year in key areas such as moving and handling, fire prevention, medicines management and first aid. However, the training matrix indicated other key areas of training such as health and safety, infection control, safeguarding [abuse] were out of date. For example some staff had not received training /updates in safeguarding since 2012 and health and safety since 2013-14. We discussed this with the registered manager who told us that some training for staff did need updating. Following the inspection we were sent an updated training matrix identify training updates required.

We recommend that all staff receive training updates to meet the provider's training schedule.

We discussed with staff and the people living at the home how meals were organised. People told us the meals were good and well presented. During the lunch service we noted no one was given a choice of main meal but a few people who did not want Lemon Meringue pie were offered ice cream which they accepted. The main meal was fish which, again, people seemed to accept. One person commented, "I wonder what happens if you don't like fish – some people don't like fish." We noted a week's menu was displayed on the wall. The only choice we observed was given at breakfast. A further notice indicated: - 'Clients are asked each lunchtime by care staff what they would like for tea off the teatime order'. The chef told us the menus are, "Fairly static." When we asked how they were devised we were told that if a menu change was thought necessary a survey of residents would be conducted first.

Comments from people about the food were positive but a few comments reflected the lack of choice at dinner time; "The food is exceptionally good", "The food couldn't be better, its good honest home cooking, they are always asking you if you've had enough, do you want seconds", "There is no choice of food, I have what's on the board, I have always enjoyed what's been given, I'm not fussy", "At lunchtime, it's take it or leave it, there is a choice at tea time", "The food is very good but there is no choice at lunchtime." None of the residents we observed needed assistance to eat although staff were present if needed.

We recommend that consideration be given to promoting more choice at meal times

The manager told us that staff had qualifications in care to meet the QCF (Qualifications and Certificates Framework). These included NVQ [National Vocational Qualification] or Diploma and this was confirmed by records we saw where 82% of staff had attained a qualification.

Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had appraisals by the manager and there were support systems in place such as supervision sessions and staff meetings. The registered manager advised us that the supervision of staff, on a one to one basis, had fallen behind but was now being rescheduled with nine staff having received supervision sessions over the past two months.

One staff member told us that staff meetings were open and constructive and had been reinstated recently by the registered manager. We saw the agenda and notes for meetings held in May and September 2017 which were well structured under various headings. These forums helped ensure staff could feel supported and provided any feedback to the registered manager.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. Staff told us people being supported at Chase Heys had the capacity to make decisions regarding their care and this was part of the criteria for admission. We saw examples where people had been supported and included to make key decisions regarding their care. For example the admission assessments we saw were signed by people showing they had been consulted and their consent had been agreed.

Because of the nature of the care being delivered [for short periods of time] the home did not support anybody who was on a Deprivation of Liberty Safeguards authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff knowledgeable regarding the process involved, however, if a referral was needed.

The general lay out of the environment was comfortable for people being supported and encouraged social interaction in communal areas. We made some observations about space in people's bedrooms as it was difficult for people to open wardrobe doors satisfactorily due to the lay out of the room. This did not support people's independence. Following our feedback the registered manager advised us how placement of furnishings would create more space for people and encourage more independence.

Is the service caring?

Our findings

People informed us the staff were kind and caring. Comments included, "They are kind; nothing is too much trouble for them", "The staff are very good, I like it here", "Phenomenal staff", "The staff are very caring", "I like it, it's very nice, the staff are kind and helpful in every way" and "The staff help me in every way but I do try myself."

Everyone we spoke to told us their privacy was maintained. We noted examples where staff had made efforts to help people's privacy. For example, we noted some of the bedrooms were overlooked by the bungalows opposite and residents' privacy had been taken into consideration as their bedroom windows had vertical blinds as well as curtains. We noted that bedroom doors gave personal information about residents by way of an aide memoire for staff which indicated what the resident preferred to drink, for example, 'half mug tea, two sweeteners' and 'No early drinks'. There were also hooks on each bedroom door with a swing tag hanger, one side was blank but the other side was labelled as 'Do Not Disturb'. These signs had been home made by staff who told us this was positioned when personal care was being delivered to maintain the person's dignity.

We observed a member of staff commencing their duties in the afternoon visiting people in their bedrooms to say 'hello'; they were observed to knock on the bedroom door before entering. This was also reflected in the PIR sent to us which stated, 'Staff acknowledge service users right to privacy, knocking on bedroom doors before entering and addressing service users in the way they prefer'.

We observed that interactive skills displayed by the staff when engaged with people were very good and people's sense of wellbeing was very evident because of the way staff approached them.

Throughout the inspection we observed staff supporting people who were staying at the home in a timely, dignified and respectful way. We saw the home was busy with lots of daily activity. We saw staff respond in a timely and flexible way so people did not have to wait if they needed support. Staff were always on hand. We noted there was positive and on-going interaction between people and staff.

There was a range of information available in the home for people. This included information on notice boards as well as leaflets and information guides. Sessions were also held by therapy staff to cover various topics and including how to prevent slips and trips.

A leaflet we saw explained about 'advocacy' services and how these were available if needed. We understood the service did not have a lot of contact with the advocacy service due to the turnover of people staying and the short time they stay. In the past one person had been supported when requesting to complete a will and the local advocacy service provided help and advice to complete this.

Although some people only stayed for a short period we saw evidence in their care files that they were involved in care from admission and throughout their stay. We saw references in care files to individual ways that people communicated and made their needs known. We also saw examples where people had been

included in assessments and care planning so they could play an active role in their care.

The staff we spoke with had a good knowledge of people's needs.

Is the service responsive?

Our findings

We found the service promoted people to be independent so they developed or maintained skills during their stay. One person said, "I am looking forward to going to the breakfast club before I go home." Another person commented, "You would find it hard to complain. They are very good at making you independent."

We asked people staying at Chase Heys how staff involved them in planning their care. People gave positive responses and said they felt involved in any decisions about their care. Even though some people had stayed previously for respite purposes they told us they were always asked about any changes regarding their health and care needs.

The provider information sent before the inspection told us: 'Personal preference [is] taken into account around where to have meals, times to go to and get up from bed and level of personal care required'. We looked at the care record files for three people who lived at the home. We found a difference in the available information and assessments carried out for people's personal care preferences. The people on respite care had more fully developed assessments and planning around their personal care and care records evidenced a more person centred approach. People on intermediate care had care records to support those maintained by professional medical staff but they did not contain information regarding people's personal care. There were no care plans for this aspect of care which staff at Chase Heys carried out.

Some comments from people reflected this; "No one asked when I wanted a bath, times to get up and go to bed. I press my buzzer if I need at bedtime but I try to do it myself. I presume I can have a bath or shower when I want but I haven't had one. The thought of having a shower is very nice."

Other people commented, "I like living here but I have not been asked about a care plan." They went onto say, "I asked the staff every day last week for a bath but they said they couldn't do one because in the evening they had two admissions and the paperwork takes up a lot of time", "I don't have a care plan and they don't give me baths or showers, I just have wash downs" and "I don't remember having a care plan, I wash myself, the staff do not give me a bath or shower." The records we saw contained a chart record as to when people had had a bath or shower; these showed that some people had not received bath or showers which they preferred.

These findings were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager who had also identified this as an issue and had raised it for discussion at staff meetings. We were shown an example of an assessment and care plan which could support people on intermediate care with their personal care needs.

We could see from the care records that staff reviewed each person's care on a daily basis; this was also for people on intermediate care. Staff told us that all of the people staying were discussed daily and there was a daily entry recorded in people's care files regarding their care.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of this procedure. The procedure was displayed on the notice board and also in the admission information. The complaints record indicated there had been no complaints made or recorded but we saw a 'residents survey' form returned fairly recently [no actual date recorded] which said, 'Made a complaint about the height of the toilets'. One relative explained how they had complained about the care a person had received as a day care client; likewise this had not been recorded as a complaint as part of the complaints process. We discussed this with the manager as we could see no outcome for these concerns in any of the complaints records. The manager stated there was to be a new complaint recording system introduced. This would allow for analysis and identification of actions taken and lessons learned. Analysis would be at service and organisational level.

These findings were a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people how they spent their day and they told us activities were organised every day and these were interesting and enjoyable. People on intermediate care had some social skills activity planned if needed such as the breakfast club where they could practice kitchen skills.

During the course of the day a variety of activities were observed from 'name as many soaps and soap powders you can remember' to armchair exercises. There was also a sing-along followed by a quiz. The 'soaps' activity promoted a lot of conversation amongst the participants and many recalled their younger days and were able to reminisce. One person taking part in the morning activities commented, "I attended the morning activities in the lounge, I enjoyed taking part, yes I did."

As well as the activities we observed we were informed that the staff had involved people in pottery using a salt dough type product to make candle holders. We were also told that the residents have been involved in cake decorating, bingo, musical bingo, magnetic darts and indoor bowling.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager had been in post since April 2017. We spent time talking to the manager and asked them to define the main aims and objectives. These were exemplified in the information provided before the inspection [PIR] which stated: 'The manager is taking the centre through several changes and these are being managed with the help of the senior management team'.

We found the registered manager had identified some key areas for development and had devised their own working action plan. Some of the identified developments had been met such as improving the display of information for people, updating staff pictures for display and introducing promotional material for the service. Other issues, such as ensuring all staff received regular supervision, were underway.

We asked about the routine quality audits undertaken to help with the identification of service developments. We found these were not clearly defined and irregular in frequency. Some did not produce any action plans to carry forward or were unclear as to actions taken. For example we asked about audits for infection control. We were given an external audit carried out for infection control in August 2016. This had made some recommendations but it was not clear if these had been carried out. The only other audit relating to infection control that could be produced was by the previous registered manager; this was a cleaning audit dated in 'October' but with no year recorded. The registered manager advised this was probably October 2016. There were no further audits regarding infection control seen. Some audits carried out had not identified some of the issues we found on our inspection; for example shortfalls in medicines management and the lack of thorough staff recruitment checks.

The registered manager showed us a list of proposed auditing which had been developed by a senior manager. These included health and safety audits, staffing and infection prevention; there were no schedules to these and the registered manager was unsure how they would be implemented. We saw a senior manager audit which was the result of a visit made to the service in March 2017. It identified a number of developments and listed actions to be taken. Some of these corresponded with our findings. For example the need for support plans to contain full details of support required; this targeted for 'next review or admission' but, in the case of intermediate care, this was still to be actioned.

Similarly, we saw there were systems for people and their relatives to provide feedback about the service. We were shown some of these collected in a file. Many were not dated and the registered manager was unsure whether they related to 2016 or 2017. We saw some comments from people that could be used for service development or further followed through. There had been no analysis of these however and no feedback to the people using the service. We were unsure as to the overall findings from the surveys. Other forums, such as service user meetings were not being held; the registered manager said they were going to instigate these.

Following the inspection we received some information from the registered manager as to the frequency and scheduling of quality audits and how they would be organised in future.

These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From all of the interviews and feedback we received, the manager was seen as open and receptive. Staff told us they received positive and on-going support. They said this made them feel valued. One staff said, "[Registered manager] has worked hard to make changes in a positive way." Another staff member commented, "We have staff meetings and we can have our say and the manager will listen. You can speak to the manager and assistant manager at any time."

The manager was aware of their responsibility to notify CQC] of any notifiable incidents in the home.

It is a legal requirement for providers to display their CQC (Care Quality Commission) rating. The rating from the previous inspection for Chase Heys was displayed for people to see. The rating was also displayed on the services web site.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care We found improvements could be made so that personal care preferences were better highlighted and carried out for people admitted for intermediate care.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some medication administration records could be improved. Safe storage for people self-medicating needed improving.
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Not all complaints made had been processed as part of the complaints procedure.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The information from quality assurance processes was not always collated and analysed to provide feedback of actions taken. The frequency and scheduling of routine audits was not apparent and actions following audits were not clear. Some of the issues we identified on inspection had not been identified in the audits seen.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Staff had not been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.