Purelake (Chase) Limited

The Chase

Inspection report

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

Summary of findings

Overall summary

The inspection took place on 28 and 29 January 2016 and was unannounced. At the previous inspections in July and September 2014, we found there were no breaches of legal requirements.

The Chase provides accommodation with personal care for up to 31 older people living with dementia. There are 27 single and two double rooms at the home. There were 27 people living at the service at the time of inspection. The accommodation is over two floors and bedrooms can be accessed by a passenger lift. There is a communal lounge/dining room and an additional lounge. There was an accessible and secure garden to the front of the home.

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

The service was not proactive in making improvements to the environment for the benefit of people who lived and worked at the service. An improvement plan was in place but did not contain any timescales for works to be completed. There were a number of areas where there was an increased risk of an infection spreading, should it occur in the home.

The service specialised in supporting people living with dementia but care staff had only received basic training in this area and had received no training in how to effectively support people with behaviours that may challenge themselves or others. Some staff who were responsible for moving and handling people had not received recent training in this area to ensure they were able to do so safely.

There was a detailed medicines policy in place to guide staff how to administer, record and store medicines safely and appropriately. However, staff did not always follow this guidance. For example, an assessment of a person's capacity had not been undertaken when a person was being given their medicines without their knowledge and some medicines were stored on occasions at temperatures exceeding the manufacturer's recommendation.

The home was clean but action had not always been taken to minimise the spread of any infection.

The provider did not take an active role in assessing if the quality assurance processes in place were effective. A number of shortfalls in the service were identified at this inspection.

Accidents and incidents were recorded but an event had highlighted that not all senior staff knew how to act in a timely and appropriate way when such an event occurred.

People had their health needs assessed and monitored and professional advice was sought as appropriate. People were offered a choice at mealtimes, and where appropriate support was provided and people were not rushed.

People, visitors and professionals gave positive feedback about the compassionate and caring nature of the staff team. Staff communicated with people in a kind manner, but there were a number of exceptions to this, where people were not treated with dignity and respect. This included one incident when staff talked about a person as though they were not there and storing equipment in people's bedrooms.

New staff received an induction which included shadowing new staff. All staff had received training in the Mental Capacity Act 2005. Although staff understanding of the principles varied, staff gained people's consent before supporting them with any care and treatment. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. DoLS applications had been made for people who lived in the home to ensure that people were not deprived of their liberty unnecessarily.
Staff said there was good communication in the staff team, that they felt well supported and received regular formal supervision with the registered manager.

Checks were carried out on all staff to ensure that they were fit and suitable for their role. Staffing levels ensured that staff were available to meet people's needs.

Assessments of individual risks to people's safety and welfare had been carried out and action taken to minimise their occurrence, to help keep people safe. Health and safety checks were effective in ensuring that the environment was safe and that equipment was in good working order. Staff knew how to follow the home's safeguarding policy in order to help people keep safe.

People's care, treatment and support needs were assessed before they moved to the service and a plan of care developed to guide staff on how to support people's individual needs. Information had been gained about people's likes, and past history and staff demonstrated they understood people's choices and preferences.

The views of people and their relatives about the quality of care provided at the service were regularly sought and the results had been shared with them. Information was available to people about how to raise a concern or complaint and people and visitors/relatives, felt confident to do so. The service had received a number of compliments.

The registered manager was a visible presence in the service and led a staff team who felt well supported.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff did not always follow the appropriate guidance in the services medicines policy when administering, recording and storing medicines.

Not all senior staff were competent in acting in a timely and appropriate manner when an accident or incident occurred.

The home was clean, but the service had not done all that it could to minimise the risk of infection.

People were protected by robust recruitment practices and there were enough staff available to meet people's needs.

Staff knew how to recognise any potential abuse to help keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not proactive in ensuring the environment was maintained in a timely manner.

Staff had only received basic training in supporting people living with dementia. They gained people's consent before supporting them with their care or treatment.

People had access to healthcare professionals when needed. Meal times were managed effectively to make sure that people had an enjoyable experience.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not treat people with dignity and respect at all times.

Staff knew the people they were caring for, including their

preferences and personal histories.

Both care and non-care staff communicated with and listened to people.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved to the service and staff were provided with guidance so they knew how to support them.

People were offered a range of one to one and group activities that met their needs and preferences.

People and relatives felt confident to raise a concern or complaint if it was necessary.

Is the service well-led?

Requires Improvement

The service was not always well-led

The provider was not proactive in checking the quality of the service and monitoring systems to ensure that shortfalls were identified so the necessary improvements could be made.

The registered manager was clear about the vision and values of the service, which they effectively communicated to the staff team.

People and their visitors were provided with forums where they could share their views and concerns.

The Chase

Detailed findings

Background to this inspection

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

This inspection took place on 28 and 29 January 2016 and was unannounced. The inspector was joined by an additional inspector on the second day of the visit.

We did not send the service a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to fourteen people who lived at home and five friends/relatives. We spent time in the lounge, observing how staff interacted with people and joined some people for lunch. We spoke to the registered manager, deputy manager, three day staff and two night staff, the chef, kitchen assistant, two laundry staff, a cleaner and the maintenance man. We received feedback from a speech and language therapist and a GP.

During the inspection we viewed a number of records. We looked at the care notes in relation to six people and spoke to four of these people and/or their relative, and staff, to track how people's care was planned and delivered. We viewed the medicines and infection control procedures. We also looked at other records including the recruitment records of the five most recent staff employed at the service; the staff training programme; administration and storage of medicines, complaints and complements, staff and residents meetings, menu, health and safety and quality audits, and questionnaire surveys.

Requires Improvement

Is the service safe?

Our findings

Relatives and visitors said they felt people living at the service were safe. However, we found there were areas where people's safety was not always assured.

The service had a detailed medicines policy but not all of this guidance was followed by staff. One person was administered pain medicine covertly, which involved disguising their medicine in food and/or drink so the person took it unknowingly. However, no capacity assessment had been undertaken and there was no record to indicate if the administration of medicines was being carried out in this person's best interest. The policy gave the direction for two staff to sign any handwritten entries in the medicines administration records (MAR sheets) to ensure accuracy; but this had not always occurred. In addition, there was no sample staff signature sheet to identify which member of staff had administered a person's medicines.

The room temperature where medicines were stored was monitored but the staff member who was administering medicines was not aware of what the maximum temperature should be and what actions should be taken if the room exceeded this temperature. The recorded temperature in the medicines room was close to the maximum temperature for the safe storage of some medicines and had exceeded this temperature on the previous day. However, no action had been taken to address this. There was insufficient room in the treatment and some items were being stored on a high shelf that was difficult to reach.

These shortfalls in the management of medicines are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Where it was necessary to check people's pulse rate before they were administered their medicines to make sure it was safe to do so, this was done. An audit trail was maintained so it was possible to account all of the medicines that been received at the home. Regular checks were made concerning controlled medicines and they were appropriated stored. An external company had checked how medicines were managed within the home in December 2015 and the registered manager had addressed any shortfalls highlighted.

Risks to people's health, well- being and safety were not always managed. This placed people at risk of harm. Incidents and accidents were recorded and monitored by the registered manager to identify any trends or actions that could be taken to prevent further occurrence. However, senior staff did not always understand their responsibilities with regards to dealing and responding to incidents. A record of an incident in January 2016 stated that a person had swallowed cleaning fluid. No immediate action was taken by any staff. The person became unwell and at this stage appropriate action still was not taken. Despite the service being opposite an acute hospital, and despite knowing the telephone number for medical emergencies (999), the staff continued to fail to act swiftly to ensure the person received urgent medical help. Instead of attending the accident and emergency department, or calling for an ambulance, staff called the registered manager. At this stage they were instructed to take the right course of action. This delay in ensuring the person was safe and received the correct medical help was unacceptable. The registered manager had taken action to minimise the probability of the event reoccurring by replacing cleaning fluid with cleaning wipes. However, staff had not undertaken any additional training and/or had their competency been reassessed, to minimise the risk of this serious incident reoccurring.

The failure to take effective action to mitigate risks was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and their visitors and relative said the home was clean. "The home is always clean and there are no smells", one visitor told us. The service had a detailed infection control policy, and infection control lead, staff had received infection control training and there were suitable supplies of personal protective equipment available. However, there were a number of works marked as non-urgent which required immediate attention due to the infection control risk. Two bathroom radiator covers were not painted and difficult to clean. This had been identified at a previous inspection in September 2014 as increasing the risk of a spread of any infection. The laundry room was small and cluttered. There was insufficient shelving in the laundry room, so baskets of clean washing were kept on the floor in the 'dirty area' in front of the washing machine. Mixing dirty with clean laundry increases the risk of any infection. A downstairs toilet that was frequently used had the toilet seat taped to hold it on. The area that was taped could harbour germs as it could not effectively be cleaned.

This lack of action to minimise the spread of any infection was breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had completed safeguarding training and they understood the procedures for reporting any concerns. They were clear about their responsibility to report suspected abuse. There was a detailed safeguarding policy in place that reflected the guidance of the local authority: the lead agency in safeguarding adults. The safeguarding policy gave guidance to staff about how to report concerns and staff knew they should report them to the local authority or the police if their concerns were not acted on by the service. Staff were also aware of the whistleblowing procedure. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff felt confident to raise any concerns and when they had raised concerns in the past, they had been listened to and acted on.

Regular checks were made of the environment to make sure that it was safe. This included servicing equipment regularly, checking the water supply to prevent Legionella and providing staff with information sheets about how to use all the chemicals in the home safely. There was a detailed fire risk assessment which included information about how the home should be safely evacuated and staff had completed the appropriate training. The service had a detailed business continuity plan in place that detailed how people would be supported in case it was necessary to evacuate the home. Personal emergency evacuation plans had been put in place to ensure that people had the right support if they needed to be evacuated. This included the individual support and equipment, such as a wheelchair, that people required, in order to be evacuated quickly and safely.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as their risk of falling, risks of malnutrition and of developing pressure areas. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. For people who were at risk of falling, the staff support and/or equipment they needed to remain safe, was identified. This included the use of equipment to mobilise safely, such as a walking frame or hoist and a pressure alert pad, to inform staff when people were mobile at night time. Some people had been assessed as requiring a bedrail to keep them safe and in these circumstances health professionals and relatives had been consulted. All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate.

Relatives told us that there were enough staff on shift to meet the needs of the people. One relative told us, "They can have busy times but there are enough staff most days". They commented that the staff team did

not seem to have a high turnover and described the staff team as 'Loyal'. Staff were available to support people during the day and responded in a timely manner. Systems were in place to ensure that staffing ratios were monitored. A dependency tool had been used to calculate how many staff should be deployed to meet the needs of the people who lived at the home. The registered manager confirmed that they were able to put additional staffing in place if required and they gave examples of when this had been implemented. Staffing rotas reflected the accurate number of staff who were on shift on the day of our inspection. Staffing levels for care staff, and auxiliary staff such as domestic workers and kitchen staff remained the same throughout the week and weekend.

There was a detailed recruitment policy in place and the registered manager followed this guidance to ensure that the appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history, Disclosure and Barring Service (DBS) check and a person's legal right to work in the United Kingdom. The service had a disciplinary procedure in place that was followed if it was necessary to address any concerns about staff performance. The registered manager demonstrated that it had been used effectively to address concerns in the past.

Requires Improvement

Is the service effective?

Our findings

People told us that they liked the food that was offered to them and that they were given a choice. Comments included, "The food is good"; "The food is not too bad. I get asked what I want. I don't like cabbage"; and "I used to be a chef and I have not had a bad meal yet!" Relatives/visitors said that staff were effective in informing them of any changes in people's health. They said that if they approached a member of staff in person or by phone, that they were able to discuss their relatives/friends health care needs.

At the previous inspection in September 2014, it had been observed that the home looked tired and worn. In the quality monitoring survey of relatives in November 2015, only 8% of people rated the outside appearance of the home as 'good'; and 25% rated the internal décor and furnishings as 'good'. The service had started a programme of refurbishment and decoration which included new double glazing to the back of the home, where previously windows had been covered in condensation; a new boiler; decoration and new furniture in a number of bedrooms; and the downstairs bathroom was being completely refurbished. A plan was in place which listed all the works that were still required, including new flooring, decoration, filling holes in the wall and fitting new radiator covers. However there were no timescales of when it was anticipated that the essential works would be completed and a number of works were marked as non-urgent although they required immediate attention, due to the infection control risk. The works were being carried out by a part-time maintenance man who was also responsible for repairs and the maintenance of another of the provider's care homes.

Consideration had not been given to the premises in relation to the purpose for which they were being used. Although people had a choice of places to sit, walk and a number of toilets and bathrooms were available, other aspects of the environment were not suitable. There was a lack of storage space in the home for equipment that was not in current use and some was stored in people's bedrooms. One of the upstairs bathrooms was not used as the bath was too low to provide assistance for people. The office was only big enough for two people. Staff handovers took place in the dining room, which prevented their effectiveness as confidential information could not be discussed.

The lack of properly maintained and suitable premises is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
There was an on-going programme of training for staff in health and safety, fire awareness, infection control, emergency first aid, safeguarding and food hygiene. This was training was carried out face to face and by completing work books to check staff knowledge. All training was refreshed each year, except from first aid which was done every three years. However, two staff had not had their practical moving and handling training refreshed for 18 months and one member of staff for nearly two years, although people required this assistance.

The aim of the service was to support people living with dementia, but care staff had only received a half day training course in dementia, which was the same level as that for domestic staff. Care staff had not received any additional specialist training in this area. Specialist training enables staff to understand more about each person's unique experience with dementia and the different strategies to help support people

effectively.

Staff had not received specialised training in how to support people with behaviours that may challenge. Care plans identified that some people could present behaviours that were challenging to themselves or other people. This included verbal and physical challenges. The nature of the person's behaviours was detailed, together with guidance for staff on what action to take to minimise the occurrence. Both the registered manager who developed this guidance and the deputy who reviewed it had not received specialist training in managing behaviours that could challenge. The service's policy on the management of people's behaviour, gave directives for staff to support people in a calm manner, and had not recognised and identified the need for staff to have training in this area to support them to understand and manage difficult situations effectively.

This lack of staff training in areas essential to their role is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
People had been consulted and a menu devised which took into consideration people's likes and preferences and a balanced diet. People were offered choice cereals, porridge or a cooked breakfast in the morning; a cooked lunch with a pudding; a hot or cold supper and sandwiches later if they should require them. The chef was aware of who required soft food, food supplements and any special diets such as if a person was a vegetarian or diabetic. Mealtimes were not rushed and people were able to eat at their own pace. At lunchtime one person said they did not want to eat their dinner and they wanted only a pudding. The staff member explained to the person that they had been given some pie and why didn't they try a little bit of it. This person started to eat their dinner and said, "yum, yum". After lunch another person said, "I really enjoyed that. It was lovely".

People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care. People's weights were taken monthly, to monitor any changes. Food and fluid charts were available to put in place if there were concerns about people losing weight, to closely monitor how much people ate and drank each day. Advice was sought form the speech and language therapist where people had difficulty with swallowing and from the dietician if people were gaining or losing significant weight.

Health professionals told us that staff made referrals in a timely manner and when a need had been identified. They said that staff provided them with clear information about each person, that they were helpful, professional and efficient and followed any guidance that they gave. People's care plans gave staff written guidance about people's health needs and medical history. These included information about people's medical conditions; the support they required from staff and other professionals to maintain their well-being; and the medicines they had been prescribed and what they were for. A record of all health care appointments was made, such as at the hospital, optician, district nurse or doctor. This record included any advice that was given by the health professional. People's skin was closely monitored by staff and a record made of any changes on a body map, and any concerns were reported to senior staff and/or health professionals.

New staff completed an in-house induction which included gaining knowledge about the home's policies, safeguarding, emergency procedures and roles and responsibilities. They also shadowed senior staff to gain more understanding and knowledge about their role. The registered manager had obtained information about the new Care Certificate developed in April 2015, and planned to use this with new staff, rather than their current induction programme. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. New staff said that they felt well supported in their induction by the staff team.

Domestic and care staff were encourage to complete Diploma/Qualification and Credit Framework (QCF). To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard. The majority of care staff had either completed or were signed up to start levels two or above in Health and Social Care.

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 the best interests and as least restrictive as possible. One staff member explained a situation where a person was at a medical appointment and they had been assessed as not having the capacity to make a decision about their treatment. Staff explained that people had the capacity to make their own decisions and choices on a day to day basic, but sometimes this capacity fluctuated as people were living with dementia. We observed that staff gained consent from people before supporting them with any tasks. The registered manager had been involved in meetings with people, their family members and representatives, in order to make a decision for someone, who did not have capacity, in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Applications had been applied to a 'supervisory body' to be considered and checked to ensure that the service was acting lawfully.

Staff said that there was good communication in the whole staff team and that they worked well together. At the handover between the day and night staff, the two senior staff walked around the home together to check each person and hand over any essential information. Staff said they could approach the senior member of staff on duty or the registered manager to discuss any issues or concerns. Regular staff meetings were held. The registered manager conducted formal supervisions and annual appraisals with all staff. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Requires Improvement

Is the service caring?

Our findings

People were very positive about the support they received from the staff team. Comments included, "I like living here. The staff are very kind"; "I have a laugh and a chat with the staff"; "It is very nice here. The staff come and chat to you. They are really friendly"; and "The care is good". Relatives and visitors also praised the staff team. One person told us that they were impressed with the, 'Small touches' that staff had introduced, such as giving their relative a drink in a china cup because it was their preference. They said there was positive interaction between staff and people. Another relative told us, ""The staff are very good. They are able to communicate with him and they understand him". A health care professional told us that they saw 'Good quality' and 'Compassion' from care and non-care staff and that the atmosphere in the home was happy and relaxed.

One person told us they were concerned about their medicines as they were confused about how many they should take and at what time. They spoke a member of staff who was administering medicines about their concerns. This staff member looked at the medicine administration records and explained to them, what medicines and how many they should take. The person's response indicated they were reassured by this conversation, as they knew staff were supporting them to receive their medicines safely, as prescribed by their doctor.

Everyone told us that people were treated with dignity and respect. However, we observed three incidents in which people were not valued and their dignity was not fully respected. One person was being assisted by care staff, including one senior member of staff. Staff talked about the best way to support the person, but the conversation developed into a long discussion about the person's care needs. Staff stood over the person who was seated in their wheelchair. The person was ignored and treated as though they were not present whilst their needs were being discussed. At lunchtime care staff sat next to the people to help them cut their food and then left the person to eat their meal independently. However, one senior member of staff stood over one person when cutting up their food, which was not respectful. One person had two wheelchairs stored in their bedroom which did not belong to them and another person had a rolled up air mattress on their bedroom floor, which took up a considerable amount of floor space.

The lack of dignity and respect to people at all times is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff listened to people and understood their needs. One person started to call out and staff asked them if they were alright. A staff member sat next to them to attend to their nails. Later this person asked what they could do. They were offered a magazine, but declined this suggestion. The person said they wanted to do nothing and staff respected this choice. When the person called out gain, a staff member sat next to the person and chatted with them and engaged the person, which they said they enjoyed.

There was a relaxed atmosphere in the home. Non-care staff had received basic training in supporting people living with dementia and valued people. For example, the laundry person sat in the lounge with

people during their break and engaged people in conversation. They had a very lively and jovial conversation with one person which resulted in a lot of laughter for everyone involved. A cleaner explained how chatting to people when they cleaned their rooms was an important part of their job.
People were given explanations of their care and treatment. The staff member who was administering medicines explained to each person what their medicines were for and that they had been prescribed by the GP. One person asked if they could have something to eat and drink. The registered manager explained they were not able to eat and drink until after a medical appointment that morning. The person became upset, and the registered manager responded that they would look after them and they could eat whatever their liked when they returned to the home. Another member of staff suggested that they might like some soup as this was their favourite meal and they responded that they would like this.

Staff checked people's comfort throughout the day. For example, people were asked if they would like to put their feet up, if they would like a drink and if they were cold and required a blanket.

Information had been obtained for each person about their past history and what they liked to do. Staff demonstrated that they knew about people's past occupations and relationships that were important to them. They also understood about people's personal preferences. For example, one person's care plan stated that they liked to drink a cup of Ovaltine in the evening and staff were aware of this person's preference.

Good

Is the service responsive?

Our findings

People, relatives and visitors said that staff were responsive to people's needs. Comments included, "It is a beautiful place to live. I am extremely well looked after. I can put my feet up here", one person told us; "It is more of a home here than where I was before"; and, "I have not had any concerns, but if I did I could talk to anyone here". Visitors and relatives were complimentary about the range of activities on offer to people. "The activity coordinator does one to one activities with people at different times. He plays draughts with my relative when we visit". Another person told us, "I like this home as there is lots of space and people are able to wander around as they like".

An activities coordinator was employed from Monday to Friday to provide one to one and group activities for people. Group activities included quizzes, bingo, crafts, exercises and ball games. On one day of the inspection a regular outside entertainer visited to play guitar and sing songs. Individual activities were based on people's preferences, such as chatting to people about their interests, playing draughts or scrabble, reading aloud to people and drawing. A quiz, chats, games and reading took place during our visit. There were also books, magazines and colouring books and pencils available for people to use. The activity coordinator said previously they had a set programme of activities', but they had found that a more flexible approach was more responsive to people's needs. A record was kept of what activity each person was offered each day, who engaged in the activity and what went well. The activity coordinator was aware of people's individual preferences, for example, that one person was knowledgeable about history and liked talk about it. They also encouraged people's participation in group activities and valued their contributions.

Before people came to live at the service, the registered manager visited people and their relatives where possible to assess whether the service could meet their needs. Assessments included aspects of people's health, social and personal care needs including their communication, mobility, nutrition, continence, skin care, and sleep patterns. The registered manager had assessed one person's needs, but they arrived at the service before their planned admission date. The service responded appropriately and effectively to this situation, by alerting the relevant authorities and allowing the person to move to the service, so as not to cause them any unnecessary distress.

A plan of care was written for each person, once they had moved to the home and developed over a period of time. Care plans contained guidance for staff about the support people required in relation to their health, social and personal care needs. Where a need had been identified a plan was in place for staff about how to support this person. For example, one person had been assessed as having a specific need in relation to their skin care. There was guidance in place for staff about observing and reporting any changes in their skin to the District Nurse and to apply a prescribed cream. For another person there was guidance about supporting them to go to the toilet on a regular basis and it had been reviewed that as a result of this routine, this person's continence had greatly improved since their admission to the service. People's care notes contained a 'This is me' plan with information about people's past occupation, family, likes and dislikes. Care plans were reviewed monthly to help make sure they were accurate.

Daily notes were kept for each person which detailed the support and personal assistance they were given.

In addition, for people who spent long or short periods of time in their bedrooms, a record was kept which gave an overview of how they had spent their day.

People and their relatives said they knew how to raise a concern or complaint about the service and felt comfortable to do so. The service had a detailed complaints policy in place, which was available at the service. In addition, people living with dementia were regularly asked if they were satisfied with the level of service they received. The policy informed people how to make a complaint and the timescales in which they could expect a response. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome, including the Local Government Ombudsman, if people were not satisfied with the manner in which the service investigated their concerns. Complaints were recorded in a complaints log, investigated and complainants had received a response.

Requires Improvement

Is the service well-led?

Our findings

Visitors and relatives said the home was well-led. They said the registered was approachable. One relative commented about the registered manager, "She is very welcoming. Nothing's a problem and anything you ask for is done straight away". Comments about the service from the quality monitoring survey included, "I have found the standard of care at The Chase good from the manager, assistant manager, and carers to kitchen and cleaning staff. There is genuine care and I would not hesitate to recommend The Chase"; and "she has settled quickly and I like the way that every member of staff speaks to her every time they pass. So far I cannot find any reason to complain and would happily recommend The Chase"

The registered manager carried out audits to check the quality of aspects of care, such as health and safety, care plans, the environment, medicines and spot checks on night staff. The audits had not identified any shortfalls in the service and the provider had not checked these audits since our last inspection in July 2014. The provider was not a regular visitor to the service and therefore had not assessed and monitored the service's audit and governance systems to see if they remained effective. A number of shortfalls were identified at this inspection. These were in relation to: staff not following the service's medicines policy; care staff not receiving training in managing people's behaviour and in-depth training in supporting people living with dementia, there was a delay in the maintenance of the environment; one senior member, who was a role model to others, lack of dignity and respect for people; and shortfalls in the action taken after a serious incident.

This lack of a fully effective and robust quality monitoring process was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager knew people well and was a visible presence in the home. She led by example by communicating with people in a calm and kind manner and reassuring people when they became anxious. Staff said there was good communication amongst the whole staff team which included domestic and care staff. They said that staff were treated fairly and equally and received informal support from the registered manager and deputy manager, in addition to supervision and staff meetings. A handover was held at each change of staff team. This involved the two senior members of staff undertaking a full tour of the building to ensure that the environment and each person was safe.

People were asked for their views about the service in a variety of ways. Relative and service user meetings were held every few months where people were able to voice their views and relevant information was given to people. People and their relatives had been asked to complete a quality monitoring questionnaires in the winter of 2015 and their views had been summarised, together with the action that would be taken to address any shortfalls highlighted. People and their relatives had been asked about the appearance of the home, staff support, food and activities on offer. The majority of people rated the cleanliness of the home, the helpfulness and interaction of staff and assistance offered at mealtimes as good; and the food as good or average. A minority of people rated the entertainment as poor and the action was to discuss this at the next resident meeting. The majority of people thought the outside and inside décor and furnishings were average and a minority that they were poor. The service was addressing this through a maintenance

programme, but there had been delays in carrying this out in a timely manner.

The service had received a number of compliments. Comments included, "Thank you all so very much for looking after our mum and us during her last days, you will never know how much this was appreciated"; "Words cannot express how much we appreciate the genuine kindness shown towards mum"; and, "Thank you so much for helping to make my mother's last year as comfortable and as dignified as she, or ourselves, could possibly have wished. Dementia is a terrifying disease and I have so much admiration and respect for your caring staff".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not treated with dignity and respect at all times. Regulation 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not followed its medication policy to ensure that medicines were safely and appropriately administered and stored. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service was not proactive in ensuring that it was maintained and some areas were an infection control risk. The needs of people and staff that supported them had not been taken into consideration in the design of the premises. Regulation 15 (1) (a) (c) (e)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not reviewed the service's audit and governance systems to assess if they were effective and to identify and areas for improvement. When incidents had occurred effective action to mitigate against the risk recurring had not always taken place. Regulation 17 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received training essential to their role, including moving and handling people safely, and effectively supporting people living with dementia and behaviours that may challenge themselves or others. Regulation 18 (2) (a)