

Healthcare Homes (LSC) Limited

# The Chase Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Chase Care Centre is registered to provide accommodation, personal and nursing care for up to 110 people aged 18 and over with a range of complex health and care needs. At the time of our inspection, 109 people were living at the service.

The Chase Care Centre is divided over three floors and accommodates people within six separate units, some of which have adapted facilities. The service supports people with complex nursing and residential needs which include supporting young people with acquired brain injuries, people with mental health needs, physical needs and people who are living with dementia.

### People's experience of using this service and what we found

People and their relative told us they felt safe. People were safeguarded from the risk of abuse by trained, knowledgeable staff and received safe care and treatment.

Risks to people's health, safety and wellbeing had been identified, assessed and reviewed regularly. Staff were provided with guidance to support people safely.

Any incidents and accidents at the service were analysed and action taken in response to the findings.

Medicines were managed safely, and strong infection prevention and control procedures were followed. This included the safe facilitation of visits for relatives and friends.

Staff were recruited safely to the service with all relevant pre-employment checks completed. Staffing levels were consistent at the service and reviewed regularly.

Quality assurance processes were robust. The registered manager used a wide variety of methods to monitor the safety and quality of the service and make improvements where needed. Staff and relatives told us that the registered manager was approachable, and staff were confident that action would be taken if they raised concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 31 October 2019).

### Why we inspected

This was a planned inspection based on our ongoing monitoring of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Chase Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of three inspectors 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.

#### Service and service type

The Chase Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with one person who used the service and 12 relatives about their experience of the care provided.

We spoke with nine members of staff including a regional manager from the provider organisation, registered manager, deputy manager, nurses and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records.

We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be relaxed and comfortable in the presence of staff.
- Relatives told us they felt their family members were safe and had no concerns. One relative told us, "My father is certainly safe in the home. I am very impressed with the care he gets from the staff." Another relative told us, "I do believe that my relative is safe in the care of the staff. They are all very good and work very hard."
- The provider had systems and processes in place to help protect people from the risk of harm and abuse.
- Staff had received safeguarding training and knew what to do if they identified any concerns. All staff knew and understood their responsibilities in relation to safeguarding.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were identified and assessed.
- When risks were identified, clear guidance was in place for staff on how to reduce the harm to people and how to keep them safe. These included risks to people's skin integrity, mobility and diet. Regular reviews took place and assessments had been updated when people's needs changed.
- Relatives told us they thought risks to their family members were managed well. One relative told us, "I do feel that my relative is safe with the carers who look after her. They look after her very well as [they are] very fragile. I have seen this in action." Another relative told us, "I have been impressed with the staff. The interactions are good and (staff) do understand [their] condition and risks."
- All significant events such as accidents, incidents and safeguarding referrals were monitored by the registered manager. They completed a monthly analysis of all adverse events to identify any patterns or trends. Records showed action had been taken in response to improve people's safety.
- Lessons learned were shared with staff via team meetings, supervisions and notices.

Staffing and recruitment

- People's needs were assessed regularly to make sure that staffing levels were reviewed. The registered manager monitored staffing levels and deployment across the six units.
- Staffing levels were seen to be consistent and we observed a high number of staff on duty. One person told us they were unhappy with the staffing, were frequently supported by staff they did not know, and staff members were always changing. We passed their feedback to the regional manager and registered manager.
- Relatives feedback on staffing was positive. One relative told us, "There always seems to be enough staff around when I have visited. [Family member] is certainly well looked after and gets all the care [they] need." Another relative told us, "There is certainly enough staff, all of whom provide great care."

- Staff recruitment was safe and all essential pre-employment checks were completed. These checks included Disclosure and Barring Service (DBS) checks, written references and proof of identity.

#### Using medicines safely

- Medicines were managed safely. We found people's medicines were received, stored, administered and disposed of safely and their medicine administration records (MAR) were completed. One relative told us, "They do make sure that [family member] gets all his medication. [Family member] was a patient at the same surgery as the home uses. They work closely together to make sure [their] medication is correct at all times."
- Staff were trained to administer medicines and checks on their practice had been carried out.
- Audits were completed regularly. Where any mistakes were identified, these were followed up and action taken.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they were happy with the care provided at the service. One relative told us, "The (registered) manager and the senior care staff have been very good at providing support for my [family member] and us, I have found them very helpful." Another relative told us, "(Staff) are very approachable and they do listen. We get really great support from the (registered) manager and the senior staff. Nothing is too much trouble."
- Quality assurance processes were robust. The registered manager used a variety of tools to monitor and improve the service. This included surveys, feedback from meetings, results from quality assurance audits and feedback from external agencies such as the local authority. The service had a comprehensive 'home development plan' in place which detailed all of the planned actions in response to the findings of the processes.
- Staff involved people in their care by following their choices and decisions. People and their relatives were encouraged to share their views on the service. One relative told us, "We get family meetings on Zoom with the (registered) manager and I feel that I am listened to."
- The registered manager utilised meetings with staff to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns with the registered manager or senior members of staff. One member of staff told us, "Before I came here, I worked in another care home, but this is much better, and the staff and manager are much more professional." Another member of staff told us, "I feel part of a team that wants to make a difference and although this is a big home we still try and make it as homely as possible. Of course, we don't always get everything right, but we are committed and passionate about the people who live here."
- Staff worked in partnership with professionals from other agencies. For example, the local GP, tissue viability nurses and hospital discharge team. Records showed that guidance provided was used to help with people's care planning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was fully aware of their legal responsibilities. They submitted notifications to the Commission for significant events that had occurred at the service.
- The quality assurance systems in place allowed the safety and quality of care provided to be monitored by

the registered manager and the provider. Audits and checks completed covered all aspects of the service.

- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong.
- All incidents were fully investigated, and outcomes shared with partnership agencies, people, relatives and staff.