

CCH Blackpool Limited

Chaseley Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 02 and 03 March 2017 and was an unannounced inspection.

Chaseley Care Home provides residential accommodation for up to 24 people whose needs are associated with the ageing process and long term conditions. The home offers short to long term care. Accommodation is over three floors with full lift access. The sun lounge offers promenade and sea views, with parking to the front of the building. There is a separate lounge and dining room.

Chaseley Care Home was registered with The Care Quality Commission (CQC) as a different limited company until September 2016 when the new company was registered with CQC. This is the first inspection as the new company. The director of the previous company is a director of the new company. The registered manager has continued to manage the home. This has meant the director and manager of the new service have continued knowledge of the home and people who live there.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were found for safe care and treatment, management of medicines and staffing.

At the time of the inspection visit 19 people lived at the home.

There was a registered manager in place. 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 checked the safety of the premises. We looked at the electrical installation certificate that had been issued in October 2013. These certificates are valid for five years. However the certificate stated there were immediate and urgent actions required, which had not been carried out.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured that the premises and equipment were safe for service users, staff and visitors.

Several bedrooms had been refurbished and looked smart and welcoming. However other areas needed attention. A number of windows had broken locks and could not be opened. Some communal areas and bedrooms although clean, were 'tired and worn'. On the first day of inspection we saw lots of bin bags full of used continence products stored in the back garden. These were unsightly and restricted people's access to the garden. These had been moved when we returned to the home on day two of the inspection.

Staff did not always manage medicines safely. We observed a member of staff leave the medicines trolley

opened and unattended. This meant people had access to medicines not intended for them.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured medicines were managed safely.

There was a low staff turnover and no new staff had been appointed since the home was re-registered with CQC. Staff had been trained in care and had the skills and knowledge to provide support to the people they cared for. However staffing levels left people unsupervised, with little attention for long periods of time. This was of concern where people had dementia or high care needs.

This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient staff were deployed to support people.

Although we found the registered manager and staff team provided good care and the registered manager supported and encouraged the staff team, the home was not always well led. Audit systems were in place however they were not robust or effective as they did not highlight the concerns CQC noted during the inspection. The audits did not effectively evaluate the service or identify staffing, safety or environmental issues and provide safe governance and oversight.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not in place to provide good governance and ensure the safety and wellbeing of people.

People we spoke with told us staff were caring and supportive and cheerful even when they were busy. They said their health needs were met promptly and care records reflected this.

People we spoke with said staff supported them to remain as independent as they could be. They told us staff were caring and respectful, listened to them and assisted them as quickly as they could. They said staff were familiar with their care needs and preferences.

Staff recognised the importance of social contact, companionship and activities. They engaged in conversations with people and supported them on activities, outings and holidays, whenever they could, often in their own time. However more dependent people, particularly those cared for in bed had less interaction and stimulation. The registered manager told us people in bed had radio, TV and a light box to occupy them but our observations were that staff interaction was limited.

We have made a recommendation about staff offering more frequent social interaction and activities.

People told us they felt safe and contented at Chaseley Care Home. The service had procedures to protect people from abuse and unsafe care. Staff were familiar with these and had received training in safeguarding adults. They told us they would take prompt action to ensure people's safety where they became aware of or suspected a safeguarding concern. We observed staff provided safe, patient and sensitive care during the inspection.

People told us they were offered a choice of meals and were complimentary about the food provided. Drinks were offered to people throughout the day and their dietary and fluid intake was sufficient for good nutrition.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty

Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to make their own decisions.

Care plans were personalised, involved people and where appropriate their relatives and were regularly reviewed.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff were approachable and listened if they had a concern.

There were procedures to monitor the quality of the service. The registered manager sought people's views in a variety of ways. People said staff were willing to listen which encouraged them to express their views.

You can see what action we have asked the provider to take at the back of the main body 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?

The service was not safe.

Requirements from electrical installations had not been completed which compromised the safety of the building and therefore the safety of people who lived at the home, staff and visitors. Legionella checks were not carried out. An up to date gas safety certificate was not available for us to view.

Medicines were not always administered safely.

Staffing levels were not always sufficient to support people safely. People were unattended for some time when staff were supporting others.

Staff were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Inadequate 

Is the service effective?

The service was effective.

Procedures were in place to assess peoples' mental capacity and to assist with decision making where needed.

People were offered a choice of meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable in care. This helped them to provide support in the way the person wanted.

Good 

Is the service caring?

The service was caring.

People we spoke with told us staff were kind and caring. They told us they were comfortable and satisfied with the care they received.

People said staff respected their privacy and dignity. We observed staff interacting with people in a caring and respectful

Good 

way.

Staff were familiar with and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

Is the service responsive?

The service was not consistently responsive.

Although staff provided activities and outings to interest people and encourage interaction, where people were more dependent or cared for in bed these were limited.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and action taken promptly.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The registered provider lived in the home and was available in emergency situations .

Electrical installation requirements had not been completed in a timely manner. Legionella checks were not carried out and the gas certificate could not be found.

Audit systems were in place however these were not robust or effective and had not identified issues of concern found on the inspection.

People who lived in the home and their relatives told us staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

The registered manager led and motivated the staff team. There were clear lines of responsibility and accountability amongst the team. Staff understood their role and were committed to providing a good standard of support for people in their care.

Requires Improvement ●

Chaseley Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 02 and 03 March 2017. The first day was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included seven people who lived at the home, two relatives, the registered manager, care manager and four members of staff on duty and the registered provider.

We walked around the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care throughout the home.

We looked at care and medicine records of three people. We also looked at the previous four weeks of staff rotas, recruitment, staff training records and records relating to the management of the home. We also spoke with two care professionals. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People told us they felt safe and comfortable at Chaseley Care Home and were pleased with the care they received. One person told us, "The staff make sure you are safe here. They look after you." A relative said, "We are so pleased with the home. We can relax knowing [family member] is safe and well looked after."

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We looked at care records, duty rotas, observed staff interaction with people who lived at the home and spoke with the registered manager and staff about staffing arrangements. Although staff were caring, the numbers of staff on shift and the care needs of people meant there were periods of time where people were left unsupervised or with limited interaction from staff with no social or leisure activities. This left staff unaware at times about people's safety or well-being.

At the time of the inspection there were 19 people who lived at the home. We looked at a sample of people's care records and spoke with staff and the registered manager. They told us three people needed assistance to eat at mealtimes. They were cared for in bed because of their health needs and frailty. Ten people were diagnosed as living with dementia and needed oversight and attention to ensure their safety. Of these, three people needed frequent staff reassurance.

We discussed people's care needs with the registered manager and staff on duty. They named six people who required two staff to assist them with personal care. We saw that the people identified were dependent on staff. When they were being supported, particularly in the evening, no staff were available in communal areas to provide support to other people.

We checked the staff rotas and saw there were three members of care staff, the cook and cleaner until 2pm five days a week. On the other two days senior staff cooked the meals and care staff carried out cleaning duties. From 2pm until the next morning there were only two care staff on duty to support people, except 4pm – 6pm, where three staff were on duty. Although the registered manager was not counted within these numbers we saw from the rotas she frequently cooked meals when the cook was on days off. This reduced the time they were able to spend on their management responsibilities.

Care staff were responsible for making, serving and clearing away the evening meal as well as administering medicines and caring for people. The registered manager and staff team told us one person had commissioned hours to support them on a one to one basis at mealtimes. However they said these one to one hours were not used only for this person but increased the staffing numbers to three between 4pm and 6pm. We observed mealtimes and saw that the three staff were involved with everyone at mealtimes rather than one member of staff specifically supporting the person with one to one care.

We observed staffing throughout the inspection at different times of day from morning to late evening. We saw staff were busy throughout their shifts. We saw staff stayed after their shifts finished to complete people's care and support, give medicines and provide a welcome to visitors to the home. We spoke with

the registered manager and staff. They acknowledged that they could be very busy. They said could not always finish at the time their shift ended as there were people who needed support and tasks to complete. They told us the registered provider's wife played bingo with people and other activities for a few hours each week and was available if needed for support. However people who lived at the home said staff often provided activities and outings for people in their own time. Staff said there were usually not enough staff on duty to provide activities. We saw on day one of the inspection the registered provider's wife played bingo with people in the afternoon.

We asked staff how they supported people who needed two staff when there were only two staff on shift. They said they had to leave the lounges unattended to provide their care. They said if someone called for assistance when they were supporting more dependent people. One member of staff remained with the person, while the other went to give assistance to the caller. We observed staff could not oversee people in communal areas as well as provide personal care and communal areas were unattended.

We spoke with the registered manager and asked what system was in place to assess staffing levels. The registered manager acknowledged that no dependency tool was used to assess appropriate staffing levels. The registered manager accepted that although the levels of dependency of people admitted to the home had increased, staffing levels were not reviewed to make sure staff were able to respond to people's changing needs.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient staff were deployed to support people.

We looked around the building and saw the registered provider did not always ensure people's safety. We checked the electrical installations condition report. Electrical installations must be tested every five years. We saw the report which was issued in October 2013 stated the installations were unsatisfactory. There were five areas that required immediate remedial action. Sixteen areas that needed urgent remedial action and ten areas where improvements were recommended. We asked the registered manager and the registered provider for evidence that these actions had been carried out. None was available. The registered provider acknowledged they may not have been completed but said they were not sure. We asked the registered provider to provide written evidence of the tasks already completed within three days or an action plan to be agreed with CQC of how these actions would be completed at the soonest possible date. We informed the fire and rescue service so they could check the safety of the building and made the local authority contract and commissioning team aware of the issues identified. The registered provider told us they were going to arrange for a new electrical installation inspection.

We asked for records confirming gas appliances complied with statutory requirements and were safe for use. The registered provider showed us information regarding a visit from the gas engineer but we did not see the gas certificate. We asked that this was forwarded to us after the inspection. However they could not find this and said they would arrange another inspection. Legionella checks had not been carried out to ensure the water was safe. Equipment had been serviced and maintained as required.

These are breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) as the provider had not ensured that the premises and equipment were safe for service users, staff and visitors.

We checked if first floor rooms had window restrictors on them. Window restrictors are fitted to limit window openings in order to protect vulnerable people from falling. Although windows could not be opened too widely, in several bed rooms the windows could not be opened at all as the locks were stuck or broken. This meant people could not choose to open their window for fresh air in their bedrooms. We spoke with the

registered manager and the registered provider who told us this was part of a rolling programme of bedroom renovations but there was not a specific date to complete this.

On the first day of inspection we saw over twenty bin bags full of used continence products stored in the back garden. These were unsightly and restricted people's access to the garden. We asked the registered manager why these were in the back garden. The registered manager told us they were unable to fit into the home's refuse bins and were periodically taken to the local household waste recycling centre to be disposed of. The registered provider had moved the bin bags when we returned to the home on day two of the inspection. We discussed the 'legal duty of care' to make sure offensive waste was handled safely and disposed of in accordance with the regulations with the registered manager.

We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines. A fire safety policy and procedure was in place, which outlined action to be taken in the event of a fire. People had personal evacuation plans in place. A fire safety risk assessment and equipment checks had been carried out so the risk of fire was reduced as far as possible.

Redecoration of the home was ongoing. Some bedrooms had recently been decorated and were clean fresh and inviting. Other areas of the home were 'tired' and would benefit from redecoration. We saw the home was clean and tidy. Staff wore personal protective clothing when involved in personal care and at mealtimes, which assisted with reducing cross infection. There were contingency plans in place in case of emergency, such as flooding or other issues affecting the environment.

We observed a medicine round on both days of the inspection. We saw the member of staff leave the medicines trolley unattended while giving medicines to people on both days. On one occasion they left the dining room where the medicines cupboard was fully opened and unattended to go elsewhere in the home to give a person their medicines. They were away two to three minutes. People who lived in the home were in the dining room but no members of staff. On another occasion the medicines trolley was left with both doors fully opened. Another member of staff was in the dining room but occupied with other tasks and not near the medicines cupboard. . This meant people had access to medicines not intended for them. We alerted the registered manager and showed them the unattended medicines. The registered manager discussed this with the member of staff who accepted they had not followed procedure and that they had risked people accessing the medicines .

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured medicines were managed safely.

We saw medicines were ordered appropriately, checked on receipt into the home and disposed of correctly. There were audits in place to monitor medicine procedures and to check people had received their medicines as prescribed. Records showed any errors or omissions were acted upon promptly.

There were procedures to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They were clear about procedures related to safeguarding and whistleblowing. From this we could see they had the necessary knowledge to reduce the risk of abuse and discrimination to people.

The registered manager had completed risk assessments to keep people safe while supporting them to remain as independent as possible. They provided guidance for staff when they gave people care and support. Staff spoken with told us the risk assessments were clear and informative and provided good direction.

We saw that where people were at risk of falls, risk assessments were in place and actions in place to reduce the risks. We looked at accidents and incidents to check the registered manager evaluated these for any lessons learnt. We saw they checked for triggers to, or patterns in the accidents or incidents. This enabled staff to review where risks could be reduced while still supporting people to be as independent as possible.

There had been no new staff appointed to work at the home since the change in registration in 2016. Staff had worked together for a long time. The registered manager told us they followed a robust recruitment procedure which included checks on any gaps and discrepancies in employment histories, references and disclosure and barring service (DBS) checks before new staff started working at the home. This helped recruit the 'right' staff.

Is the service effective?

Our findings

People told us they enjoyed the food and they had a choice of meals. We saw the cook go round to each person in the morning offering a choice of meal. One person told us, "The food is lovely, very tasty indeed." We checked the kitchen and found it was clean and tidy, organised and stocked with a variety of provisions. We saw records of food and appliance checks were in place to ensure the effective management of food safety. The home had recently received the top food standards agency rating of 5 on a recent food safety inspection. Staff who prepared food had completed food hygiene training to assist them to maintain food safety standards and were updating this shortly after the inspection.

The cook and staff involved in mealtimes were aware of people who required special diets or had allergies, and people's likes and dislikes. This assisted staff to meet people's needs and preferences. People had a nutritional risk assessment in their care records which identified those who were at risk of obesity or malnutrition. People's weights were monitored to help them maintain a healthy weight. We saw drinks and snacks were offered to people at regular intervals, throughout the inspection.

We discretely observed mealtimes. We saw meals were well presented and there were choices of food. We saw staff encouraged people to eat and drink so their dietary and fluid intake was sufficient for good nutrition. We saw one person was reluctant to eat or drink during the inspection. Staff offered them different foods and drinks at regular interval and persuaded them to eat and drink.

People who lived at Chaseley Care Home and their relatives told us any specialist dietary, mobility and equipment needs had been discussed with them and were recorded in care plans. They told us their healthcare needs were met promptly by staff and they saw health professionals where needed. We saw in care records health issues were monitored and people had visits from or visited GP's, district nurses, chiropodists, opticians, clinics and hospital appointments. We saw from records staff or the registered provider's wife accompanied people for appointments or when they had to go into hospital. They remained with them until a relative arrived or they were settled on a ward. Two people told us staff had accompanied them to the hospital. They said having a familiar person with them helped and reassured them. We spoke with health and social care professionals who told us the staff were caring and followed advice given.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered provider had procedures in place to assess people's mental capacity and to support those

who lacked capacity to manage risk. We spoke with staff to check their understanding of the Mental Capacity Act. They told us they established people's capacity to make particular decisions. Where they felt they did not have capacity they involved other professionals in decision making. We talked with people and looked at care records to check people had consented to care and mental capacity assessments had been completed. People told us staff did not restrict the things they were able and wanted to do. They said they chose what they wanted to do. One person said, "I do what I want, well as much as I am physically able to do. The staff don't interfere or stop me doing what I want."

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. They knew what they needed to do to make sure decisions were in people's best interests. Relevant staff had been trained to understand when a DoLS application should be made and completed applications where needed. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

We saw from staff files and speaking with staff they received regular formal supervision. Formal supervision is where individual staff and those concerned with their performance, typically line managers, discussed their performance and development and the support they needed in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt supported by the registered manager and senior staff team. They said they could discuss any concerns or ideas during supervision. One member of staff said, "I don't have to wait for supervision to ask for advice or talk about anything. We can talk to [registered manager] anytime."

People who lived at Chaseley Care Home and their relatives told us they felt staff knew what they were doing, cared for them well and were trained in caring. One person told us, "They are brilliant and they keep up to date with different courses. A relative said, "I have no concerns about the staff's ability to look after [family member]." Staff told us they completed training in different areas of care and records seen confirmed this. Most care staff had completed or were working towards national qualifications in care. Staff had also completed training which included safeguarding vulnerable adults, fire safety, infection control, dementia care, moving and handling, Mental Capacity Act and Deprivation of Liberty, first aid and health and safety.

Is the service caring?

Our findings

People who lived at Chaseley Care Home and their relatives told us staff were caring and thoughtful. People told us they liked the staff and the home and staff were willing to 'go that extra mile' to help them. One person told us, "The staff here are fantastic, particularly [the registered manager]. I nominated her for the carer of the year award. She got highly commended which wasn't bad." Relatives told us the care was excellent. One relative said, "I have no qualms about the care here. [Family member] looks so much better than before coming here." Another relative told us, "I owe the staff here an unpayable debt of gratitude. I can't praise them enough."

We saw staff were patient and respectful and listened attentively to people when they asked for assistance. Although staff were busy they attended to people's needs as quickly as possible and explained when they were going to be a little while before helping. People looked cared for, dressed appropriately and well groomed. The atmosphere in the home was calm and friendly during the inspection. Staff made time to talk with people as they went about their duties. One person told us, "I am very happy with the way the staff look after me. Each one is as good as the next one. They are brilliant." Another person said, "The staff are the best – not a bad one among them."

Staff were familiar with people's care records which assisted them to people's preferences, preferred form of address, life history, likes, dislikes, care and support and needs and wishes. They understood the need to protect and respect people's human rights. They were aware that people could not be deprived of their liberty except under specific legal authorisation and could not be discriminated against for their gender, sexuality, age, nationality or religion. They encouraged people to hold on to their diversity and individuality. Information was available to people about how to get support from independent advocates. This was particularly important so people had a 'voice' where there was no family involved.

The registered manager had made sure people's requirements in relation to their human rights were upheld. This included ensuring staff respected people's family and personal relationships and their diverse cultural, gender and spiritual needs. We saw their personal information was confidential but accessible to them and the right, to make choices about their daily life and the way they wanted their care delivered.

Staff were polite and respectful and made sure they maintained people's dignity. We saw they offered support and personal care to people discretely and sensitively. They knocked at doors and waited before entering bedrooms and bathrooms and shut bedroom and bathroom doors when providing care so people's privacy and dignity was maintained. One person told us, "The staff make every effort to keep my dignity when they are helping me."

Is the service responsive?

Our findings

People said they were able to choose when to get up and go to bed and how to spend their day. We saw staff supported people without rushing them or showing when they were busy. People told us staff assisted them in the way they wanted. They said they understood that sometimes they had to wait as other people also needed support. One person said of the staff, "They come as soon as they can if you call them. It depends how busy they are."

Staff recognised the importance of social contact and leisure activities. There were some activities provided in house, but people said these were not every day. The registered provider told us his wife provided activities, supported people to appointments and to go to local shops. They provided bingo sessions during the inspection, which people said they enjoyed. Staff showed us 'life story' books they had started developing with individuals and where possible their relatives. We also saw people chatting together and enjoying a drink of alcohol of their choice in the lounge. One person told us "I do enjoy a little tippie, particularly when you don't have to go out for it, I don't have too much though, just one glass." Staff told us they made sure people were safe to drink alcohol, particularly when they took medicines.

We were told by people who lived at the home, relatives and staff that staff took people on outings and holidays in their own time. People told us they were very appreciative of this. One person said, "They even take us away on holiday if we want." A relative said "They go over and above what anyone would expect them to do."

People who were more independent said they were able to occupy themselves although they enjoyed bingo sessions and other activities when they were offered. Where people were more dependent they were less able to occupy themselves. This left them with limited interaction and stimulation, especially when they were cared for in bed. The registered manager told us people in bed had radio, TV and a light box to occupy them but our observations were that staff interaction was limited.

We recommend the registered provider develops suitable activities for people who are more physically dependent or living with dementia.

The registered manager told us care plans and risk assessments were completed with each person and if appropriate, their relative. We looked at the care records of three people. We saw people had their needs assessed before admission which the management team then developed into a care plan and risk assessments. They were personalised and informative and regularly reviewed. We saw from care records and talking with people, they and their relatives were involved in care planning where they wanted to be. One person said, "We talk about my care and staff are good with how they look after me. Another person told us, "I am not interested in looking at paperwork. The staff look after me as I want them to and that is enough for me." A relative said, "The staff always let us know if there are any changes or concerns with [family member]."

People told us their relatives were made welcome and there were no restrictions to visiting. One person said;

"My family enjoy visiting here. The staff always make them a drink.". A relative told us staff were always hospitable. They would always chat with them and were willing to answer any questions about their family member.

We looked at the complaints policy which told people how their concerns would be dealt with. We saw people had been given information about how to make a complaint. People said they knew if they had a complaint it would be dealt with quickly by the registered manager. One person said, "I have never had any complains but yes, I think the manager would get everything sorted if I did." A relative told us, "We have no complaints and we have no doubt they would be dealt with to our satisfaction if we did." The registered manager said there had not been any formal complaints. She said she routinely spoke with people and their relatives so that any minor irritations were dealt with promptly and appropriate action taken to their satisfaction.

Is the service well-led?

Our findings

People who lived at Chaseley Care Home and their relatives told us the registered manager led the home well and was always helpful and approachable. One person told us, "You can ask anyone of the staff for help and they are there with a smile. That comes from the manager you know. She leads the way and expects the staff to always do their best." A relative told us, "The manager should be highly commended. She and the rest of the staff deserve a pat on the back."

However we found although the registered manager and staff team provided good care and the registered manager supported and encouraged the staff team, the home was not always well led. Audit systems were in place. However they were not robust or effective as they did not highlight the concerns CQC noted during the inspection. The audits did not effectively evaluate the service or identify staffing, safety or environmental issues and provide safe governance and oversight.'. Responsibilities for these areas were not clearly defined. Staffing levels were not adequately assessed or staff appropriately deployed. Electrical installation requirements had not been completed. Legionella checks had not been carried out. An up to date gas certificate was not available. The lack of governance put people at risk of harm.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not in place to provide good governance and premises safety requirements were not identified or where identified not actioned to ensure the safety and wellbeing of people.

People told us they could talk with the registered manager whenever they wanted. They felt they only had to ask and she would make sure she was there for them. They felt she was willing to listen to their views and routinely had informal 'chats' with them. The atmosphere was calm and relaxed. As well as informal 'chats' the registered manager sought the views of people about the service provided in other ways. This included resident meetings and questionnaires about people's experience of the home.

Staff told us the registered manager motivated them with her enthusiasm for caring for people. They said she was 'hands on' and caring towards people who lived at the home, as was the care manager. They said they were calm and unflappable in emergency situations. One member of staff told us, "They are with us helping to care for people and some days cooking as well as doing their paperwork." Another member of staff said, "They never leave us struggling. They will always help with care."

The home had a clear management structure in place. The registered manager, care manager and staff team, demonstrated they understood their roles and responsibilities. The registered provider and their wife lived in the home and were available for support and in emergency situations. We saw the management team supervised, supported and encouraged staff to develop their skills and knowledge and provide good care. Staff were praising of the registered manager. They said she provided clear guidance and great support. One member of staff said, "[The registered manager] gives me excellent support. She knows my strengths and weaknesses and helps me improve my skills." Another member of staff told us, "I get fantastic support from [registered manager] She is always there for help or advice." Staff said they had discussions at supervisions, handovers and staff meetings. They told us they suggested ideas or gave opinions, sought

advice and discussed any changes to people's support needs so they felt informed of changes and clear about the care they gave.

The registered manager understood the legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations. There was a business continuity plan that identified how they would respond to different types of emergencies. We saw any accidents and incidents were thoroughly investigated and action taken where needed to prevent any recurrence. This reduced risks to people.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that the premises and equipment were safe for service users, staff and visitors.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to provide good governance and ensure the safety and wellbeing of people.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient staff were deployed to support people. The provider had also not ensured medicines were managed safely.