

Avante Care and Support Limited

Chaucer House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Chaucer House is a nursing home providing personal and nursing care to up to 60 people. The service provides support to people with physical disabilities, sensory impairment, and dementia. At the time of our inspection there were 45 people using the service.

Care Homes

Chaucer House is a large, purpose-built building close to Canterbury city centre. It accommodates up to 60 people across two different floors, each of which had separate adapted facilities. One of the floors specialises in providing care to people living with dementia, and the other for people with nursing needs.

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

People were supported by staff who knew how to keep them safe. Staff were recruited safely and there were enough staff to support people. Checks were carried out to ensure the premises were safe and to minimise the spread of infection. Lessons were learnt when things went wrong.

People's needs were assessed and delivered in line with best practice. People were seen by different healthcare professionals whose guidance was followed by staff, such as fortifying or changing the consistency of meals. Staff were well trained and supported by colleagues and management. The spacious environment was easily accessible and 'dementia friendly.'

The relationship between people and staff was kind and compassionate. People were in control of how they wanted to be supported and people were encouraged to be as independent as possible. Staff were respectful of people's privacy, treated people with dignity. They worked with them to maintain relationships and meet their spiritual and cultural needs.

Staff knew people well and put measures in place to enable people to communicate in their own way. People were able to speak to staff if they had any worries or concerns and staff updated people's families as and when needs changed. People were encouraged to pursue their interests and hobbies, and to try new activities. People's end of life wishes were respected.

The provider was easily accessible to people and staff and had great oversight of Chaucer House. There were a series of checks carried out to make sure people were safe and supported. Management embraced a learning culture and had invested in a variety of innovative projects to improve outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 16 March 2020 and this is the first inspection.

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, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Chaucer House

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 Health and Social Care Act 2008.

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 was carried out by two 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

Chaucer House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chaucer House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

There was an acting manager in post, and the provider had recently recruited a manager who was due to start in the coming months.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11th January 2023 and ended on 13th January 2023.

What we did before the inspection

To plan this inspection, we used information we had received, such as enquiries, complaints, notifications and whistleblowing. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 10 people living at the service, 10 relatives and 6 members of staff. We also sought feedback from professionals including dietitians, chiropodists and the local authority.

We spent time observing staff carrying out tasks such as medication rounds. We also observed interactions between people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to care assistants, senior carers, the chef, maintenance and housekeeping staff as well as management and representatives of the provider. Following initial conversations with management, we chose people living at the service to case track so we could get an understanding of people with different needs and their journey through the service. This involved looking at a variety of documents, including initial assessments when people came to live at Chaucer House, care plans, risk assessments, reviews, capacity assessments, referrals and guidance from professionals.

We also looked at staff recruitment information, including agency staff, training records, audits, action plans, incidents, accidents, complaints, compliments, staff meetings, surveys and their analysis.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and systems and processes were in place to minimise risk of abuse. Staff had safeguarding training and could identify potential signs of abuse.
- People felt they were safe living at Chaucer House. One person nodded and said "Yes I do" when I asked them if they felt safe living here. Relatives also felt that their loved ones were safe, one said, "The keypad locking system is helpful in keeping people safe".
- The manager had made appropriate referrals to the local authority when there were any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and mitigated.
- Staff knew about risks to people and how to manage them. A relative told us how a sensor mat had been provided as their loved one was at risk of falls and staff were very observant which they found reassuring.
- There were detailed risk assessments that provided guidance for staff and which they followed.
- People had personal evacuation plans in place in case of emergencies.
- Staff carried out safety checks around the property, such as fire equipment, electrical and gas testing.
- These checks were monitored by a health and safety and facilities team of the provider. and if there were any problems, management were automatically notified and would take appropriate action. For example, an item was left in a microwave for too long which caused smoke and the fire alarms to go off. Appropriate action was taken by staff and management promptly carried out an investigation and put measures in place to reduce the likelihood of reoccurrence.

Staffing and recruitment

- There were enough staff to provide support. People said, 'Staffing level is high, and they are very observant', Staff are busy but have the time to chat with me and mum. They are not so stretched that they can't talk.'
- A relative told us, 'The staff have been brilliant. The number of agency staff is low, and the staff have been the same so there is the familiarity. They work very well as a team.'
- Staffing levels were determined by a dependency tool which examined people's individual needs. The staff rota showed that staff were being deployed in line with this.
- Recruitment checks were thorough. Important information about potential staff was collected, such as references, identification and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Agency staff were used, and these were often 'block booked' to promote consistency of care, however this was not always possible. Agency staff undertook an induction and shadowed seniors before working alone.
- There had been a recent recruitment drive, with many new staff due to start in the coming weeks. Management told us that this would mean they would not have to use agency staff as much.

Using medicines safely

- Medicines were managed safely. People were provided with the medicines they required.
- People and their relatives told us that they did not have any concerns in relation to medicines.
- We observed a member of staff carrying out a medication round.
- Medicines were kept securely, and appropriate checks were carried out to ensure they were stored correctly. Controlled medication was kept in locked cabinets, temperature checks were carried out as well as reconciliation sheets to ensure medication tallied correctly.
- Medicines audits had identified that the system being used had caused errors when booking in and recording medicines. Additional training had been put in place, and more staff were being trained to administer medication. A new system, already used across the provider's services was to be introduced in the coming months.
- To maintain oversight, management had put in additional audits to ensure any issues were quickly identified and acted upon.

Preventing and controlling infection

- People were protected from the risk of spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- People's loved ones were able to visit the service safely. Staff followed government guidance and chose to wear masks at all times, they encouraged visitors to do the same. There was guidance provided to visitors about actions to take if they felt unwell. Thermometers and lateral flow tests were also available at the front door. During the pandemic, the provider built a cabin to allow people to visit their loved ones, whilst minimising risk to others.

Learning lessons when things go wrong

- When incidents or accidents occurred, or when errors were identified in audits, thorough investigations and analyses took place to understand and learn from.
- Audits identified that there was an increase in the number of falls at the home, which led to an in-depth falls analysis and learning day for management. Staff reviewed potential causes of falls, including physical and emotional health, as well as medicines. Since the learning day, which included real case studies, the number of falls had decreased.
- The provider identified there were some shortfalls in reporting notifications and had taken appropriate steps to address these concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples interests, preferences, physical and psychological needs were assessed prior to them moving to Chaucer House. Staff then had an understanding of the person and how to support them when they arrived.
- Some assessments required further information, but staff had knowledge of people and their backgrounds and needs. Staff spent the first 48 hours understanding people's needs in detail to create a digital care plan that was reflective. This would then be reviewed a week later once people had settled in.
- Best practice tools were used by staff to collate people's baseline health so that this could be monitored, and action taken if they noticed any changes. This included 'Malnutrition Universal Screening Tool (MUST) scoring to monitor people's weight, Body Mass Index (BMI) and nutritional intake, and National Early Warning Scoring (NEWS) to improve the detection and response to clinical deterioration.

Staff support: induction, training, skills and experience

- Staff had the training and support required to provide people with safe and effective care.
- People and relatives told us they thought staff were good at their jobs, one said, 'I am more than happy with the staff.'
- Staff had regular supervisions where they felt comfortable and confident discussing any concerns, areas for improvement and training needs.
- Staff told us it could be busy, but they felt there were enough staff and people's needs were always met. One commented, 'It's a good team here, we all support each other.'
- Some compulsory training was required of staff and this was monitored to ensure training was completed on time.
- Further training was provided when requested by staff or when people's physical or psychological needs changed, and additional training was required to support them. Additional training and competency assessments also took place when problems or themes were identified such as medication and record keeping.
- New staff undertook a thorough induction programme, with written and practical tests as well as a period of shadowing experienced members of staff. Staff were positive about their induction training.
- A member of staff told us about the 'dementia bus' training, as they gained insight in to what it was like to have dementia and to be vulnerable and in need of support. They found it very helpful in reiterating the importance of communicating with people when supporting them, giving people time and plenty of reassurance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were very positive about the food at Chaucer House.
- People nodded and put their thumbs up when we asked them if they enjoyed their food.
- A relative told us, 'He eats what he wants. If he wanted a bacon and egg sandwich, they would make one for him.'
- People's nutritional needs and preferences were catered for. For example, people requested that items such as a loaf of bread was brought to their room each morning. Staff often picked up food items for people on their way to work or popped out to buy things if people fancied something in particular.
- Those with specialist dietary requirements, such as allergies or intolerances, had special meal plans and kitchen protocols were in place to reduce the risk of food cross-contamination.
- Food was well presented and looked and smelt appetising.
- How much people ate and drank was monitored so staff could put in measures in place if and when changes took place. For example, if a person was losing weight or not eating as much as usual, then high calorie milkshakes and supplements were prescribed as well as referrals made to dieticians.
- The chef met with people every few months to discuss menus. One person had recently met with the chef to discuss their preferred cultural dishes, and the chef was in the process of arranging these to be on future menus.

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care

- People were referred to medical professionals when required. If there were concerns around people's nutritional intake or their ability to swallow, referrals were made to dieticians and speech and language therapists.
- When professionals visited, guidance was sought and this information was disseminated to staff, and care and support plans were adjusted accordingly.
- Chaucer House had designated leads in certain clinical areas such as skin integrity. The lead nurse for skin integrity worked with a local hospital to keep abreast of the latest best practice. Pressure area management records were thorough and detailed for those with or at risk of skin breakdown.
- Notes in care plans showed that staff applied creams to skin and followed guidance about continence care, skin integrity and diet.
- Staff understood how to support people who required specialist equipment
- When people went to hospital, they took hospital passports which contained important information about them, their health needs and preferences to promote continuity of care.

Adapting service, design, decoration to meet people's needs

- The environment was clean and spacious. There was an array of lounges around the building for people to use. The different floors were divided according to people's needs and preferences.
- There was an understanding of dementia friendly environments. The dementia unit was spacious and allowed for people space to be on their own. Signs helped people to navigate around the building.
- People's doors had pictures of something that was important to that person to help them identify their room. One had a rugby picture, another a picture of a family member which they kissed every night before bed.
- The acting manager said they were reviewing the premises to ensure that wallpaper was appropriate for the visual needs of people living with dementia.
- There was a lot of memorabilia to encourage engagement and discussion on the walls and items for people to pick up and engage with.
- There were spacious rooms, corridors and bathrooms that allowed for wheelchairs and hoists. There were assisted baths and showers for those with physical disabilities.

- Adaptions were made to the environment as and when issues arose. Staff identified that people in wheelchairs could not use the sink and have the door shut. As a result, all bathrooms had recently undergone refurbishment to improve sanitisation and to move the position of the sinks to ensure that people could have their privacy.
- People's rooms were personalised with their own belongings as much or as little as they preferred. One person was particularly fond of a colour and their room was decorated in this colour; the person joked, 'Can you guess what my favourite colour is?!'
- Carpet in some people's rooms had recently been changed to anti-slip laminate to improve sanitisation. This was optional, and people were asked which they would prefer.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were consulted, and consent was sought. Staff believed in doing things with people, not for them.
- When people's capacity to make decisions was in question, capacity assessments took place and these were specific to certain decisions, such as the use of bed rails, personal care, etc.
- For those who did not have capacity, DoLS applications were made and conditions were met.
- People were supported to make their own choices, and those choices were respected. For example, staff showed people living with dementia a sample plate at mealtimes to aid their choice. Any changes of choice were pre-empted by the kitchen staff so that there was always enough for people to have what they wanted.
- A relative told us, 'They always make a point of discussing what's best for her. There are 'go away days' when she won't even eat anything. Then there are 'good days' when staff can wash and dress her. They always respect her wishes. When mum has a 'good day' she can be involved, otherwise we act in her best interest.'

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The atmosphere at Chaucer House was warm and friendly. The relationship between people and staff was kind and supportive.
- We saw great examples of validation approach to people by senior staff. This meant meeting people's emotional needs through reassurance and comfort without denying what they felt was real.
- People told us, 'Staff are very kind, very supportive,' another said, 'There are very pleasant people here.'
- Staff told us, 'I treat everyone here like they are my nan or grandad; we give them the care that we would expect for our loved ones.'
- All staff, housekeepers, maintenance and directors included, were knowledgeable of people, their backgrounds, interests and how they liked to be supported.
- We observed staff using people's preferred names and speaking affectionately to them about how they were feeling, and if they needed anything.
- A relative told us, 'We are on first name terms and there is a good rapport. If I need any information, I know I can rely on the nursing station.'
- Staff spoke very affectionately about people, they often popped out to buy things that people fancied, or picked things up in their own time they thought people might appreciate.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in their care planning as much as possible. A relative told us, 'We are involved, but not by formal meetings.'
- Residents' meetings were held six monthly and people were asked for their feedback in surveys
- A relative told us; 'A survey is sent out quite often. We can see the minutes of the six-monthly meetings – you can see what was discussed and it's an opportunity for staff to let you know what is going to happen.'
- People and staff worked together to come up with care and support plans that reflected how the person wanted to be supported. One person wanted to maintain as much independence as possible, so the person and staff had come up with a system whereby they let staff know as and when they required assistance.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by staff.
- We observed staff encouraging people to do things for themselves, with staff supporting, to empower people and maintain some independence.

- Relatives told us, 'When providing personal care, they draw the curtains. They ask us to leave the room and are very discreet.'
- Another commented, 'She has her own room, and they always make sure that the door is closed when she is having a shower. They always knock before entering.'
- Staff were considerate of people's privacy and care plans were respectful of people's sexuality and needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests, hobbies and what was important to them were well documented in their care plans. It was clear from talking to staff and observing interactions, that staff knew people very well.
- Peoples routines and preferences were respected. People told us they could spend their time wherever they wanted, getting up and going to bed as and when they wanted.
- People went out and some had expressed that they would like to go Christmas shopping. They went into Canterbury and spent time in the Christmas market. Pictures showed people looking happy drinking hot chocolates with staff.
- Activities were personalised for people and their interests. For example, a knitting club had been set up after a person moved to Chaucer House with a passion for knitting. People were knitting items for a local baby unit. The staff member was also taking part so there was lots of shared discussion about progress, which indicated that there were mutual and equal relationships.
- A variety of activities was available to people, including chair exercise, arts and crafts, puzzles and various performers and singers came to play for people. There was also an onsite salon and we saw people enjoying having their hair done. With people's permission, pictures of people involved in different activities were shared on social media so their families could see what they had been doing.
- People's loved ones were welcomed whenever they wanted to visit. Relatives told us, 'I come in and make myself at home.' A member of staff told us they text a relative if their mum is having a bad day or in need of a visit from the GP. Then the relative could phone their loved one and encourage them to be seen by health professionals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to make choices and express themselves, even if they could not do so verbally. Staff were learning some words in a different language to support a person who had dysphasia but understood some words in their first language.
- People were referred to speech and language therapy to look at alternative means of communication and there was thorough guidance for staff on how to communicate with the person, using gestures, simple words and explanations and giving them extra time. There was also guidance on how to identify signs of

pain which were very specific to that person.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident and comfortable raising concerns and complaints.
- When complaints were raised, they were acted upon swiftly by staff. Investigations were thorough and were used as learning opportunities. Findings were disseminated to staff across the provider's multiple services.
- Management understood their responsibilities under duty of candour. When things went wrong, management were transparent with people and their relatives, we saw letters which explained what action they had taken, and apologies were made if and when appropriate. A project of work was also being carried out to raise awareness and understanding for all staff.
- People and their relatives were happy with the outcomes when they had any problems. One relative told us, 'I did point out that the Wi-Fi could be better, and that there was a need for more plug points in the room, and they did remedy this.' Others were concerned about the flooring, and this was replaced within days.

End of life care and support

- People were asked about any wishes and preferences for the end of their lives.
- A relative told us, 'There was a rapid transfer [to Chaucer House] and an 'End of Life Plan' drawn up. I feel [they are] doing well.'
- Staff understood that these conversations were often difficult for people, so they approached the topic sensitively.
- These conversations were well-documented in end of life care plans, along with 'Do Not Attempt Resuscitation' (DNAR) and funeral arrangements.
- We saw 'thank you' cards from relatives, thanking staff for the support and kindness shown to their loved ones in their last days.
- As a sign of respect, a dove sign was placed on reception after someone had passed away to inform people and visitors that someone had passed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- There was a warm, encouraging and enabling culture at Chaucer House.
- There was an open-door policy so people, relatives and staff could speak to management as and when required. We observed people and relatives doing this during our inspection.
- Due to changes in interim managers, people were not sure who the manager was, however relatives told us that this did not seem to affect the quality of the service. A relative told us, 'The staff and the manager are approachable, will have a chat, and they are open to suggestions.'
- The acting manager told us they liked to go out and welcome visitors in the reception area, as it enabled them to build up a relationship and share information and updates with one another. A relative told us, 'Whenever I ring up, I can speak to whoever the manager is, and I can speak to them at the end of my visit.'
- The provider and staff were open and transparent when things went wrong. They understood and acted on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
- The learning culture saw mistakes as opportunities to learn and grow from. A member of staff told us, 'I made a mistake and was mortified, but my colleagues and management were so supportive, they told me that we all make mistakes, but they are experiences to learn and move forwards from.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear of their roles and responsibilities and carried out a variety of checks and audits, which were then double checked by management and directors.
- When errors were identified, action plans were put in place to address them. For example, a recent medication audit identified several errors, so a focus had been placed on medication. Management explored possible reasons behind errors, introduced more training and researched ways to improve. The levels of checks, competency assessments and oversight from different teams have been increased to monitor and aid progress.
- At the time of inspection, a registered manager was not in place, but a new manager was due to start the following month and would be registering with CQC. Whilst recruiting for a new manager, the provider increased their oversight of the service and a registered manager from another visited three days a week to maintain checks and audits.
- Projects of work were put in place in response to themes and patterns seen in audits of falls, incidents,

and care plans. The current focus was on medication and improving care plans, and they were due to move over to a new care planning system which was used across the provider's organisations and had been tailored to Chaucer House's individual requirements.

- Coming through lockdown, management identified that there were some issues with culture and lack of shared accountability, so they ran sessions with staff and informal visits from various managers and directors to share their vision and expectations of culture. Since these sessions, they had seen an improvement, and this was evident when observing and talking with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked to complete surveys, which were analysed for patterns and trends by management.
- Relatives also told us that they were invited to 6 monthly meetings so they could feedback any concerns or ideas for improvement and keep up to date with any upcoming changes.
- A newsletter was also sent to people and relatives to update them on changes, any activities or projects of work that had happened or were taking place in the future.
- Staff were also asked to complete surveys and these were analysed by management to look for patterns, trends and areas for improvement. Following this, there had been projects of work, and workshops for staff on areas such as mental health and menopause. Staff told us that this helped them to understand challenges faced by colleagues and how to better support one another.
- The provider supported staff by providing access to free counselling and a 24/7 GP service where referrals to health professionals could be made. Staff were utilising these and found it helpful as it enabled staff to speak to a GP around their shifts and promoted a supportive culture. It was also having a positive impact on staff health, attendance and retention.
- As there were a number of sponsorships of staff from other countries, the provider was very supportive in helping staff to adjust to the new culture and way of life. A staff member who had been sponsored told us how supportive management had been, and how well they had fitted into the team.

Continuous learning and improving care; Working in partnership with others

- Staff and management were proactive in their approach to learning and invested in innovative projects to improve physical health and wellbeing for people.
- The provider worked closely with the local university, for recruitment and funding research projects.
- Nursing, physiotherapy and occupational therapy students were offered placements at Chaucer House; this was beneficial as they passed on best practice information and were often passionate about learning and sharing ideas.
- Children from a local nursery came in to see people on a regular basis and had come 'trick or treating' at Halloween. We saw pictures that showed the children and people smiling as they interacted with one another.
- There were staff leads and ambassadors for different areas, such as pressure wounds and mental health. These staff worked with local services to improve their knowledge of best practice which they would then transfer to colleagues. A member of staff had recently put together a display board for staff about wound management which staff told us was informative and helpful when supporting people at risk of skin breakdown.
- Coaching was provided to senior staff to build their skills and improve performance.
- The provider was carrying out a number of pilots and initiatives that Chaucer House would be trialling. In collaboration with a local university, the provider was looking at the benefits of VR (Virtual Reality) glasses for people living with dementia and the use of AI (Artificial intelligence) devices to monitor, predict and eventually reduce falls.

