

Purelake (Chase) Limited

The Chase

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Chase is a residential care home providing personal care to up to 31 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 30 people using the service.

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

People told us they were happy living at The Chase, they told us they felt safe and staff were kind and caring. Everyone we spoke with told us they would recommend the service to others. People were supported to remain independent.

The service had continued to improve. Medicines records were complete and checks and audits had been effective in identifying and addressing shortfalls.

Risks to people had been identified and action had been taken to keep them as safe as possible. Medicines were managed safely and people received their medicines as prescribed. Lessons had been learnt when things went wrong and action had been taken to reduce the risk of them happening again. Staff knew how to identify and report any safeguarding concerns. Staff had been recruited safely. The service was clean, and staff followed safe infection control processes.

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.

People, their relatives and staff were asked for their views of the service and the provider acted on feedback received. The provider had a continuous improvement plan in operation and areas of the service had been developed since our last inspection. Staff felt supported by the leadership team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this 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.

We carried out an unannounced inspection of this service on 6 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve medicines management and checks and audits.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Chase on our website at www.cqc.org.uk.

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?

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

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 completed by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Chase 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. The Chase is a care home without 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 a registered manager in post.

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 all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 12 people and relatives about their experiences of the service. We spoke with 5 staff including the registered manager, deputy manager and 3 care staff. We reviewed a range of records. This included 6 people's care records, medication records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed. 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure records relating to medicines were always complete. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. The name and strength of medicines no longer required was now recorded along with the quantity and person they were prescribed to, in line with national guidelines.
- Records of the temperature of the medicines room and fridge had been maintained. The registered manager kept these under review to ensure medicines were always stored in line with the manufacture's guidelines.
- Improvements had been made to the guidance provided to staff about how to administer people's 'when required' medicines. This included how staff would know when the person required the medicine. We observed staff offering pain relief to people when they needed it. A relative told us, "My loved one has back pain and when they feel it coming on, staff provide them with a pain killer."
- Staff had completed training in the administration of emergency medicine for epilepsy before people began to use the service. Staff were confident to administer the medicine when needed. They had followed agreed protocols and the administration of medicines had been effective.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and felt safe at the service. We observed staff reassuring people when they were worried or anxious. A relative told us, "Staff are very nice, kind and friendly".
- The registered manager had worked with people and the local authority to offer people a place of safety when they were at risk of abuse. They followed agreed strategies to keep people safe and protect them from further harm.
- Staff had completed safeguarding training and knew how to identify risks of abuse. They were confident to raise any concerns they had with the registered manager and were assured they would act.
- The registered manager had shared any concerns they had with the local authority safeguarding team so they could be investigated. They had also informed the Care Quality Commission.

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

- Risks to people had been identified and action had been taken to keep people as safe as possible. Risks were kept under review to ensure actions were always appropriate. People were supported to take risks

where they wanted to, such as going out without staff support.

- The risk of people developing pressure ulcers had been assessed and action had been taken to reduce the risks. People used different types of pressure relieving equipment including air mattresses and cushions. These were set correctly and monitored throughout the day to make sure they were operating safely.
- Risks of people falling, including from chairs and bed had been identified and acted on. People had been referred to occupational therapists for advice and this had been followed to reduce risks.
- Accidents and incidents were reviewed monthly to look for patterns and trends. Accidents were rare and no patterns had been identified. People continued to be supported to take risks, such as walking without support, however the number of accidents had reduced since our last inspection. Relatives told us they were always informed if their loved one had had an accident and the care that had been provided.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff to support people. Staff responded quickly when people asked for assistance and people were supported at their own pace. Relatives commented, "There is plenty of staff on duty" and "Staff come quite quickly. I have been on the phone with my relative and I can hear staff in the room after they have called the bell".
- Staffing levels were based on an assessment of each person's needs and were kept under review. This was to ensure there were always enough staff to meet people's needs.
- Staff had been recruited safely. Checks had been completed on staff's character, skills and experience. Disclosure and Barring Scheme (DBS) checks were completed before staff worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff had been supported to develop the skills they needed to meet people's needs. One person told us they felt safe when staff supported them to use the hoist to move around.

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 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.

Visiting in care homes

There were no restrictions on people receiving visitors. We observed people spending time with their relatives. Relatives told us, "I have always been allowed free access, except during Covid" and "I try to go as much as possible. I always let them know 2 days before and they put it in their diary".

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The quality of checks and audits of the service had continued to improve since our last inspection. Effective medicines audits had been completed and any shortfalls in staff practice had been identified.
- Action had been planned to address any shortfalls found. This had been completed and the following months audits showed the shortfalls had not continued.
- Some audits had been completed by the registered manager of another service the provider owned. This was to highlight any shortfalls the registered manager had not noted and to share good practice.
- The provider had noted maintaining paper records was taking up a lot of staff's time. They were researching electronic records systems and had spoken to other providers about their experiences to support their decision making.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had worked with staff to develop a positive culture at the service. The atmosphere was calm and people were at the centre of everything that happened. The registered manager and staff had a shared goal to support people to remain as independent as possible.
- Staff were motivated and had confidence in the leadership team. They told us they were "approachable" and "supportive". A member of the leadership team could always be contacted when staff needed support and guidance.
- Staff were confident to "take responsibility" for any mistakes they had made. These were seen as learning opportunities and were used to develop the service. Staff told us they felt appreciated by the leadership team and were thanked for their hard work at the end of each shift.
- The provider had developed an open culture. People and their families were confident to raise any concerns they had. A relative told us, "They are so easy to talk to. They never take offence at what is raised".

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 provider understood their duty of candour and was open with people and their relatives about what happened at the service. When things went wrong they had apologised.

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

- The provider and registered manager understood the importance of person centred care plans. Staff were reminded of their roles at regular staff meetings. For example, at the last meeting catheter care and responding to call bells was discussed.
- The staff group worked as a team to provide the service people wanted. Staff we spoke with told us the team supported each other. A senior carer commented, "The staff are hard working. They listen and take instruction. I only have to ask and it's done".
- Services that provide health and social care to people are legally required to inform the CQC, of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager had submitted notifications as required.

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

- People, their relatives and staff were asked for their views. These were used to develop the service. A relative told us, "Over the years there has been alterations that better support the residents".
- People were asked for their views during regular meetings. They had told staff they enjoyed the meals and activities on offer at the service and had made menu suggestions.
- A survey had been sent out to relatives shortly before our inspection. Some responses had been received and these were positive. The provider planned to analyse the feedback received and review it against previous feedback to assure themselves the service continued to improve.
- Staff told us they were able to share their views and make suggestions to the leadership team at any time. They felt listened to and their suggestions were acted on. They were involved in pre-admission assessments to ensure staff had the time and skills to meet people's needs.

Working in partnership with others

- The registered manager had worked with local community health staff to develop staff to administer people's insulin. Staff had completed training provide by the local health trust and their competency was being assessed by community nurses. Once staff were competent people would no longer have to wait for their insulin to be administered by community nurses and would have more freedom to eat when they wanted.
- The provider had referred to best practice guidance when planning refurbishments at the service. Clear signage and plain colours had been used to support people to move around the building easily and find important rooms, such as bathrooms and bedrooms. People had worked with staff and their relatives to choose photographs to go onto their bedroom door. These were pictures in which people recognised themselves, including wedding or family photographs. A relative told us, "I would say that it has vastly improved as a premises".