

Enter & View Visit Report

Chase House
Residential Care Home
3rd April 2025

Content...



Acknowledgements P3

Disclaimer P3

What is Enter & View? P3

Purpose of the visit P4

Strategic drivers P4

Methodology P4

Summary of findings P6

Results of visit P8

Recommendations P21

Service Provider Response P25

Details of visit

Service address:	House Lane, Arlesey, Bedfordshire, SG15 6YA
Service Provider:	Chase House Residential Nursing Care Home (Rite Care Group Ltd)
Date and Time:	Thursday 3rd April 2025
Authorised Representatives:	Annette Brown, Victoria Davies, Alan Jackson, Gill Hiscox
	Healthwatch Central Bedfordshire
Contact details:	Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR
	Tel: 0300 303 8554

Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above.

Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and care workers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues however if concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

Purpose of the visit

- To engage with residents of the care home and understand how dignity is respected and how person-centred care is delivered within the environment.
- Identify examples of good working practice.
- Observe residents and relatives engaging with staff and their surroundings.
- Consult with residents and relatives about their experiences of the environment within the care home and how care is delivered.
- Engage with the care home staff and management team to gather insight into resource, working culture and staff experience.

Strategic drivers

- Care Quality Commission latest assessment December 2024 issued overall rating of '**inadequate**' with an additional **Section 29 Notice** applied.
[Chase House Limited - Care Quality Commission](#)
- Care homes are a Local Healthwatch priority.
- To engage with residents of care homes and understand how dignity is being respected.
- To ensure the care provided meets the expected standards.

Methodology

This was an announced Enter and View Visit.

Following an inspection by the Care Quality Commission during December 2024 and January 2025, (report published March 2025) Chase House Residential Care Home was issued an overall service rating of '**inadequate**' with an additional **Section 29 Notice** applied.

Healthwatch Central Bedfordshire (HWCB), as an independent organisation, subsequently visited the care home to meet with residents, their relatives, staff and management.

Notification of the intended visit, and posters informing residents and relatives of the date of our visit, were previously sent to the home.

Upon arrival, representatives were met by the Reception Team who then introduced us to the Residential Care Home Manager and Assistant Manager. The Assistant Manager gave a guided tour of the care home and introduced HWCB representatives to staff members. During this tour and throughout our visit, detailed observation of the home with resident and staff experience was recorded.

At the time of the visit, HWCB Representatives conducted interviews with 12 staff members and three residents. Additionally, staff had previously assisted residents in completing 12 questionnaires, and relatives had submitted another six questionnaires. This resulted in a total of 33 completed questionnaires.

The staff interviews involved individuals in various roles, including The Manager, Assistant Manager, Activities Coordinator, Head of Care, Housekeeping personnel, and Carers.

The majority of residents were either asleep or unable to communicate effectively during the visit therefore, observational methods were employed to gain insights into the care environment and resident wellbeing.



Summary of findings

This visit was prompted following a CQC inspection during December 2024 and January 2025, resulting in an overall rating applied to Chase House of **'inadequate'** with an additional **Section 29 Notice** applied. [Chase House Limited – Care Quality Commission](#)

Chase House, owned by **'Rite Care Group Ltd'** is located half a mile from the centre of Arlesey, at the top of House Lane, which is an unpaved road. The property was originally built circa 1850 as a manor house to Chase Farm and then later became a doctor's home and surgery. In 1984 the property was purchased for use as a nursing home and following an extension in 1986, facilitated 36 beds.

A further extension in 2008 increased the capacity to its current offering of 50 beds (25 of which are ensuite) and now includes a small unit of seven rooms dedicated to younger adults under 65 years of age. Currently, the facility is home to 36 residents; eight men and 28 women, aged 59 to 99.

The ground floor comprises a reception area, offices, two large living rooms, kitchen, large dining room, café, resident's bedrooms and communal shower rooms. Additionally, the ground floor benefits from conservatory spaces overlooking the spacious and well-maintained rear gardens.

The second floor consists mainly of resident's bedrooms with further communal shower rooms. Chase House grounds are extensive. At the side of the building is a well-equipped and organised laundry facility and a staff room.

The rear of the property overlooks a large, impressive and well-maintained garden. A path throughout the garden enables wheelchair users to fully embrace this space. Residents and relatives are also able to take shelter under a fixed gazebo and spend social time in the garden room, known to residents as *'the pub'*. A dementia sensory pergola is currently being created for use from the Spring.

HWCB representatives interviewed three residents, the Care Home Manager, Deputy Manager, Activity Coordinator, Head of Care, and members of the Carer and housekeeping teams.

General observation of the premises covered key areas such as the kitchen, dining room, main communal rooms, laundry, and a representative selection of resident bedrooms.

1 Manager	1 Assistant Manager	17 Female Care Workers	5 Male Care Workers
8 Male Residents	28 Female Residents	8 Nursing Staff	1 Clinical Lead
1 Care Coordinator	3 Activity Coordinators	Total number of staff on day shift 10	Total number of staff on night shift 7

Specialist care provided includes:

Residential Care	Nursing Care	Dementia Care
Disability Care	Care for those with long-term medical conditions	Person Centred Care

Results of Visit

Environment

Chase House Residential Care Home is a vast period building, situated in central Arlesey. Visitors are guided by a small signpost in a residential area to House Lane, an unpaved road leading to the facility.

The main entrance is clearly visible upon approaching the building, with a car park accommodating approximately 25 vehicles situated to the left.

While the exterior and entrance are well-maintained, they currently lack visual appeal. Adding elements such as real plants, seasonal flowers, and more welcoming signage could significantly improve the building's overall warmth and first impression.

However, the unpaved access road and car park may pose accessibility challenges, particularly for individuals with mobility impairments or those using wheelchairs.

Access to the home is controlled via a buzzer at the main entrance, which opens into a charming period entrance hall. To the right, a staircase ascends to the upper floor, displaying paintings that lend a welcoming and engaging ambiance. The reception area is situated to the right, and directly ahead, a door reveals the main corridor, providing access to the primary living spaces and ground-floor bedrooms. The space appeared clean, tidy and well-maintained with sufficient room for wheelchair use and HWCB's 'Enter & View' poster was seen clearly displayed together with the Healthwatch feedback box for completed surveys.

Upon arrival, HWCB representatives were welcomed by a member of the Reception Team. We were asked to sign in and introduced to the Manager and Assistant Manager. The Assistant Manager provided us with a tour of the building which allowed representatives to make general observations about the environment. Key areas such as the kitchen, dining room, communal areas, laundry and a selection of resident's bedrooms were viewed. This enabled an assessment of cleanliness, accessibility, and the overall suitability of the facilities in supporting residents' wellbeing and comfort.

General Observations by Representatives

The home is currently accommodating 36 residents, with the capacity to support up to 50 individuals.

During the visit, HWCB representatives held interviews with a broad cross-section of staff, including the Residential Care Home Manager, Deputy Manager, Head of Care, Activity Coordinator, and Housekeeping Team. These conversations provided valuable insights into daily operations, staff roles, and the overall workplace culture. A recurring theme across interviews was the recent 'inadequate' CQC rating. Despite this, all staff members expressed strong commitment to their roles, to the leadership team, and to implementing the CQC action plan designed to address the inspection findings.

A consistent observation by all HWCB Representatives throughout the home was the exceptionally high standard of cleanliness. It was evident that dedicated resources and a strong work ethic from the Housekeeping Team contributed to maintaining these standards across all areas.

The kitchen was observed to be clean, well-organised, and in good condition. All meals are prepared fresh on-site each day by the chef and kitchen assistant, with menus planned on a four-week rotation. Our visit coincided with lunchtime, and the hot meals served appeared both nutritious and appetising. Although representatives were kindly invited to stay for lunch, we were unable to do so due to the schedule of the visit.

The chef works in close collaboration with a nutritionist and reviews individual care plans regularly to ensure residents' dietary needs are fully met. He expressed a strong commitment to providing responsive, personalised dietary care and a clear intention to further increase his direct involvement in this aspect of resident wellbeing.

During our visit, HWCB representatives observed residents enjoying lunch in the dining room, a spacious and welcoming area located adjacent to the kitchen, between the main living room and the café. Residents were seated at small circular tables accommodating 4–6 people, creating a sociable yet calm atmosphere.

Staff were attentive and readily available, offering discreet assistance where needed. We noted that no bibs were in use during mealtime, and residents' dignity was clearly respected throughout.

Chase House is a substantial property that has been thoughtfully renovated and extended over time. It offers comfortable, spacious accommodation and a variety of communal rooms designed to meet different preferences and needs. Some spaces foster social interaction and activities, while others offer quieter, more private settings.

All living areas are clean, well-maintained, filled with natural light, and provide pleasant views and direct access to landscaped gardens. Weekly fresh flower arrangements, created collaboratively by residents and staff, add to the homely and welcoming atmosphere in the dining and living rooms.

In the main living room, which flows seamlessly into the conservatory overlooking the garden, many residents were observed relaxing comfortably. Gentle music from their era played softly in the background, while staff engaged warmly with residents, offering refreshments and providing personalised support.

Communal toilets are conveniently located near the main living areas. The building provides ample space and accessibility for wheelchair users and individuals with mobility needs, supported by the presence of handrails throughout and easy access to upper floors via both lift and stairs.

A selection of residents' bedrooms was also viewed. Each room had a lockable door, clearly labelled with the resident's name. The bedrooms were clean, bright, and well-decorated. While room sizes varied, all offered a comfortable layout with space for a bed, wardrobe, armchair, and small table. Of the 50 bedrooms, 25 include en-suite wet rooms; the remainder share communal shower facilities.

The Deputy Manager and Housekeeping staff explained that bedroom carpets are being progressively replaced with durable laminate flooring. This upgrade supports better hygiene, infection control, and easier use of mobility equipment such as hoists.

Several recently upgraded, vacant bedrooms were also shown to us. These had new flooring and had undergone deep cleaning. To maintain cleanliness and prevent unauthorised access, the doors to these rooms were kept locked.

Staff actively encourage residents and their families to personalise bedrooms with familiar items to help create a sense of comfort, identity, and belonging. Most residents expressed satisfaction with their room décor, although a small number mentioned that the style was not entirely to their taste. Many residents had brought personal belongings and small pieces of furniture to make their rooms feel more like home.

All bedrooms are fitted with pressure-relieving mattresses, and at the time of our visit, five residents were identified as being bed-bound.

Representatives also toured the on-site laundry facility, which includes a spacious room for washing, drying, and ironing residents' clothing. Adjacent to this is a storage area where laundered items are sorted into personal baskets. Both spaces were clean, efficient, and well-organised. This area also includes a quiet staff room and a rear access point to the kitchen.

During the visit, a number of gas canisters were observed in this area. While they were securely stored in a locked cage, the canisters were exposed to direct sunlight. The Manager had temporarily covered them with a black tarpaulin to prevent overheating and informed us that the storage unit was scheduled to be relocated to a more suitable area on-site later that week.

Promotion of Privacy, Dignity and Respect

Interaction Between Residents and Staff

HWCB representatives observed that residents appeared clean and appropriately dressed, indicating a consistently high standard of personal care and respectful attention from staff.

One relative told us, ***'The care my dad receives is very good. Staff are caring and responsive to requests. They treat him with dignity.'***

Another relative said, ***'Overall I have been quite satisfied with the care and response to my mother's needs.'***

While some staff were easily identifiable by name badges, others were not. The Manager confirmed that new name badges had been ordered for all staff and were expected to arrive later that week. This issue was also raised by a relative who commented that ***'all staff should wear name labels which are large and clear'***.

Residents shared that they are typically addressed by their first names, or occasionally as ***'Sir'***. Nearly all residents said that staff speak loudly enough to be heard; however, some reported difficulty in understanding what was being said. Many residents appeared to know staff by name, with one resident sharing, ***'we have a laugh'***.

Staff interactions throughout the home were observed to be warm and attentive. Staff greeted residents, engaged in conversation, and demonstrated care while moving through the building. Staff also reported that they make regular visits to residents who are room-bound to ensure social inclusion and that their needs are met.

When asked about staff responsiveness, residents' experiences varied. Some stated that staff responded promptly to requests, while others noted a short wait due to staff being occupied elsewhere.

A few residents felt response times were inadequate. Specific comments included: **'sometimes staff can be busy somewhere else', 'sometimes they come quickly and sometimes they don't', 'they always come quickly', and 'they never respond quickly'**. Despite these differences, most residents said **'they were never usually forgotten'** when requesting assistance.

Respect for privacy was widely acknowledged, with the majority of residents reporting that staff knocked before entering their rooms. This behaviour reinforces a culture of dignity and respect. However, a small number of residents shared that this was not always their experience.

Feedback on hygiene practices was largely positive. Residents noted that staff regularly used gloves and aprons where required, demonstrating good infection control. One resident remarked, **'they always wear gloves, and I see them changing them'**. In contrast, another raised concerns, stating, **'they do not wash furniture, wheelchairs and pressure cushions.'**

The care home arranges and provides transport for residents to attend medical, dental, and hospital appointments when relatives are unable to accompany them, helping ensure continuity of care.

Most residents interviewed reported that they are not actively involved in developing or reviewing their personal care plans, although a few indicated that they are. The majority of relatives said they could access care plan information easily, either during visits or via email. However, one relative noted, **'I have just been given sight of the care plan after two years of asking to see it. I made several corrections to it'**. The Manager explained that care plans are managed through *Nourish*, a digital care system accessed by staff via handheld devices. The Manager further stated that care plans are reviewed monthly by staff and relatives, or sooner if a resident's condition changes. One relative affirmed this process, saying, **'We have certainly had our say and felt heard'**. Another relative added, **'Mum's dementia precludes effective discussion'**. For residents funded by Central Bedfordshire Council (CBC), care plans are additionally audited.

Nonetheless, the limited involvement of some residents in the care planning process may restrict opportunities for shared decision-making and the delivery of fully person-centred care. In response, the Manager and Deputy Manager are undertaking a full review of all resident care plans to better understand individual needs. They also aim to introduce Emotional Support and End of Life care plans where appropriate. Staff access all care plan information directly through their handheld devices, ensuring it is available in real-time.

Personal care

During the visit, HWCB Representatives found that the level of staff support required by residents varied considerably. While most residents are able to brush their teeth independently, many require assistance with dressing and undressing. All residents receive support from at least one carer when showering or bathing.

All but one resident interviewed stated they ***'have a choice with regard to gender'*** when receiving personal care. Most residents shared that this was not a significant concern for them. All residents reported that their privacy is respected.

Some residents noted they are able to shower daily if needed, although most said this occurs less frequently. Importantly, no residents reported being restricted from showering more often than they would prefer. Residents also have access to a hairdresser, and during the visit, several ladies were seen with freshly washed, set, and styled hair.

Feedback from relatives regarding personal care was mixed; One relative shared, ***'Nine times out of ten he receives the correct amount of personal daily care, but there have been times when he's needed changing when we have visited, but not often. Staff have changed him straight away when I've asked'***. Another said they were ***'happy with the daily care'***, while a different relative commented, ***'there is not the correct amount of care, more stimulation and interaction with staff is needed'***.

Additional concerns were raised about specific care practices: ***'We are not always happy with personal care; my husband's hair wash is not always carried out with his special shampoo, meaning his dermatitis spreads to his eyebrows and beard'***.

HWCB representatives were informed that residents' bedrooms are surface-cleaned daily, with a full deep clean carried out weekly. All bedrooms observed during the visit appeared clean, well-maintained, and in good order. The Manager

advised that many of the rooms are currently undergoing refurbishment. Bedding is changed at least once a week, or more frequently when required, supporting good hygiene practices.

Communal areas were also seen to be clean and well-kept. Housekeeping staff explained that these areas are cleaned twice daily, once in the early morning and again in the early evening, to uphold cleanliness standards.

Feedback from relatives on housekeeping and laundry services was largely positive. Comments included that ***'Chase House is very good'*** and ***'clothing is kept clean'***, although one recurring issue mentioned was that ***'socks frequently went missing'***.

Food

All meals are freshly prepared on-site each day by the chef and two cooks. Breakfast is available from 7:00am to 11:00am, typically offering porridge and eggs, which the chef shared ***'the residents very much enjoy'***. Additionally, a cooked breakfast is provided two to three times per week.

A hot lunch is served at 1:00pm, with residents given a choice of meat, vegetarian, or fish options. Afternoon tea consists of sandwiches, soup, or an alternative hot dish.

Menus are planned four weeks in advance, and the chef works closely with a nutritionist to ensure meals meet both dietary needs and nutritional standards.

Feedback on the food was largely positive. Most residents described the food as **'good'** or **'very good'**. One resident noted, **'the food is good, especially dessert'**, while a relative commented, **'the Sunday roast is lovely'**.

All residents reported they are offered enough drinks and snacks throughout the day. While biscuits and cakes are readily available, some residents and relatives suggested including more **'fruit options'** and reducing the amount of **'chips, fried and coated food'**.

Residents also spoke positively about the **'tippie trolley'**, a popular feature that allows them to request milkshakes and other refreshments.

During our visit, HWCB Representatives observed residents enjoying lunch in the dining room, a bright and spacious area situated between the main living room and the café, adjacent to the kitchen. Residents were seated at small, circular tables seating four to six people, and staff were attentive and discreetly supportive throughout the mealtime.

HWCB Representatives were kindly invited to stay for lunch by the chef; however, due to time constraints in completing the visit and observations, we were unable to accept the offer.

All relatives shared that they are consistently offered a drink and the opportunity to enjoy lunch or dinner alongside their loved ones.



Concerns / complaints procedure

HWCB Representatives were informed by management that feedback, compliment, and complaint forms are available at the reception area. In addition, bi-monthly meetings are held with residents and relatives to discuss any concerns and, where necessary, update care plans. This provides a structured and collaborative forum for gathering feedback from families, staff, and residents.

Most relatives stated that they were aware of the concerns and complaints procedure, although several mentioned they had not seen the documentation displayed. One relative shared that they had made a complaint and that the issue ***'was dealt with effectively'***. Another relative noted that their feedback ***'was followed up but were not confident with the home's procedures'***.

Although representatives were informed that the complaints procedure is displayed in the entrance hall for residents and relatives to access, this documentation was not observed during the visit.

For residents who may be unable to clearly communicate their concerns, the Manager explained that staff receive dementia training and that each resident is assigned a designated Key Worker. These staff members are familiar enough with individual residents to recognise non-verbal signs of discomfort or distress, including mood changes and variations in food intake. The Deputy Manager also shared that visual communication boards are used to support residents who have difficulty speaking.

Staff interviewed stated they would immediately report any concerns regarding residents directly to the Manager. If a family member raised a concern, staff said they would first try to resolve it themselves and escalate the matter if necessary. This indicates a willingness among staff to act as a first point of contact and to help facilitate open communication between families and the management team.

Recreational activities / Social inclusion / Pastoral needs

Currently, five residents at the care home are bedbound. Each is supported by at least one carer and encouraged to manage aspects of their personal care independently, wherever possible.

Residents are actively encouraged to participate in communal activities and to socialise outside their rooms on a daily basis. For those who are unable, or choose not, to leave their bedrooms, Activities Coordinators and care staff make regular visits to help reduce feelings of isolation and maintain a sense of connection with the wider care home community.

For residents who prefer not to take part in group activities, staff offer dedicated one-to-one time in quieter lounge areas. These personalised sessions may involve reading together, completing crosswords, enjoying a hand massage, or spending gentle time in the garden. One carer explained that if a resident who normally enjoyed an activity suddenly declined, they would ***'talk to the residents to understand if there was a reason'***.

Staff also engage with both residents and their relatives to learn about personal hobbies and interests, helping to shape a more inclusive and resident-centred activity programme.

The home is supported by two full-time Activity Coordinators (40 hours per week), who develop and display a weekly Activity Plan in the main living room. A wide variety of activities are offered, including live entertainment from singers, gardening in the landscaped grounds, flower arranging, trips to the garden centre, crafts, pizza and cake making, as well as board and floor games. In addition, some residents shared that they enjoy listening to music, watching films, or using their personal computers and iPads during quieter moments.

Spiritual and religious interests are also actively supported. Residents are accompanied to Church or Mosque services, and visiting clergy have held services within the care home itself. These opportunities help residents maintain their identity, values, and sense of purpose.

When staff were asked about how they support resident communication and emotional wellbeing, most expressed that they make every effort to spend quality time with residents as part of their daily duties. However, some acknowledged that workload pressures often limited the amount of time they could dedicate. This concern was echoed by several relatives, who commented that ***'more stimulation is needed' and 'there is limited interaction from staff'***.

Staff

During the visit, HWCB representatives spoke with the Manager, Deputy Manager, and ten staff members, whose time at Chase House ranged from just two weeks to over thirty years.

Across the board, staff demonstrated strong commitment to their roles and expressed overall satisfaction with their work. Notably, every staff member interviewed conveyed a clear sense of dedication, not only to their responsibilities and the residents, but also to the management team and the implementation of the CQC action plan developed in response to the recent inspection.

Staff consistently expressed positive feelings about working at Chase House. One team member shared, ***'it feels like home'***, while others described the environment as ***'lovely here'*** and ***'very friendly with plenty of facilities'***.

The Deputy Manager also remarked, ***'I have previously worked in a corporate care home environment; Chase House has a more family atmosphere'***.

Management confirmed that the home is not currently experiencing staff shortages, though additional recruitment is underway to further strengthen resources. Staff turnover is reported to be low. All new hires are subject to DBS checks and must provide two references as part of a structured, role-specific interview process.

The clinical team at Chase House is well-resourced, comprising eight nurses, one clinical lead, one head of care, one care coordinator, and three activity coordinators. Staffing includes ten day-shift carers and seven night-shift staff, supported by an on-call nurse.

Administrative support is provided by an administrator, a finance officer, and an HR consultant.

Staff training is delivered through a blend of mandatory e-learning, in-person sessions, and regular supervision. Management acknowledged that some gaps in training and internal communication are currently being addressed, in alignment with priorities outlined in the CQC action plan.

When asked what changes they would make to improve the service if given the opportunity, the Management Team shared the following:

‘I would make smaller rooms larger by extending the home. Additionally, I would increase the size of the Dining Room’.

‘We intend to create a Palliative Care Section in the home to ensure all residents have the option of being supported with end-of-life care’.



Recommendations

CQC Action Plan

Priority: High

- Implement CQC action plan as priority.
 - Regularly review, update, and monitor progress against the action plan to ensure sustained improvement.
 - Communicate progress with staff, residents and relatives.
-

Enhancing Visual Appeal & Welcome

Priority: Medium

- Improve exterior aesthetics by introducing real plants and flowers around the main entrance. Replace signage to create a further welcoming entrance.
 - Enhance Signage by replacing or supplementing the small signpost on the residential road with more prominent signage.
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Enhance Resident Involvement in Care Planning

Priority: Medium

- Strengthen opportunities for residents to be actively involved in the development and review of their personal care plans, where capacity allows. This includes exploring more inclusive methods of engagement for those with communication or cognitive challenges.
 - Rationale: While relatives generally report good access to care plan information, many residents are not routinely included in the planning process. Increasing resident participation supports shared decision-making and person-centred care.
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Improving Accessibility

Priority: Medium

- Investigate options for paving or improving the surface of House Lane and the car park to ensure better accessibility for individuals with mobility issues and wheelchair users.
-

Staffing & Culture

Priority: High

- Acknowledge and Support Staff Dedication by recognising and supporting the strong commitment and job satisfaction expressed by staff in light of the recent CQC rating. Continue to foster a positive working environment that encourages staff dedication to the residents and the implementation of the CQC action plan.
 - Improve internal communication between staff to ensure consistency and timely care responses.
 - Implement a co-produced training and personal development plan with staff members, to include training, supervision and structured reviews.
-

Hygiene and Infection Control

Priority: High

- Continue to dedicate sufficient resources to maintain the high standards of cleanliness observed throughout the home. Acknowledge and support the Housekeeping Team's commitment.
-

Kitchen & Dining Experience

Priority: Medium

- Maintain the practice of cooking fresh, nutritious meals daily on-site.
- Encourage and support the Chef's commitment to further increase direct engagement with residents' individual dietary needs and care plans, working closely with the nutritionist.
- In response to feedback, Introduce further daily 'fruit options' available to residents

Feedback & Complaints

Priority: High

- While forms are available in reception, ensure they are clearly visible and easily accessible to residents and visitors. Consider placing signage indicating their location.
- Ensure that information about the complaint's procedure is actively communicated to residents and relatives upon admission and periodically thereafter.
- Ensure the complaints procedure is clearly displayed in a prominent location in the entrance hall.
- While some feedback on complaint handling was positive, review the complaints procedure to ensure it is robust, transparent, and consistently applied.

Future Improvements

Priority: Medium

- Support the intention to create a dedicated Palliative Care Section within the home to enhance end-of-life care options for residents.
- Acknowledge aspirations to enlarge smaller rooms and the dining room in future expansion plans, if feasible.

Responsiveness

Priority: Medium

- Acknowledge the mixed feedback regarding staff responsiveness to requests. Implement strategies to improve response times and ensure more consistent and timely assistance for all residents. This could involve reviewing staffing levels, communication systems, and call bell response protocols.
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Stimulation & Interaction

Priority: High

- Address the relative's concern regarding the need for more stimulation and interaction with staff. Explore opportunities to increase meaningful engagement between staff and residents.
 - Acknowledge the staff feedback regarding workload limitations on spending more time with residents. Explore strategies to optimise workload and potentially increase staff availability for social interaction.
-

Personal Care

Priority: High

- Implement a robust system to ensure that specific personal care requirements, such as the use of special shampoos, are consistently followed. Clearly document these needs in care plans and communicate them effectively to all relevant staff.
 - Continue with plans to implement Emotional Support and End of Life Care Plans as needed, ensuring staff are adequately trained in their use.
 - While no residents reported being prevented from showering as often as they like, continue to be responsive to individual preferences regarding showering frequency.
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Health & Safety

Priority: High

- Immediately relocate gas canisters according to Health & Safety guidelines.
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Service Provider Response

We are continuing our improvement plans as highlighted on the CQC inspection and enhanced by the Healthwatch visit.

We acknowledge the recommendations and feedback provided and we are working towards achieving a high standard person-centred care for our residents whilst providing support and guidance to our team.

Kind Regards,

Samantha Clare
Registered Manager
Chase House Ltd





Healthwatch Central Bedfordshire
Capability House, Wrest Park, Silsoe, Beds, MK45 4HR
www.healthwatch-centralbedfordshire.org.uk

t: 0300 303 8554
e: info@healthwatch-centralbedfordshire.org.uk