HC-One Limited

Chaseview

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

Overall summary

This inspection took place on the 23 October and was unannounced. At our previous inspection in August 2013 there were no breaches in the regulations of the Health and Social Care Act 2008.

Chaseview Nursing Home provides accommodation, personal and nursing care for up to 60 people. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their relatives told us that they were happy with the care and support being delivered at Chaseview Nursing Home.

Summary of findings

People were protected from the risk of harm through risk assessments. Safeguarding referrals were made to the local authority when they suspected a person had been abused.

Staffing levels were sufficient to meet the needs of people who used the service. People did not have to wait to have their care needs met.

The provider managed people's medicines safely. Safe systems were in place which minimised the risk of medicine errors occurring.

People received health and social care support when they needed it. When people's needs changed or they became unwell the relevant professional advice was gained in a timely manner.

Care plans and risk assessments were followed which ensured that people received the care and support they required. We saw that these were regularly reviewed to ensure the care was current and relevant to people's needs.

People told us and we saw that people who used the service were treated with dignity and respect and their privacy was ensured at all times.

Hobbies and interests were on offer dependent on people's individual preferences. People had been able to access the community. A variety of trips out were arranged with the use of the home's minibus.

Training was available to all staff dependent on their role. Staff felt supported and competent to fulfil their roles.

People who used the service and their relatives were kept informed and involved in the running of the home. There was a complaints procedure and we saw that formal complaints had been managed appropriately.

Summary of findings

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.

Staff had received training in safeguarding and knew how to respond if they suspected abuse.

There were sufficient staff to safely meet the needs of people.

The provider managed people's medication medicines safely.

Good

Is the service effective?
The service was effective.

Staff were well trained and competent in their role.

People's nutritional needs were met through effective monitoring of their food and fluid intake.

Health and social care professionals were involved in people's care when people required extra support.

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People's privacy was respected.

People were involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People received care that was relevant to their individual needs and preferences.

People were able to continue with their chosen hobbies and interests. Opportunities to access the community were available.

There was a complaints procedure and people were regularly asked their views on the service.

Good

Is the service well-led?
The service was well-led.

The provider had a registered manager in place who was open and transparent in the management of the home.

Good

Summary of findings

Staff felt supported to fulfil their role competently.

There were quality monitoring systems in place and action plans for improvement.

Chaseview

Detailed findings

Background to this inspection

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

The inspection took place on the 23 October 2014 and was unannounced.

The inspection team consisted of one inspector, an expert by experience and a specialist advisor who specialised in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the service had sent us. A notification is information about important events which the provider is required to send us by law. The service had not been able to complete the provider information return (PIR), this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make, as they had not received it in time.

During the inspection we spoke to eight people who used the service, 10 relatives and friends, we spoke to the registered manager and quality manager and interviewed six staff. We pathway tracked six people who used the service. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about whether the service is meeting the essential standards of quality and safety. We looked at six care records, staff rosters, the training matrix, three staff recruitment files and the quality monitoring audits the provider had completed.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe with the care at Chaseview Nursing Home. One person told us: "I had a fall in the bathroom and called the call bell for help, the staff came quickly".

From notifications that we received we saw that the manager reported alleged abuse to the local authority to investigate. When the allegations had involved members of staff, the provider took the appropriate action to ensure that people who used the service were protected from the risk of further abuse. Most of the staff had received training in the safeguarding procedures, all the staff we spoke to were all able to tell us the correct procedure if they were concerned that someone had been abused. The manager told us that some care staff had reported alleged abuse and it had been dealt with through the safeguarding procedures and the providers disciplinary procedures. The quality manager told us that the provider had a whistle blowing policy which included a telephone number for staff to call anonymously if they suspected abuse.

In the care records we looked at we saw that risk assessments were in place to minimise the risk of harm to people. These included tasks such as supporting people to mobilise safely or evacuate the building in the event of a fire. In two people's care files we saw short term risk assessments which had been put in place because the necessary equipment to keep them safe from harm had broken and the home was waiting for the parts to repair them. This meant that the service was taking action to minimise the risks associated to people not having the equipment they required. Following our inspection the manager informed us that the broken equipment had now been replaced and methods for ordering of equipment was being reviewed to ensure that it was dealt with in a timelier manner.

The manager showed us that they kept a record of all safeguarding issues, accidents and incidents and analysed the information. This information was passed on to the quality manager and action plans were put in place to minimise the risks of the events from happening again.

We observed people's care in both the nursing and residential areas of the home. We saw that although the staff were busy people did not have to wait for long periods of time without the support they required. The manager told us that they had some staff vacancies on night shifts which they were currently recruiting to. They were using agency staff to cover the shortfall. In the day we saw that there were adequate staff to meet the needs of people who used the service in a timely manner. People were not rushed when they were being supported with their personal care needs and call bells were answered promptly. The manager told us that in the case of requiring more staff due to a change in a person's needs that they were able to increase the staffing levels with agreement of the quality manager. Following our inspection the manager told us that they had been successful in filling the deficiencies on the night shifts with a new bank nurse, this would mean that there would be consistent approach to care being delivered at night.

We looked at three staff recruitment files and saw that checks to assess people's fitness to work at the home had been made. This meant that the service was following safe recruitment procedures.

The provider managed people's medicines safely. There was a locked medication room in both areas of the home. We saw that medication was stored securely in a locked medication trolley within the room. The trolleys were compartmentalised into individual containers for each person. It was easy to see whose medication was whose and minimised the risks of medication errors.

Everyone had a medication plan which had a photograph of the person on it so they were easily identifiable when their medicines were being administered. The plans had information on them which told the staff member how each person liked to have their medication. They also identified whether there were any issues which needed to be taken into consideration when giving the person their medication.

People who required medication on an 'as and when' basis (PRN) had a PRN protocol. These informed the staff of any signs and symptoms the person may display when they may require PRN to be administered. Medication records showed that when people were able to, they chose whether they wanted their PRN medication.

Some people required controlled drugs. We saw that these were kept securely in a locked cabinet within the locked medication room. The administration records had been signed to show that two staff members had administered the medication as is required with controlled drugs. We

Good

Is the service safe?

saw that the remaining balance of medication was recorded on every administration. We checked two people's balance against their records and found that they were correct.

Medication records were kept for all medicines and we saw that staff had signed to confirm they had administered people's medication. We saw regular balance checks took place. The home had a medication fridge which was checked daily to ensure the temperature was correct for the safe storage of medication that required refrigeration.

Good

Is the service effective?

Our findings

People who used the service and their relatives we spoke to told us they were happy with the care the staff delivered and were confident that staff knew what they were doing. Staff we spoke to all told us that they had received adequate training and felt competent to complete their role. We saw that when individual staff members had been identified as requiring extra support this was put in place for them so as to aid their learning. Training records confirmed that the provider ensured that all staff members received effective training to fulfil their individual role

New staff told us that they had an induction period when they were first recruited into the home. This involved completing the home's core training and shadowing of a more experienced staff before being assessed as being competent to work unsupervised.

Staff received regular supervision and appraisals. The manager showed us that they kept a schedule of planned supervisions and appraisals to ensure they took place. We saw that when staff had been identified as requiring extra support that counselling sessions had been implemented to support staff to identify how they could improve their performance and what support they required to do this.

When necessary the manager had followed the principles of the Mental Capacity Act 2005 (MCA) and made referrals for people under the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. One person using the service was subject to a DoLS authorisation and three other referrals had been sent to the local authority for authorisation. This meant people were protected from unnecessary restrictions to their freedom.

Staff we spoke to knew a little about the MCA and DoLS but did not demonstrate a full understanding of what is required within the guidance. We discussed this with the manager and quality manager who said they would look at the methods of training. Training had been in the form of 'E' Learning (Computer based learning) and some staff may require group training to fully understand the legislation.

Some people were assessed as being at risk of malnutrition due to their health needs. Care plans and risk assessments were in place informing care staff how much support the person required with eating and drinking. We saw that the staff had made timely referrals to dieticians and speech and language therapists when people were found to be losing weight or having difficulty in eating and drinking. We looked at one person's care record that showed that they required full support with eating and drinking. They also required a pureed diet and thickened drinks because they were at risk of choking. We visited this person whilst they were being supported with their lunch and saw that a pureed diet was being offered and the person's drink had been thickened to the desired 'custard' type consistency. Training records confirmed that most of the staff had received training in the use of thickening agents.

We saw that the manager kept a record of people's monthly weights to ensure action was taken when there was a recognised weight loss. People who were prescribed food supplements received them at the times they needed them.

We spoke to the chef who was able to tell us the different nutritional needs of people who used the service. Food was cooked fresh daily. People were offered two choices of main lunch time meals on the day. These were presented to people plated up so they could see what the choices were. If people did not like either choice we saw that there was a list of alternatives. The home made a fresh homemade soup daily which people were offered as a tea time alternative. The manager told us that the home had been awarded a bronze 'soil' award, previously known as the organic food award. The awards recognises the use of the best in organic food and drink. This demonstrated that the provider was using good quality produce to meet people's nutritional needs.

We observed breakfast and lunch time in both areas of the home and visited some people who were being cared for in bed whilst they were supported with their meals. Meal times were not rushed and people were able to take their time and enjoy them. People being cared for in bed were supported to eat and drink by staff in an unrushed manner. We overheard two people talking about how nice the food was. One person told us: "I don't like milk", and we saw they had cereals and coffee with no milk added as they had requested.

Prior to admission into the service the manager completed a comprehensive pre admission assessment. The assessment contained all the relevant information required

Good

Is the service effective?

for the manager to be able to decide whether they were able to meet the person's individual needs at the home. Once the person was admitted into the home, care plans were put in place using the information within the assessment. This informed staff how to care for the person appropriately.

In the care records we looked at we saw that people received support from health professionals such as their GP, dieticians, physiotherapists and mental health professionals. Care was regularly reviewed and any changes in people's health were noted and a new care plan implemented. When people required a short term change to their care a care plan was put in place, for example when someone was prescribed a course of antibiotics for an infection. This meant that staff knew how to care for people effectively and care was relevant to their current needs.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that the staff were kind and caring. One relative told us: “My mother has been in three other care homes and three hospitals before coming here. This is the best care home she has been in. I am really happy with the care that mum is getting here” and: “The staff are really caring and nothing is too much trouble”.

Relatives were aware that they were welcome to visit at any time and stay as long as they liked. There was a private room for visitors to go with their relative if they wanted to. Two families told us they were often offered tea and coffee when they visited, which they appreciated. One relative told us that the provider had arranged for them and their relative to have meal for their anniversary. We were told by another relative that their father loved going for a carvery and once the home knew this they had arranged it and taken him. The relative said this had been ‘hugely appreciated’ by everyone.

Training was provided to staff in how to treat people with dignity and in creating therapeutic relationships. During our observations within the home we saw that people were treated with kindness and compassion by the staff supporting them. We saw one person became upset and a member of staff knelt down to their level and comforted them, trying to find out what was wrong. We spoke to another member of staff who demonstrated empathy and an understanding for people who used the service. We observed that when they supported people they did so in a gentle and respectful manner.

Some people who used the service lacked the capacity to make decisions for themselves due to their specific needs. The manager told us that they had recently made a referral for an advocate for one person to support them in the decision making process. This meant that the people were being supported in making decisions about their care when they required support to do so.

We saw that people were offered choices throughout the day. For example, choices of what to eat, drink and a choice of hobbies and interests. The care files we viewed showed that extensive effort to learn about people’s past life, interests and aspirations had been made. We discussed with the manager and quality manager that there was little evidence to support that people had been involved in their own care planning. The quality manager told us that this is something they had identified in their own internal audit and will be addressing.

The provider held monthly residents meetings. We saw minutes of these which showed that people were kept informed of any changes within the home and that they were involved in the decision making process for future plans or activities.

Everyone had their own bedroom, where they were able to go when they wished. The bedrooms were personalised with people’s own personal belongings and were decorated to meet people’s individual preferences. Some people liked to spend time in their rooms during the day, we saw that people were able to do this and that their privacy was respected by staff.

Good

Is the service responsive?

Our findings

Most relatives told us if they had concerns that they were quickly responded to. One relative told us that they wanted a larger bed for their relative. The home quickly facilitated this for them. Some relatives felt that their informal complaints had not always been attended to in a timely manner. We discussed this with the manager and quality manager who told us that they would follow their formal complaints procedure time frames for dealing with informal verbal complaints. This would ensure that people felt that the complaint or concern had been taken seriously.

There were systems in place to share information and seek people's views about the running of the home. There were meetings for people who lived at the home, a comments box which enabled people to make anonymous suggestions if they wished, customer satisfaction surveys and a meal time experience book. This enabled the provider to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's preferences and individual needs.

The provider's complaints procedure was visible in the reception area for visitors and comment cards were situated outside the office area. The manager told us that they were usually able to deal with complaints informally because they had an open door policy, and people could approach them at any time. We saw that a record of complaints was maintained. Our check of one complaint showed that it had been dealt with appropriately through the homes complaint procedure.

Everyone who used the service had a plan of care. These had been put in place following the initial pre admission assessment. We saw that people and their relatives were involved in the initial assessment process. The care plans were clear and comprehensive and recorded people's individual likes and dislikes and they were regularly reviewed.

The provider had activity co-ordinators who encouraged people to get involved with their hobbies or interests of choice. They showed us that people were offered a choice of activities that met their individual preferences. For example, some people enjoyed a game of dominoes with a fellow resident whilst others had been for a meal at a local pub. Planned community visits took place every week with the use of the home's minibus. We were told that people had been to Cosford air show, a local museum and local coffee shops. On the day of our inspection some people were enjoying having their hair done by the visiting hairdresser and another person walked to the local shop with support to post some letters. This person told us: "I like to be busy, I am helping out".

Some people who were living with dementia had a memory box and photographs outside their bedroom door as a visual prompt. Signs pointing people to where the dining room were visible and clocks were on the wall telling people what time meals were. The manager and quality manager told us that they had further plans to provide an environment that will support people living with dementia to orientate to time and place.

The manager told us that relatives meetings had been poorly attended so they had stopped them.We were told that a number of quality surveys were sent out to a random selection of people every month to gain views on the service. The manager told us that sometimes they received them back but often did not. They told us that they were always looking for ways to gain the views of relatives and had ideas to implement social events for them such as offering an evening dining experience and this may encourage them to attend and share their views.

Good

Is the service well-led?

Our findings

There was a registered manager in post. Each area had a staff member in charge. The nursing area was managed by a registered nurse and the residential service was overseen by a senior care assistant. Staff were all able to tell us who they reported to. The manager and quality manager discussed their plans to recruit to regular night nurse posts. This would ensure that the home would benefit from clear, competent leadership at all times.

Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. All the staff we spoke to told us that the management team were open and approachable. Regular staff support and appraisals took place and staff were encouraged to develop their skills and knowledge from regular training.

The provider had its own whistle blowing policy and protected staff that raised concerns about other people's practice. The manager gave us examples of how staff had used the whistle blowing procedure and the outcome of the subsequent investigations.

The manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. This showed that they were open and transparent in the management of the home.

Care records were clear and comprehensive and regularly reviewed. When people required short term plans of care these were put in place. Plans and risk assessments were in place for people with specific health care needs. If people required their health monitoring for example; food and fluid intake we saw that this took place and that these were checked by the manager to ensure that the appropriate action took place if someone's needs changed.

The quality manager showed us that the home had a recent internal quality inspection. There was a clear action plan for identified improvements. The manager and quality manager demonstrated openness about the areas that required further improvement. There were audits in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified an action plan had been put in place to improve.