

Bupa Care Homes (CFHCare) Limited

# Chaseview Residential and Nursing Home

## 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

We carried out this unannounced inspection on 11, 12, 14 and 15 May 2015.

We last inspected the home on 4, 5, 7 and 14 August 2014. During this inspection we found breaches of two regulations. People were not protected against unsafe

medicines management because the provider did not have appropriate arrangements in place for handling, using, dispensing and disposal of medicines. The provider had also not always ensured that people were protected from unsafe or unsuitable equipment.

# Summary of findings

Chaseview is a residential and nursing home which provides nursing and personal care for up to 120 older people. At the time of this inspection there were 90 people using the service. This included people with dementia and people who were at the home for a short stay. The home is divided into four separate units each with its own manager.

At the time of our inspection there was no registered manager at this home. 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.' The previous registered manager had left employment in January 2015. A new manager had been recruited and was due to start employment in June 2015. The new manager submitted their application forms to become registered the week following our inspection.

We found people consistently received their medicines safely and as prescribed. We recommend the provider's medicines administration policies and procedures should be revised to reflect current practice. There were systems to check and maintain the safety and suitability of equipment and the premises and these were up-to-date. Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing. Safe recruitment checks were carried out and there were adequate

numbers of staff to meet people's needs. People had an assessment of their needs and risk assessments were carried out to ensure safe treatment and care was provided.

People were able to make requests for a meal of their choice if they did not like what was on the menu. Staff knew the people they were supporting including their preferences to ensure a personalised service was provided. There was a variety of individual and group activities to ensure people had their social and emotional needs met. Staff respected people's privacy and dignity and enabled people to maintain their independence. People had access to healthcare professionals as required to meet their day-to-day health needs.

Staff received regular training and opportunities for skill development. The manager and staff were aware of their responsibilities around legislation regarding people's mental capacity. Staff described how they sought people's consent before delivering care.

People knew how to make a complaint and these were dealt with appropriately. Staff felt comfortable raising concerns with the managers. The provider had systems to check the quality of the service provided. People and their representatives were able to give feedback through satisfaction surveys, the results of which were acted upon to improve the service. Staff received regular supervisions to ensure good quality care was provided and attended regular staff meetings to receive updates on the service.

# 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. The service had systems to manage the storage, administration and recording of medicines to ensure people received their medicines safely.

The premises and equipment were maintained to an adequate standard to ensure that people using them were kept safe. There were enough staff to meet people's needs and safe recruitment checks were made for new staff.

Staff were knowledgeable about the safeguarding and whistleblowing policies and knew how to report concerns or abuse. People had risk assessments and plans to manage risks.

Good



### Is the service effective?

The service was effective. People were given choices of suitable and nutritious food and drink to protect them from the risks of inadequate nutrition and dehydration.

The manager and staff were knowledgeable about mental capacity and deprivation of liberty. Staff explained how they sought people's consent before delivering care.

People received care from staff that were skilled and trained to deliver care. The home worked together with other health professionals to ensure people received care appropriate to their needs.

Good



### Is the service caring?

The service was caring. Staff had developed good positive relationships with people and had a good understanding of their needs.

Each person had a named nurse and a named care worker who were responsible for overseeing the care they received.

People were treated with respect and their privacy and dignity were promoted. Staff explained how they maintained people's independence. There was a calm, relaxed and friendly atmosphere in all the units.

Good



### Is the service responsive?

The service was responsive. Staff were knowledgeable about giving person-centred care. People and their family members were involved in decision-making and developing their care plan.

There were a variety of activities and entertainment on offer which people could take part in individually or as a group.

The manager responded to any concerns, issues or complaints that were raised by staff, people using the service or their representatives.

Good



### Is the service well-led?

The service was well led. There was not a registered manager who had the legal responsibility to meet the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However a new manager was about to commence employment and had submitted their application to become registered.

Good



## Summary of findings

The service had the information required about people to ensure they received safe care and treatment. The provider had systems to monitor the quality of the service provided and to take action to make improvement where required.

Staff received regular supervisions which were used to re-enforce learning and annual appraisals where they could set goals for skills development.

# Chaseview Residential and Nursing Home

## Detailed findings

### Background to this inspection

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

The inspection was unannounced and took place on 11, 12, 14 and 15 May 2015. The inspection was carried out by one inspector and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for an older person with dementia. On the second inspection day, one inspector was supported by a specialist pharmacist inspector. One inspector carried out the third visit and two inspectors were supported by a specialist nurse inspector on the fourth day.

Before the inspection we reviewed notifications received at the Care Quality Commission (CQC) since the last inspection. We usually ask the provider to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However due to administrative difficulties beyond the provider's control, a PIR was not completed, so we obtained this information during the inspection.

During the inspection we observed care and support in communal areas, spoke with people in private and looked at care and management records. 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 speak with us. We reviewed eight staff files and eight people's care records. We also reviewed training, quality assurance, and maintenance records and looked at staff rotas and policies. We spoke with 15 people using the service, seven family members, two visiting health care professionals, 16 staff members and the acting manager.

# Is the service safe?

## Our findings

At the last inspection we found breaches to the regulations relating to the management of medicines and safety and suitability of equipment. The provider sent us an action plan stating the steps they would take to address these issues. At this inspection, we found that the provider had taken appropriate action to meet these legal requirements

During this inspection we found there were systems in place to ensure that people consistently received their medicines safely, and as prescribed. We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them.

As part of this inspection we looked at the medicine administration records for 44 out of 90 people. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

We saw medicines were given to people by appropriately trained and competent staff, however on Hart unit, where several people required nursing care, medicines were sometimes administered to these people by a senior carer. This practice was not supported by the provider's current medicines administration policy. We asked the manager and regional support manager about this and were told this policy was currently under review and due to be amended by July 2015.

Where medicines were prescribed to be given 'only when needed' or where they were to be used only under specific circumstances, individual when required protocols were in place. . The protocols gave administration guidance to inform staff about when these medicines should and should not be given. This ensured people were given their medicines when they needed them and in a way that was both safe and consistent.

Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. We saw that controlled drugs were managed appropriately.

We also saw the provider did daily and monthly audits to check the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action taken. This meant the provider had systems in place to monitor the quality of medicines management.

At this inspection, we found the provider had effective procedures in place to ensure the safety of the environment for people using the service. The building safety checks had been carried out to ensure these were safe for people who used the service, visitors and staff. For example, we saw from records the building's electrical five year inspection was carried out and the gas installation system had been serviced. We also saw records that the boiler had been service and portable electrical appliances had been tested.

Records showed a fire risk assessment was carried out on 20 May 2015, fire alarms were tested weekly the annual check on fire fighting equipment was up-to-date. We saw there were 38 wheelchairs, 14 hoists and eight bath lifts to assist staff to support people safely. The maintenance person told us the equipment and bedrails were checked every month and we saw this was done recently. There was a maintenance book on each unit where staff could record repairs and the maintenance person would sign each one when completed.

The provider had safeguarding and "Speak Up" (whistleblowing) policies which gave guidance to staff about the procedure they needed to follow if they witnessed abuse. Staff were required to sign to show they had read these policies. Staff were knowledgeable about what abuse was. For example, one staff member told us "When you see someone is being harmed, not treated properly." Staff could describe the whistleblowing and safeguarding procedures. For example one member of staff told us they would "Write a report and take it to the person in charge...if detrimental to resident report it here or to the council or CQC." Another staff member said "need to speak up to the manager, CQC or local authority."

Safe recruitment checks were made. We looked at the recruitment records for eight staff and found that all pre-employment checks had been carried out as required. Staff had produced evidence of identification, had completed application forms with any gaps in employment

## Is the service safe?

explained, had a disclosure and barring service (DBS) check, and had completed a pre-employment medical questionnaire. Where appropriate, there was confirmation that the person was legally entitled to work in the UK.

Two family members and one person told us there were not always enough staff. Staff generally thought there was enough staff but one member of staff thought at times there were too many. The manager told us dependency assessments were carried out in order to decide on staff ratios and if people's needs increased a request for additional staff hours would be made to the regional manager. The provider did not use agency staff but had a pool of bank staff who could be approached to cover staff absences. The manager also explained that permanent

staff were asked to swap or work extra hours up to a maximum of 60 hours in a week to cover gaps in the rota. During our inspection, we observed that people did not have to wait too long for assistance.

We reviewed the rota on each unit and saw there were adequate numbers of staff available to keep people safe. We looked at the number of staff available on each shift including the night shift and saw that additional members of staff were allocated to units during the late evening to assist night staff when supporting people to bed.

Care records showed that risk assessments were carried out for people and these were reviewed monthly. For example, we saw people were assessed for their risk of falls, moving and handling, and skin integrity. These included the steps staff should take to reduce and manage the risks.

# Is the service effective?

## Our findings

The manager and staff demonstrated they understood the Mental Capacity Act 2005 (MCA), associated codes of practice and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived. The manager understood the importance of identifying people whose liberty was deprived. At the time of this inspection there were DoLS in place for 32 people and 45 further applications were being processed with the local authority.

We saw that staff obtained people's consent before carrying out any aspect of care. One staff member told us it was important to "Explain what will be happening in a calm and quiet way." Another staff member told us before carrying out any care task they "Ask them, whether or not [the person] has capacity."

People were provided with a choice of suitable and nutritious food and drink. We saw the kitchen was well stocked with food which was stored safely and appropriately to prevent people being at risk from unsafe food handling. Staff told us people chose from the menu every day and if a person wanted something different this would be provided. Photographs of meals were available to help people to choose. The menu was seen to have two choices and staff in the kitchen confirmed they prepared alternatives for people who did not want what was on the menu. People who were on special diets were listed in the menu folder and we saw a list of vegetarian options were on offer.

Staff we spoke with demonstrated an understanding of the needs of people at risk of malnutrition and were observed to provide one to one support to people with eating and drinking where required. Care files contained risk assessments for the risk of malnutrition. People were weighed monthly to ensure weight loss or weight gain was monitored and those who were at risk of malnutrition had their weight checked on a weekly basis. The staff training matrix showed staff were up-to-date with training in nutrition and hydration.

We saw staff were aware of people who required thickened fluids and soft food and they confirmed that they were aware of this information from the handover book. One staff member told us they would inform the nurse in charge

if any person was not drinking enough fluids during the day. We saw food and fluid charts were completed for people and were up to date. Dietary needs were highlighted on an information sheet used during meal times.

People told us they liked the food and one person was heard telling staff "It's quite nice" when asked if they were enjoying their lunch. During lunchtime observations of one unit on the first day we observed staff offering people a choice of drinks to have with their meal. The food looked nutritious and palatable. People chose where they wished to eat their meal and were given the time they needed to eat at their pace. However on the last inspection day in a different unit, we noted that people were not offered sauces or gravy and a family member commented that they had to look for salt. We raised this with the manager who said they would speak to the unit manager and the chef in order to resolve this issue.

Care records reviewed showed input from health care professionals such as the GP, speech and language therapist or tissue viability nurse as people required. We spoke with two visiting health care professionals who told us that nursing interventions were satisfactory, there was good communication from the home and the home managed wound care well. Overall, these professionals thought the quality of care had improved but there was room for a little more improvement in record keeping.

Staff confirmed they had regular opportunities for training and skill development. For example, one staff member told us they had achieved the National Vocational Qualification (NVQ) in Care levels 2, 3 and 4 and also in Leadership and Management level 4. We reviewed the staff training matrix which was colour coded and dated to enable managers to see when staff were due refresher training. We saw staff had received appropriate induction training in the core areas of care including health and safety, safeguarding, the principles for implementing duty of care and dementia care and these were repeated as refresher courses when required. For example we saw that a number of staff had been identified as needing to complete refresher training in infection control, fire safety and moving and handling and these staff were required to attend training courses covering these areas planned to take place within the next



## Is the service effective?

two months. We spoke to the area trainer who confirmed that staff do implement what they have learnt from training sessions into their work but there are a few who take longer to absorb the information given.

# Is the service caring?

## Our findings

Some people we spoke with felt staff were caring. For example, one person said “They treat me very well. The nursing is very good. You can have a conversation with them if you want, they give you time.” Another person said, “It’s the best place in the world. I’d never go away from here.” One person told us “You get one or two odd ones but generally they’re alright.” And another person said “There’s carers, and there’s carers. Some are nice. Generally I get on alright with the staff.”

Family members told us “Staff are caring, always found [person] to be very clean and looked after”, “The staff are nice” and “They are very accommodating and make a lovely fuss of us.” We saw family members had written cards and letters of thanks to the staff.

The manager told us each person had a named nurse and a named care worker who were responsible for overseeing their care. There was a “Resident of the Day” system where each person had a chance to be made to feel special. This system included the person’s family being invited in and the person having a pamper session if they wished. The chef visited the person when it was their day and cooked a special meal of their choice. The named nurse updated each person’s care plan every month when it was their turn to be “Resident of the Day.”

Staff told us they developed good positive relationships with people by reading their assessments and care plans. Staff also told us “By communicating with them we get to know what they want and their needs”, “Be very patient and listen to them as well”, “If you don’t talk to them, they won’t like you and they won’t take anything from you” and

“Give them the opportunity to trust in me.” The manager told us they believed good positive relationships were developed with people because staff did not move around between the units, which provided continuity of care and enabled staff to get to know people and family members.

The manager explained that staff received training in respect, privacy and dignity during induction. Staff confirmed this training covered calling people by their preferred name, knocking on the door before entering a room and shutting the door when assisting people with personal care. Our observations confirmed that staff on each unit put into practice this training when carrying out their daily tasks. One staff member told us they “Make [people] feel like a human being...communicate with them.”

A staff member told us they encouraged people “To do as much as they can for themselves to give [them] dignity.” Another staff member said they supported people to maintain independence “By giving them the chance to do things for themselves if possible, for example, washing their own face.” Staff also described how they encouraged people to choose their own clothes, food and drink.

We observed staff speaking to people in a polite, respectful and caring manner. For example we saw staff reassuring one person who became anxious on one of the units. The person was worried because they thought they had lost something and the staff member told them “It’s alright, don’t worry, we’ll find it.” On another unit a staff member was observed providing nail care to one person who could not communicate verbally. This staff member was explaining what was happening and observing the person for non-verbal communication during the activity.

# Is the service responsive?

## Our findings

One person said “We don’t get no entertainment or nothing” but then said they did chair exercises and singers came to the home. Two people said they enjoyed the ball throwing activity and one of them said “You can go out if you want to. You’ve got to tell them where you are going.” One visitor said the activity co-ordinators “Are lovely. They have entertainment and they go out in the garden.”

There were two activity co-ordinators at the time of this inspection and one vacant post. We were told the provider was planning to fill the vacant post and was also looking for volunteers to help with the activities. The activities co-ordinator explained they gave one-to-one activities in the morning to people who liked to get up early and offered group activities in the afternoon. For example we saw the activities co-ordinator bring potted plants from the greenhouse to the room of one person who liked gardening but was unable to go outside at this time. The group activities included bingo, dominoes, indoor bowls, skittles and tin can alley.

During our inspection we observed a bingo session and people seemed to be enjoying the banter during the game. We saw the activities on offer were displayed on a noticeboard in each unit and saw different entertainment was booked three months in advance including day trips, garden parties, visiting pantomimes, and a therapeutic dog who visited during the school holidays. We were told by staff that three spiritual leaders each visited the home once a month from local faith groups.

We observed the other activities co-ordinator supporting people to a hairdressing session on the last day of inspection and explained they were there to offer reassurance to people who may become anxious due to dementia. The activities co-ordinators explained they were trying to set up a pen pal scheme with another local home as some people had expressed a wish to write and receive letters. We also saw group exercise activities being offered by an occupational therapist who worked Monday to Friday in Rush Green unit.

People and their family members told us they knew how to make a complaint. One person told us they did not need to complain and “I get what I want.” However another person told us “The carers are good” and “Only problem really is the door [of the medication room] banging early in the morning and late at night.” This person said he had told the staff but it still happened.

We reviewed the complaints records and saw there had been 15 complaints in the last four months. The record detailed what the complaint was, the outcome and the date responded to. We saw these were responded to within the timescales of the policy. The complaints policy was reviewed in January 2015 and gave guidelines on responding to concerns and complaints. The manager kept a separate record which detailed whether or not the complainant was satisfied with the response and the actions taken. We saw the complaints procedure was on display on each unit and was available in an easy read version.

Staff were knowledgeable about giving personalised care and one staff member told us “We have a lot of time” to give personalised care. Another staff member told us personalised care is “Don’t treat everyone the same” and “Treat them how they want their care to be given.” We saw the provider was in the process of changing care plans to a new system which was more person-centred. The new files included information on a brief history of the person’s life and how they liked to spend their day, detailed choices and decisions about care and listed their likes and dislikes. We saw from care records people and their families were involved in planning their care.

We saw an example of person-centred care being given to one person who had been assisted by one of the activities co-ordinators to join an artwork course at college. At the time of inspection there was nobody using an advocacy service. However the manager informed us that they had links with an advocacy service which they used as required particularly when family members are in conflict with each other.

# Is the service well-led?

## Our findings

We found the service was well-led. There was not a registered manager in post at the time of inspection. The most recent registered manager had left their post at the end of January 2015. We were told a new manager had been recruited and was due to start in June 2015. The week after this inspection the new manager submitted their registration application forms to CQC.

Staff told us they felt comfortable raising concerns with the unit managers and acting manager. Staff said “They listen”, “They do a great job, the unit manager [of Nicholas Unit] is a really good role model”, The provider had introduced an “Everyday Hero” system to recognise staff who gave high standards of care. The manager explained that a presentation was given to winning staff every two months and for staff to win they had to receive two nominations.

We saw from staff records that staff received regular supervisions every three months. Staff confirmed they had regular supervisions to help them provide good quality care and to ensure a consistent approach. Staff records showed that people had received an appraisal in January, March and May and these contained what has been achieved and goals set for the next twelve months.

We saw that staff meetings were held every three months and these were up to date. These meetings were used to share learning and discuss policy changes. For example one of the topics discussed at a recent staff meeting was implementing a “Get Steady and Stable” campaign as part of a falls prevention strategy. This involved introducing a “Move and Groove” session to help people to remain mobile in a fun way and included looking at all the factors that can affect a person’s mobility such as vision, hearing and balance.

During this inspection we reviewed people’s care files and found they were comprehensive. People had a pre-admission assessment followed by a more comprehensive assessment once they had moved into the

home. Malnutrition Universal Screening Tools (MUST) were seen to be completed on a monthly basis to identify if people were at risk of malnutrition and ensure their weights were within healthy limits. We saw that “Do not attempt resuscitation” (DNAR) forms had been completed to show that either the person or their family had been involved in the decision.

The provider carried out a satisfaction survey with people who lived in the home and their representatives every year in order to improve the service. We saw the analysis of the responses received from the most recent survey. This report noted that the areas of strength were quality of care provided, treating people as individuals and people were happy living in the home. An area of improvement documented was promptness of staff attending to people’s needs. The manager told us the actions identified as a result was to discuss this at staff meetings and to monitor the call bell response times more closely. We noted during our inspection that nobody had to wait for their call bell to be answered.

We saw the acting manager held a meeting every morning with the unit managers to be updated on people’s well-being so there could be a review of changes and problems. Unit managers confirmed they attended these meetings. We also saw the acting manager did a daily clinical walk around the home to observe how staff were working and to ensure good quality care was given to people. The manager told us she carried out random unannounced night visits which were documented with any actions identified. We saw there were no concerns from the most recent records.

The manager told us the provider carried out monthly spot checks and random spot checks. We saw the record for the provider’s spot check carried out on 20 January 2015 which included reviewing care plans, safeguarding outcomes and complaints. We saw the local authority had carried out their quality assurance monitoring on 10 Feb 2015 and had noted that good practice was observed and people and family members were complimentary of staff.