

HC-One Oval Limited

# Chaseview Care Home

## Inspection report

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Date of inspection visit:  
07 October 2019  
08 October 2019

Date of publication:  
24 October 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Chaseview Care Home is a residential care home for up to 120 older people, primarily with dementia. At the time of the inspection, the home was supporting 87 people with personal and nursing care.

### People's experience of using this service

Improvements had been made with staffing. Staff rotas showed that there were enough staff across units to support people safely. Call bells were being answered promptly. However, we found instances whereby call bells were not within easy reach of people. We made a recommendation in this area.

There were inconsistencies with risk assessments. Some assessments included mitigation to minimise risks, which were not being carried out. Unexplained bruising was not being analysed to identify cause to minimise risk of skin complications.

Audits had identified shortfalls with risk assessments and an action plan was in place. However, prompt action was required to ensure people received safe high-quality care.

Pre-employment checks were carried out to ensure staff were suitable to care for people safely. Safeguarding procedures were in place and staff were aware of these procedures. Medicines were being managed safely.

Systems were in place for quality monitoring to ensure people's feedback was sought to improve the service. Staff were positive about the management of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this home was requires improvement (published 26 April 2019) and there were breaches of regulation in relation to staffing and good governance.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 March 2019. Breaches of legal requirements were found. As a result, we served a warning notice to ensure the home was compliant with staffing. The provider also completed an action plan after the last inspection to show what they would do and by when, to improve with Good Governance and Staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe and Well-led, which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions were looked at on this occasion and were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chaseview Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up:

We will speak with the management team prior to this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Chaseview Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, a pharmacist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Chaseview Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have a registered manager but had recruited a manager, who was in their induction period. The area manager told us the new manager would register with the CQC. Registered managers are legally responsible for how the service is run and for the quality and safety of the care provided. Meanwhile, the home was managed by a interim manager and a deputy manager.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed relevant information that we had about the service. We looked at the last inspection report and any enforcement action we took. We also contacted professionals involved with the service for information. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people, six relatives, two unit managers, three nurses, seven care staff, the area manager, interim manager and the deputy manager. We reviewed 10 care plans, which included risk assessments, and five staff files, which included pre-employment checks. We looked at other documents such as medicine and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as looking at action plans and survey results.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated requires improvement. At this inspection, the key questions has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure the appropriate number of staff were available and effectively deployed to support people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we found a number of concerns with staffing levels. People, relatives and staff told us there were not enough staff to support people safely, nurses administering medicines were supporting people with care, call bells were not being answered in a timely manner and staff rotas showed there were shortfalls of staff in some units. Further, we observed that people may be at risk of harm as we observed one person trying to climb over their bed rail and staff were not in the vicinity to support the person. As a result of our concerns, we served a warning notice with a deadline to ensure the home was compliant.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were mainly positive about staffing levels. A staff member told us, "This unit is good. We always have enough staff. We always have enough time. Staffing has improved since the last inspection." Another staff member commented, "We always have time to support people. Right now we have enough staff."
- However, people and relatives had mixed feedback about staffing levels. One person told us, "I feel safe. There is staff around." However, another person told us, "Not always, today I came in late to visit [person] as I knew who was on, they were the good staff. They don't take shortcuts. We have recently had a lot of agency staff." The deputy manager told us they used agency staff to cover staff absences. They said staff were being recruited to fill vacancies, therefore the use of agency staff would be limited in the future.
- We observed that the required number of staff were on duty as shown on rotas. People that required support, received support. We observed one person in their room that required support and a staff member responded promptly and supported the person safely. We tested call bell response times across all the units and staff answered the call bells in a timely manner. We checked the staff rota across all the units and records showed there were adequate numbers of staff available to support people safely. Dependency assessments had been carried out to calculate staffing levels contingent on people's support needs. We also observed that nurses administering medicines did not have to support people with care, which ensured they could focus on the safe management of medicines only.
- However, in five people's bedrooms, we found that call bells were not within easy reach for people. This meant that people may not be able to call for help when needed. We fed this back to the management

team, the interim manager informed that daily walk arounds were carried out by senior care workers and management, and call bells were checked as part of the walk arounds. Records confirmed this. The interim manager told us that staff would be reminded to ensure call bells were within reach for people. The area manager told us that they were introducing a robust audit to ensure call bells were answered promptly and were within reach for people and showed us evidence of the audit templates.

We recommend the service follows best practice guidance on call bell management.

- We checked staff records for new staff that had been employed since our last inspection and these showed that relevant pre-employment checks such as criminal record checks, references and identification checks had been carried out. This meant that systems were in place to ensure staff were suitable to support people safely.

### Using medicines safely

At our last inspection, we made a recommendation that people's medicines were reviewed annually. During this inspection, we found improvements had been made.

- People were supported to take their medicines safely. There were weekly GP visits and as part of this medicines were reviewed to ensure people took medicines that they needed.
- People received their medicines as prescribed and staff kept written records when they administered medicines.
- Staff were trained and their competency assessed before they administered medicines, and regular checks ensured people received their medicines safely.
- Staff supported people with dignity and knew how people preferred to take their medicines.
- Where people were prescribed 'as and when required' medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.
- All medicines were available to be administered and there had been no out of stock items since the start of the current cycle.
- There was a system of reporting and recording medicines errors and action was taken to resolve individual errors.

### Assessing risk, safety monitoring and management

- There were inconsistencies with risk assessments. We found robust risk assessments had been in place for some people in relation to their health conditions such as with diabetes and nutrition.
- However, for people at risk of skin complications, there was lack of detail on how to manage risks. For one person who had pressure sores, their skin integrity risk assessments did not include that they had pressure sores. However, we saw records there was a wound management plan for the person and referral had been made to a tissue viability nurse. Further, records were kept of unexplained bruising found on people's skins, however this was not being analysed or investigated to identify the cause of the bruises, so action could be taken to minimise any risk of re-occurrence or if further action was required to minimise risk of skin complications. We checked this with staff and they were not able to tell us what action had been taken.
- There were risk assessments for people at risk of falls, which included that hourly checks were carried out to check if the person was safe. However, in one unit a staff member and a nurse told us they did not carry out hourly checks as they were told not to by the management team. We fed this back to the management team, who told us that hourly checks should be carried out and they would address this with the unit.
- The area manager told us they were aware of inconsistencies with risk assessments and were working to address this. Records showed that the issue with risk assessments were identified as part of internal audits and an action plan was in place to address this with a deadline for completion.



- Premises safety checks had been carried out by qualified professionals. Fire alarms were tested and records were kept of this.

#### Preventing and controlling infection

- Adequate systems were in place for infection control.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed the home was clean and tidy.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- People told us they were safe. A person told us, "I feel safe here." Another person commented, "I feel safe here, as there is 24-hour care and they check on me to see if I am doing well." A relative told us, "Yes [person] seems very content here. He can't stand or walk. [Person] is safe and comfortable."
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.

#### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service, such as falls and injuries. Action was taken following incidents to ensure person remained safe. People who had sustained an injury or had fallen were monitored to check if further action was needed, such as additional treatment or hospital admission.
- Incidents and accidents were analysed to identify trends. which would help prevent re-occurrence.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated requires improvement. At this inspection this key question has remained the same. This meant that the management and leadership of the service was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure that audits identified the shortfalls we found especially with staffing. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection, we found that the quality assurance systems were not robust to identify the shortfalls we found that care plans were not being audited in detail and robust systems were not in place to ensure there were enough staff to support people safely.
- During this inspection, we found audits included checking call bells during daily walkarounds. Audits of care plans were carried out, which identified shortfalls and the action that was required. In addition, audits had been carried out by the provider's quality team that focused on the CQC's key lines of enquiry. Records showed that the audits had identified shortfalls with risk assessments and ensuring call bells were within easy reach. An action plan was in place to address this. However, action will need to be taken promptly to address this to ensure people always received safe care and support. We will check if improvements have been made in these areas at our next comprehensive inspection.
- The management team had changed since our last inspection. The last home manager and deputy manager had left. A new deputy manager and an interim manager were in post supported by a newly appointed area manager. The management team were aware of the past issues with the home and were committed to making improvements. They told us that significant efforts had been made to improve the service such as with staffing and record keeping. They acknowledged that further improvements were required. The area manager told us that a new permanent home manager and clinical service manager had been appointed and would be starting shortly. They also told us a home night manager would be appointed that would manage the home during the night.
- Staff were clear about their roles and were positive about the management of the service. They told us that improvements had been made since the last inspection. A staff member told us, "Since [deputy manager] took over, she never lets us be short of staff. I feel residents are happy, we have more time to speak with

them." Another staff member commented, "There has been a lot of improvements. There is a lot of staff, we have enough staff."

- The management team were aware of their responsibilities to inform us of any notifiable events such as recent safeguarding referrals they had made to the local authority. They also kept copies of all the notifications that they had sent us.

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

- Regular staff meetings, and residents' and relatives' meetings had not been held since our last inspection. The deputy manager told us that these would be held and a recent residents' meetings was held. We were sent a schedule of when the meetings would be carried out in the future.
- Daily flash meetings took place. These covered issues and concerns about people for immediate action. Maintenance, catering, housekeeping and activities for the day were also covered.
- Staff told us the service was well led. One staff member told us, "[Deputy manager] is good. I have worked under so many managers, she is one of the good managers. She is quite approachable." Another staff member commented, "We have definitely improved in the past six months. We cover staff sickness, training, paperwork, fire drills. It is just better than before. [Deputy manager] is very supportive and approachable."

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's, relatives and staff's thoughts about the home and act on their feedback where possible, to create a cycle of continuous improvement.
- Surveys were analysed and actions and improvements were identified for the service. For example, increase staffing levels and personalised rooms.
- At our last inspection, a number of staff raised concerns with us about the lack of support. The area manager told us that as a result of this, a staff surgery was held and action had been taken to improve staff moral and ensure staff were supported. A staff member told us, "Staff morale is good."

Working in partnership with others:

- The service worked with professionals to ensure people's needs were met.
- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people received prompt treatment. Records confirmed that people had access to a range of health services.
- The service worked with local authorities to develop practice through quality monitoring visits.