

Chasewood Care Limited

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Inspection report

Chasewood Lodge
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Tel: 02476644320

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 1 August 2017. Chasewood Care Limited provides accommodation and personal care for up to 107 people. The accommodation is arranged across three floors, with separate communal areas on each floor. Fifty-three people were living at the home at the time of our inspection.

One local commissioning authority had told us they had stopped making admissions to the home in March 2017, because of their concerns about the management of the home. We found the provider and manager were making improvements to the premises and management to improve the possibility of renegotiating with that local authority and with other commissioners of care.

When we inspected the home in December 2016 we rated the service as requires improvement overall and requires improvement in safe, effective, responsive and in well-led. We planned to re-inspect the service within 12 months of that inspection to see if the required improvements had been made.

The provider had notified us when the registered manager had left the service, but had not notified us of how the service was being managed in the absence of a registered manager. We had received information from various individuals and external agencies about who was responsible for day-to-day management of the service.

We decided we should check how the service was being managed and whether the required improvements had been made in well-led. For that reason we have only looked at the well-led key question and this report only covers our findings in relation to the management of the service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chasewood Care Limited on our website at www.cqc.org.uk.

At this inspection we found some improvements had been made, but we need to be confident that the improvements in management and leadership are sustained before we can change the rating. The rating will remain at requires improvement until the next comprehensive inspection when we will review of all the key questions.

The service is required to have 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 and associated Regulations about how the service is run.

At our previous inspection the registered manager had told us they would stop working as the manager in December 2016, but would continue to support the provider to manage the business for three months. At this inspection, the provider showed us written confirmation from the registered manager that they had ceased working for the provider completely on 31 March 2017 and wished to be deregistered with CQC. This meant there had not been an active registered manager for more than six months. The quality of leadership

and guidance for staff had been inconsistent since our previous inspection.

Since March 2017, the provider had appointed several different individuals and agencies, with a view to appointing a permanent manager. The person they had appointed in June 2017 had just been confirmed as a permanent member of staff. They told us they planned to apply to be the registered manager straight away.

The provider explained they had delayed notifying us because it had taken longer than anticipated to recruit the right person. They had delegated the responsibility to notify us of any changes to several unregistered people and agencies they had trialled in the management role.

The provider confirmed they now understood that some responsibilities could not be delegated to non-registered persons. They said they would be responsible for keeping us informed by use of statutory notifications in future, in accordance with their legal obligations.

We found significant improvements had been made to the leadership and management of the service under the new manager, who was also a qualified nurse. They had brought experience and skills to their role and implemented best practice improvements.

With the manager's support and guidance as a qualified professional, the provider had changed the use of some rooms and had begun a large scale refurbishment of the home. They had recruited additional staff, made changes to staff's working practices and invested in new equipment.

The improvements had a direct and beneficial impact on how people were cared for and supported. Staff had confidence in the manager's experience and leadership because they could already see improvements in people's well-being. Staff recognised that people's appetites had improved, because they were more active and were more interested in their surroundings and in socialising with others.

Staff had all had an opportunity to speak with the manager and had been encouraged to develop skills and experience, to equip them to take a lead role in subjects that interested them. Staff had been supported with safer medicines administration by changes in how medicines were supplied, relevant training and by safer working practices.

Staff were looking forward to changing from paper based recording to electronic recording, because it would save time and information would be more readily available, which will enable safer and more effective care and support.

The manager had maintained the regular monthly quality assurance checks and improved the way information was analysed, which enabled them to take action to improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not consistently well-led. Leadership and guidance for staff had been inconsistent. There had not been an active registered manager for more than six months and the service had been managed by different people and agencies. The new manager, who was not currently registered, planned to register with us. The provider and manager worked as a team to improve the service. The manager had the experience and skills to encourage and support staff to deliver a quality service. Improvements had been made to the premises, to staffing levels and to medicines management, which resulted in safe and effective working practices. People's well-being was improved by changes in their surroundings, in the number of staff on duty and by new equipment.

Requires Improvement 

Chasewood Care Limited

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 took place on 1 August 2017 and was unannounced. It was a focused inspection to check how the service was being managed and whether any improvements had been made in the key question of 'well-led'. The inspection was planned in response to information received from other agencies about changes in the management team. The inspection was conducted by two inspectors.

A deputy manager had completed the provider information return (PIR) and sent it to us. The PIR 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.

We reviewed the information we held about the service. This included information shared with us by the local authority and statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. The provider had not kept us informed about changes to their management team or how the service was being managed in the absence of a registered manager.

We spoke with two people who lived at the home and a relative. Most of the people living at the home were not able to tell us whether the service was well managed, because of their complex needs. However, we spent time with them and observed how staff cared for and supported them. We spoke with six staff about how they were supported to be effective in their role and with the new manager and provider about how the home was managed.

We looked at six people's care plan records to check that any restrictions to their liberty were appropriately authorised and five staff files, to check staff were recruited safely. The provider had sent us copies of their quality assurance checks and action plans for May and June 2017, as required by the conditions of their registration.

Is the service well-led?

Our findings

At our previous inspection in November 2016, we rated this service as requires improvement overall and requires improvement in well-led. At this inspection we found significant improvements had been made, which had a beneficial impact on people's health and well-being. Further improvements were planned and in progress. The rating is requires improvement.

Staff reported the improvements had all taken place in the previous two months, after five months of uncertainty and inconsistent leadership. We need to be confident that the improvements are sustained and that the provider continues to act in accordance with their legal obligations to notify us, before we can change the rating. At our next comprehensive inspection, scheduled for later this year, we will be able to check whether improvements in leadership have been effective across all the key questions.

At the time of our November 2016 inspection, the provider had appointed a new manager, because the registered manager planned to retire in December 2016. Since that inspection, the provider notified us that the registered manager had left the service, which meant there had not been an active registered manager for more than six months. The provider had not notified us of how the service would be managed in the absence of a registered manager.

We were informed by other agencies there had been several changes in the management team, which the provider had not notified us of. We decided to conduct a focused inspection to check how the service was being managed and whether the required improvements had been made in well-led. We will inspect the service again later this year, to check whether the required improvements have been made in safe, effective and responsive.

At this inspection the provider told us they had trialled several people and agencies to support them to manage and improve the service. Three prior appointees had not been made permanent, but the provider had recruited a manager at the end of May 2017, who had just been confirmed as a permanent manager. The new manager told us they had, "Liked the provider's honesty" and had accepted the role because, "I saw really caring staff among the staff group." They said they would now be able to apply to become the registered manager and said, "I am here for the long term. The provider wants to get everything right."

The provider had delayed notifying us about how the service was being managed during this period of uncertainty, but people, relatives and staff assured us that the provider had been consistent in their availability and leadership during this period. A relative told us, "It's made no difference to me about the managers changing. I speak to the owner, and he is always around." One person told us, "I would tell the staff if I was not happy. There is always someone around to help me."

Some staff had been unsettled by the management changes since the registered manager had left, but they were all confident they had continued to deliver the care and support people needed. Staff told us they were trained, experienced and competent. Staff said they had been consistently supported by the deputy managers. Staff told us, "We have coped", "The deputy manager is good. They do my one-to-one meetings."

They are easy to talk to and action things that need doing" and "We do care here, whatever anyone else says, we actually care."

Staff told us they had noticed significant improvements in the management and leadership of the home since the new manager was appointed. The new manager brought skills and experience from their previous appointments and had begun to implement best practice improvements to the environment, equipment and resources available for people and staff. Staff explained the changes the manager had implemented in terms of 'improved outcomes' for people in relation to their appetites and in their opportunities to mobilise and to socialise.

The maintenance team had been increased from one to four people, and a large-scale refurbishment programme was in progress. The aim of the refurbishment was to provide a more accessible and dementia friendly environment, to better suit people's needs. One person told us, "The manager has made things nicer for us here, they are painting everywhere."

We saw a recently appointed activities coordinator was encouraging and supporting people to create a large artwork to display in the planned, refurbished reception area. The artwork was designed to remind visitors they were 'entering someone's home' and to give people a sense of ownership of the home. Some communal rooms had been rearranged to create separate dining rooms and libraries on each floor. Staff told us people who had previously declined to move from their armchair to eat their meals were already going to the dining room to eat, because they enjoyed socialising with others.

At lunch time we saw people who were independently mobile had already taken themselves to the dining room. Staff told us, "People can interact with each other and I think it encourages them to eat more" and "People are eating and socialising better, digesting better and eating more." Staff told us they showed people both meals at lunch time, which made it easier for people to choose what to eat, if they were not able to communicate well verbally. The notable impact of this change was that everyone at the home had maintained or increased their weight over the previous two months.

The new manager, who is also a registered nurse, had reviewed everyone's risk assessment for food and fluid intake and updated the guidance for staff. Staff were reminded they should only monitor people's food and fluid intake if they were identified as being 'at risk' of poor nutrition. Staff no longer spent time monitoring people's food and fluid intake unnecessarily, which meant they had more time to care.

Staff were supported to improve people's experience of the service with new equipment. Several people had been cared for continuously in bed, because of their physical health needs. The manager had known about and had obtained a specialist chair which enabled people to spend time out of their bed safely. Staff told us that everyone who had been cared for in bed continuously now spent time in the communal areas every day. Staff told us, "There is joy for people in the outcome" and "The chair makes such a difference. People have been out for walks. Some people have been in bed for years and they have all been outside now. It is time consuming, but worth it." The manager's improvement plan included improvements to the garden and the pond had been cleared, which encouraged people to go out to feed the ducks.

Staff told us they had felt the benefit of changes in the management and effectiveness of staffing. Fourteen new staff had been recruited in the previous two months. The manager had implemented a new staff rota with an extended handover period at lunchtime. The additional staff hours meant staff were able to attend one-to-one supervision meetings, training sessions and 'lunch and learn' sessions conveniently, without unnecessary travel or time out of their non-working hours. Domestic and laundry staff's hours had been extended from part days to whole days, seven days a week. This enabled a more effective cleaning schedule

to be maintained. Night staff were not expected to deal with the laundry, so they had more time to support people at night.

Staff told us, despite their concerns about whether the manager would stay at the service, they had confidence in the manager's skills and leadership. Staff told us, "I think the manager is very approachable, they listen to us. We work well as a team and know people well, but we can ask the manager for their advice and opinion" and "I can learn from them. I am very open to their ideas. They are a good role model for me."

All the staff we spoke with had read our previous report and thought about how they could influence improvements at the service. Staff told us they felt valued because, "This manager is very encouraging and has given us each an area to make improvements in" and "They are different to the previous managers. They thank us, which makes me feel valued." Staff showed us the new medicines management and administration system and told us the new arrangements and new pharmacist were, "Really good." The new system required two staff to be present to administer medicines, which minimised the risk of errors or omissions.

The manager told us they had met with staff in one-to-one meetings in order to get to know them and to understand their skills and interests. They had identified staff who were interested in taking a lead role for different aspects of care, such as medicines management and infection control. The manager told us it was important to give staff purpose and recognition. They said, "We need to recognise good staff and encourage them and manage poor performance."

Staff told us the provider had shown their commitment to improving the quality of the service by their ongoing investment in the building, equipment, policies, procedures and processes. Staff told us, "The provider has been very supportive and is spending money on new IT systems, decorations and chairs for people" and "We read all the policies like safeguarding and whistle blowing and we have to sign to say we have read them."

The manager supported the provider to maintain the premises and equipment safely. They had contracted with external specialists to make sure that all the essential services and equipment were tested and serviced in the month before our inspection. They had invited the Fire Protection Officer to come back to check that the provider had followed their advice and taken the recommended actions to minimise the risks of fire.

The manager had taken responsibility for checking the quality of the service, and for sharing the outcome of their checks with us every month, in accordance with a condition of the provider's registration. We noted the manager understood the importance of analysing the results of their checks, in order to decide what action they should take to improve. For example, when one person had fallen more than once and in several consecutive months, the manager had referred them to specialist healthcare services to check whether any action could be taken to minimise their risk of falling. When the manager's checks of medicines identified persistent errors in staff's records, they had implemented a daily count of medicines and supervision meetings with all staff who administered medicines to support improvements in the safety of medicines administration.

The provider and manager were enthusiastic about the changes they had already implemented and were committed to an ongoing programme of improvements, in the expectation they would be able to offer more people a room at the home. The manager planned to use their skills and previous experience to offer specialist care services such as end of life care, in the future. This matched the provider's ambition for the future of the service, because there is a known demand for and limited availability of this type of service.

