HC-One Oval Limited

Chaseview Care Home

Inspection report

Off Dagenham Road
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Essex
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30 October 2020

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Chaseview Care Home is a residential care home providing personal and nursing care to 85 people at the time of the inspection. Most people living at the service were older people some of whom had dementia. The service can support up to 120 people across four units in an adapted building.

People's experience of using this service and what we found
Since our last inspection, improvements had been made with risk assessments for people at risk of skin complications. This included control measures, referral to professionals and monitoring the risks. People's nutrition and hydration risks were recorded appropriately, and staff followed care plans and health professional's advice. However, risk assessments were not completed for people that had breathing problems to minimise associated with breathing. The management team told us that these risk assessments would be completed.

Infection control procedures had been enhanced due to the risk of COVID19 and we observed the service was clean and a cleaning schedule was in place. Systems were in place to ensure visits were made safely. Personal protective equipment [PPE] was readily available and people and staff were tested regularly.

There was sufficient staff available to support people safely. Staffing levels were reviewed regularly and call bells were answered promptly.

Quality assurance processes at the service monitored the safety and wellbeing of people at the service. These processes were completed regularly and when actions were identified to improve elements of care, these were followed up on.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 24 October 2019) and was a focused inspection to follow up on the warning notice we served for staffing and requirement notice for good governance at our last comprehensive inspection on 18 March 2019.

Why we inspected
We undertook this targeted inspection to follow up on recommendations we made at the last inspection on call bell monitoring and good governance and to check if improvements had been made on skin integrity risk assessments. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do

not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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? This key question has not been rated. Details are in our safe findings below.	**Inspected but not rated**
Is the service well-led? This key question has not been rated. Details are in our well-led findings below.	**Inspected but not rated**

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.

This was a targeted inspection to check if improvements had been made following our last inspection on call bell monitoring, risk assessments and good governance.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector, a specialist advisor and an expert by experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE made telephone calls to people and their relatives the day after our inspection.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service short notice on the day of the inspection. This was because we wanted to let the service know we were coming and also find out whether there were COVID19 cases present in the home that could place the inspection team at risk of infection.

What we did before the inspection
We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with eleven members of staff including three unit managers, two nurses and six carers. We also spoke with the area director, area quality director, registered manager and the deputy manager. We spoke to a GP who was visiting the home.

We reviewed a range of records. This included 11 people's care records and risk assessments. We looked at staffing rota and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate evidence found such as audits and staff dependency tools. We spoke to five people who used the service and six relatives of people who used the service by telephone.

Inspected but not rated

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 as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if improvements had been made with staffing and risk assessments. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing
At our last inspection, we made a recommendation with call bells as we found call bells were not within reach of people placing them a risk of harm. During this inspection, we found improvements had been made.

● We observed that call bells were within reach of people and saw the call bells were answered promptly. We tested call bells to check the response of staff and found staff responded in a timely manner. For people that could not use call bells, hourly observations checks were carried out. We checked records and found that hourly checks were being carried out. A person told us, "When I buzz for a carer, they do not take long to come."

● People and relatives had mixed views on staffing levels. One person said, "I feel safe here, there is enough staff here to attend to me." However, another person commented, "We could always do with more staff; they do their best with what they have."

● Staff also had mixed views about staffing levels. One staff member said, "I think at the moment the staffing level is ok." However, another staff member said, "There isn't enough staff."

● We checked staffing rotas against the dependency tool and found there were enough staff to support people safely. A dependency tool measures how many care hours need to be provided by staff as directed by the complexity of people using the service. Clinical risk assessment, which included the findings of dependency assessment for each person were completed and sent to senior management every month to ensure there was enough staff to support people safely. We also observed that staff supported people when required and responded when people needed support.

Assessing risk, safety monitoring and management

● At our last inspection, we found for people at risk of skin complications, there was a lack of detail on how to manage risks and assessments had not been made on unexplained bruising. During this inspection, we found improvements had been made in this area. Risk assessments had been completed for people at risk of skin complications. This included control measures, referral to professionals and wound management analysis. Fluid and turning charts were in place to ensure risks were minimised. Charts were up to date and had been completed accurately.

● Body maps had been completed for unexplained bruising and this was analysed and incorporated as part of skin risk assessments.

● Risk assessments had been completed in other areas such as falls. Falls risk assessments included, prevention plans and a falls diary to monitor the cause of falls. For people that required a falls sensor mat

next to their beds to minimise injuries, we observed that this was in place.
● Risk assessments had been completed for people that may demonstrate behaviours that may challenge. Behaviour was regularly reviewed and analysed, and control measures were in place to minimise behaviours that may challenge.
● Other risk assessment and management plan included manual handling, nutrition and environment safety. Risk assessment checklists for the use of bedrails were in place. There was monthly clinical meeting whereby issues of clinical risks were raised and discussed. Learning from such cases were highlighted and measures put in place to minimise risk of reoccurrence.
● People told us that they were safe. A person told us, "I feel safe, I chose to come here and it's the best I ever did." Another person commented, "I feel much safer than outside, I get 24hour constant care here."
● Improvements were required for people that had breathing problems such as Chronic Obstructive Pulmonary Disease (COPD). We found that for people who had COPD, a risk assessment had not been completed on what caused people to be breathless and actions staff should take. We fed this back to the management team, who said they would look into this and ensure risk assessments were in place.

Preventing and controlling infection
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● People and relatives told us the home adhered to infection control practices. A relative told us, "The staff always wear protective clothing as far as I see." A person commented, "Staff wear protective masks, gloves and aprons."
● We observed a person was on isolation due to COVID19. Sign of isolation was placed on the door and PPE available at the entrance door of the persons bedroom.

Inspected but not rated

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 as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if improvements had been made since our last inspection on quality assurance. We will assess all of the key question at the next comprehensive inspection of the service.

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, shortfalls associated with skin integrity risk assessments and call bells not being within easy reach of people had been identified and an action plan was in place to address these. During this inspection, we found improvements had been made in these areas. However, further improvements were required to ensure risk assessments were in place for people with breathing difficulties. Records showed that risk assessments were identified as an area of improvement by a recent internal audit. An improvement plan was in place to ensure improvement was made.
● The home carried out a number of audits, which included daily walkaround by the management team, care plan and risk assessments audits, call bell monitoring, medicine audits and wound care audits. 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 care plans were up to date, person centred and highlighted individual need. They were evidence based and necessary charts were put in place to manage and monitor areas of needs. For example, a person using the service had kidney problem, their care plan highlighted on monitoring of fluid intake and output. Their skin was observed to be sometimes oedematous due to retention of fluid; there was a care plan on how to care for their skin.
● The management team had changed again since our last inspection. The last registered manager and deputy manager had left. A new registered manager and a deputy manager were in post supported by the area director and area quality director. The management team told us they continued to work hard to improve the service such as with staffing and record keeping. There was an action plan in place to continuously make improvements to the home. The registered manager was committed to making improvements to the service and also had an action plan to ensure the home attains a rating of Good at the next comprehensive inspection.
● 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.
● We received mixed responses from staff regarding support they received from management. We looked at the supervision matrix and found that some staff had not been receiving their supervision in accordance

with the provider's supervision policy. We fed this beck to the registered manager, who informed she was aware of the lack of supervision and told us that she was addressing this through daily meetings with unit managers to monitor completion of supervisions and also was introducing group supervisions to ensure staff were supported consistently.

● Most people and relatives told us the home was well-led. A person told us, "I know who the manager is, and she is approachable." A relative told us, "The care home is amazing; we cannot fault them."