

CCH Blackpool Limited

# Chaseley Care Home

## Inspection report

404 Promenade  
Blackpool  
Lancashire  
FY1 2LB

Tel: 01253352622  
Website: [www.chaseleycare.co.uk](http://www.chaseleycare.co.uk)

Date of inspection visit:  
19 November 2020  
23 November 2020

Date of publication:  
18 December 2020

## 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

Chaseley Care Home is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

### People's experience of using this service and what we found

People were happy with the measures in place to minimise the risks related to Covid-19. The registered manager was following national guidance to keep people and staff safe. However, the environment was not properly maintained in all areas. The provider had failed to effectively operate systems and processes to assess, monitor and improve the quality of the service.

Care plans and risk assessments were reviewed regularly to ensure they were up to date. Safeguarding procedures were in place to protect people from the risk of abuse by staff who understood and were trained on how to recognise and respond to concerns. Medicines were managed and administered safely. The registered manager and staff were clear about their roles and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's health and social needs were met.

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 service was requires improvement (published 28 February 2018).

### Why we inspected

We received concerns in relation to infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the cleanliness of the environment and the governance of the service to meet health and social care regulations.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?**

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** ●

# Chaseley 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.

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

One inspector carried out the inspection.

Chaseley 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 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

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this

information to plan our inspection.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, care workers and the chef. 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 talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who regularly visited the service or had contact regularly with the registered manager.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

### Preventing and controlling infection

We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home did not look visibly clean and hygienic. Some communal carpets were taped to cover rips. Some communal carpets were stained, had rippled and were not flush to the wall, allowing dirt to gather. Carpet grippers used to hold carpets in place were ingrained with dirt. Linoleum on the basement floor, near to people's bedrooms, had cracked open in several places. A small non slip matt had been used to partially cover the cracks. Paintwork in several places throughout the home was chipped and covered in fluid stains. The tiles in on the kitchen floor had crumbled in one spot and needed replacing.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the environment was suitably maintained and clean. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had received quotes to replace some flooring at the home but had been partially restricted by pandemic restrictions on moving forward. After the inspection visit the registered manager said they would be reviewing their housekeeping hours and duties.

- We were assured that the provider was using personal protective equipment effectively and safely. One person told us, "[Registered manager] is trying to protect us all. Staff always have a mask on. No concerns at all."
- 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 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.
- We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a four-star rating following their last inspection by the FSA. This graded the home as 'good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

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

- People were safe and protected from abuse and their human rights were respected and upheld. Staff told us they had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they felt able to challenge poor practice and report their concerns to the registered manager.
- The registered manager followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm.

#### Assessing risk, safety monitoring and management

- The registered manager assessed risks to keep people safe. This included putting safeguards in place, so people's lifestyle choices were assessed, and risks minimised.
- Staff had up to date knowledge of risk management strategies to manage people's physical and mental health.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured in case of a fire there was guidance on how to support people out of the building.
- Risks related to the premise's equipment were managed. The maintenance person and external contractors carried out regular checks to ensure equipment and facilities were safe.

#### Staffing and recruitment

- The registered manager was aware of safe recruitment procedures. They followed processes to ensure staff were recruited safely. This included checks to ensure they were of good character and suitable to work with people who may be vulnerable. Staff told us they had completed all the relevant checks before work commenced.
- There were enough staff on duty, and they were deployed to specific areas of the home to meet people's needs.

#### Using medicines safely

- People received their medicines and creams when they should. Staff asked people who had 'as and when required' pain relief medicine prescribed if they wanted these medicines and acted upon their wishes. People were given time to take their medicines in a calm and person-centred manner.
- Medicines administration systems were robust and well organised. Controlled drugs were stored correctly. Controlled drugs are medicines that are tightly controlled by the government because they may be abused or cause addiction.

#### Learning lessons when things go wrong

- There was a process that ensured when accidents and incidents occurred these were appropriately recorded, investigated and areas for improvement identified and acted on. The registered manager had good practice guidelines and a post falls protocols that guided staff on the appropriate action to take and who to inform.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had identified some concerns regarding the premises being clean and suitably maintained for personal care to be delivered and to promote people's wellbeing. However, the standards of hygiene did not meet regulatory requirements. The provider had failed to effectively operate systems and processes to assess, monitor and improve the quality of the service.

We found no evidence that people had been harmed however, the provider had failed to act on information to improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records related to people's care and treatment were accurate and reflective of their current circumstances. We found records provided enough information to guide staff to provide care and treatment which met people's individual needs. Staff had regularly reviewed and updated risk assessments and care plans.

- The provider's systems to assess, monitor and improve the service were operated effectively. The registered manager had implemented a range of audits and checks to monitor the quality of the service. We saw where shortfalls were identified, the registered manager had escalated these to the provider.

- Staff told us they were clear about their responsibilities and the expectations of the registered manager to provide high quality care. They said they welcomed leadership and feedback on what had gone well and what could be improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager planned and delivered effective, safe and person-centred care. Current legislation and best practice guidelines had been followed. This was to ensure the diverse needs of everyone were met.

- The registered manager had created an open and transparent culture which contributed to staff morale and staff retention being high and enabled them to deliver good care for people. One staff member said, "[Registered manager] is great, she is on the ball and makes sure we are up to date on government guidelines."

- People were keen to share positive feedback on the staff. One person told us, "[Registered manager] looks

after me, she's the best. I like [registered manager]." A second person commented, "[Carer] she's my mate, she's my best friend."

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

- The registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding concerns and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were regularly consulted about the care and support delivered.
- The registered manager worked in partnership with other organisations to ensure they followed current practice. They had developed strong positive relationships with health professionals. These included healthcare professionals such as GPs and district nurses. This partnership to deliver co-ordinated care ensured positive outcomes for people.

Continuous learning and improving care

- The registered manager regularly assessed and monitored the service. We saw evidence they had acted upon any findings from audits completed. They were aware of changes in social care guidance and implemented best practice processes to keep people safe. One health professional commented that the staff team were very responsive to people's needs and communication between staff and the health team was excellent.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Systems were either not in place or robust enough to ensure the environment was suitably maintained and clean  15(1)(a)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to ensure compliance with all regulations.  17(1)(2)(a)