

# Tamaris Healthcare (England) Limited

## Chasedale Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Chasedale Care Home is registered to provide accommodation, nursing and personal care to a maximum of 60 older people, including people who live with dementia. At the time of the inspection there were 58 people living at the home.

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

Systems and processes for identifying patterns and trends were in place. These had not always been utilised effectively, meaning patterns and trends had not always been analysed or identified to reduce the risk of incidents happening again.

Care planning was person-centred initially but then not reviewed meaningfully. Some daily records were not person-centred and some external advice to support risk assessments was not always easily accessible. The provider had plans in place to improve records.

People were not always supported to have maximum choice and control of their lives and to live in the least restrictive way possible and in their best interests; policies and systems in the service supported this practice but staff actions did not always follow those policies. The provider had identified these concerns prior to our inspection visit but further retraining and awareness was required. We have made a recommendation about this.

The provider had recognised the majority of the areas for improvement required, prior to our inspection visit, and had begun to implement changes and improvements.

People felt safe and supported. Staff helped people promptly and regularly checked on their wellbeing. Relatives told us they had confidence in the ability of staff to look after their loved ones in a safe way.

People's care plans were up to date but needed more person-centred detail to improve them. The provider had plans in place to improve records.

The environment was clean. Areas of the home were in need of refurbishment to ensure it was more welcoming and dementia-friendly. The mealtime experiences were at times task-focussed and the provider needed to do more to ensure dementia-friendly best practice enabled people to have a more enjoyable mealtime. We have made a recommendation about this.

Medicines administration was safe. Staff were trained, supervised and had their competence regularly assessed. Records were clear and stock checks and audits ensured the risks of errors were reduced.

There were sufficient staff to keep people safe. The provider had reduced reliance on agency staff. People and relatives were happy with the levels of staff support.

People were kept safe from the risk of abuse. The provider had relevant policies and procedures in place. Staff reacted promptly to individual incidents and concerns, but there was a lack of meaningful oversight.

Staff were recruited safely. The registered manager had held regular individual supervisions with staff and team meetings. Staff felt they could raise concerns where they had them.

Staff demonstrated a good understanding of people who used the service and a desire for them to receive good quality care.

Utilities and equipment were regularly checked and well maintained.

The provider worked well with external professionals.

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 good (published 10 January 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

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 COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have made recommendations that the provider reviews understanding and implementation of Mental Capacity Act guidelines, reviews and improves the environment and experience for people living with dementia, and reviews and improves the person-centred nature of care plans.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective 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 

# Chasedale 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 Act.

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 an inspector, a specialist advisor 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

Chasedale 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

### During the inspection

We spoke with 4 people, 2 relatives and 10 staff, including the registered manager, regional manager, area manager, quality manager, dementia lead, deputy manager, administration officer and care staff. We contacted 4 external professionals via telephone and email and 3 further care staff via telephone. We spoke with 10 more relatives via telephone.

We observed interactions between staff and people. We reviewed a range of records. This included 8 people's care records and medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures, training records and meeting minutes.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments were in place. Staff had a good understanding of those risks. Records were not always as person-centred as they could be. The provider had recognised this, and also that external advice should be more clear for staff in care planning documentation. They demonstrated they had begun this work through care file audits and improvements.
- Core safety information, such as positional changes and fluid intakes, had been recorded. Again, the provider had recognised that some of these records needed to be more detailed to be more effective and were working to address this.
- Staff responded quickly when there was an incident or accident. The provider demonstrated how they planned to implement more proactive strategies to analyse and learn from incidents.
- People told us they felt at home and trusted staff. They interacted in a relaxed fashion with staff throughout the inspection. One relative said, "[Person] is absolutely safe. They love [person] and I have no concerns."
- Appropriate servicing and testing of utilities and equipment were in place. Personalised Emergency Evacuation Plans (PEEPs) were available. The registered manager and staff team had responded to external advice regarding the laundry and cleanliness generally.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had a comprehensive system in place for recording, acting on and analysing incidents. Staff had not always completed all relevant documentation in relation to incidents, making meaningful analysis more challenging.
- Staff had received safeguarding training. They knew how to raise concerns and acted to keep people safe.
- Relatives felt any concerns were listened to and acted on appropriately. One relative said, "I complained the bins had not been emptied and the floor not washed. It's better now. I used to do [person's] washing but now they are doing it."

### Using medicines safely

- Medicines administration was safe. Responsibilities were clearly set out and adhered to. Staff demonstrated a good understanding of people's medicines needs. The registered manager ensured staff competence was regularly assessed.
- Good practice had been followed in a range of areas that commonly present difficulties, such as the administration and recording of cream medicines, and 'when required' medicines. These were supported by clear protocols to help staff.
- Audits and stock checks helped reduce errors.

### Staffing and recruitment

- There were enough staff to meet people's needs safely. One relative said, "Staff are always there to help. No concerns about safety."
- Staff were recruited safely. There were pre-employment checks to reduce the risk of unsuitable people working with vulnerable people.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Relatives were able to visit loved ones, in line with current guidance. Staff were patient and supportive with relatives.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Not all restrictions were the least restrictive and in line with MCA guidance. The provider had identified this by auditing care plans prior to our inspection and had taken action to ensure any such deprivations were reviewed. There was further work to be done to ensure all staff understood MCA best practice.

We recommend the provider prioritises retraining and reflective practice regarding MCA and DoLS.

Adapting service, design, and decoration to meet people's needs

- The home was purpose built but the décor and furnishings in communal areas needed review in terms of dementia friendly best practice. Signs on people's doors were small and there was little to help people orientate themselves. Whilst some corridors were decorated and had pictures up, others were bare. The provider had recognised this, and their dementia lead confirmed they planned to spend more time at the service to ensure it was more dementia friendly.

We recommend the provider reviews best practice regarding dementia friendly design and mealtime experiences.

- Rooms were well maintained and there were ample bathing facilities. One relative told us, "It's clean. [Person's] room has a picture that the home has put up for them; it's very comfortable."

- The outdoor space was small but well maintained. There was evidence of ongoing maintenance work to ensure the premises met people's basic needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff understood people's needs and completed a range of daily tasks in a timely way to ensure they had the expected health and wellbeing outcomes. Care plans contained a good range of initial pre-assessment and assessment information to help staff, although ongoing review of care plans was less effective.
- Care plans contained specific sections on oral care, food and fluids needs, and repositioning needs where people were at risk of pressure damage to their skin. Staff completed this documentation regularly.
- Staff used recognised national tools to help meet people's needs, for instance a tool to help understand whether a person who could not speak was in pain, and a tool to track whether or not people were at risk of malnutrition. One external professional told us, "They get the balance right 99% of the time in terms of how much support people need."

Staff support: induction, training, skills and experience

- Staff were supported to have the skills and experience to meet people's needs. Supervisions and competence assessments had been completed by the registered manager. Training was a balance of in person and online training. One member of staff said, "I think they listen to what we need and more is happening now – I'm hoping to develop my skills here."
- People and their relatives had confidence in staff knowledge.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed meals, snacks and drinks. Menus were well planned, although not displayed in picture format. When people were offered choices they were not shown meal options – this is good practice when supporting people living with advanced dementia. The provider agreed to address this.
- Staff understood people's preferences and interacted with them efficiently during mealtimes. Some staff interacted with some people extremely personably; other people were supported in a much more task-focussed way. The provider agreed more could be done to make the dining experiences warmer and involved from people's perspectives.
- The kitchen was spacious, clean, well equipped, well maintained and fit for purpose.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff communicated well with external healthcare services. One external professional said, "They do know people well and when we give advice they follow it." Staff incorporated advice into care planning, though at times this new information was difficult to locate and could be more clearly signposted for staff.
- People had access to GPs, dentistry and other primary and secondary health services.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a lack of ongoing meaningful review of care planning, and this had not been addressed in a timely way by the governance arrangements in place. Information regarding the risks people faced was not always easily accessible and recording regarding individual safety incidents was not detailed enough to help prevent future occurrences.
- Auditing and governance systems had not always been used to their potential to identify patterns and trends. For instance, individual incidents and accidents were dealt with promptly but staff did not always reflect on these incidents and share learning. The provider had held a recent governance meeting where there was more focus on detailed analysis of the service to identify themes and trends (for instance with instance of pressure damage).

We recommend the provider review governance arrangements to ensure that care plans and associated information are meaningfully reviewed.

- Some audits, such as medicines, were effective. The provider had involved internal teams and specialists to begin the process of changing documentation and addressing environmental improvements.
- Opportunities to improve had not always been identified or sought out. There were dementia champions in place, who interacted compassionately and personably with people, but the service did not have a clear dementia strategy in place regarding décor and mealtimes. The provider's dementia lead assured us this was a priority for them.

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

- The atmosphere was welcoming and staff interacted warmly with people throughout the service. The provider had sought the opinions of people and relatives and had been responsive to suggestions.
- People, relatives and visiting professionals provided positive feedback about the leadership of the service. One external professional said, "They have always been good at communicating and staying in touch."
- Staff worked hard. The leadership team had reduced agency usage and there was no reliance on agency usage at the time of inspection.

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

- Staff were positive and respectful with people when helping them make day to day choices.
- Staff worked well with health and social care professionals. External professionals felt communication from the service was effective.

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 understood their responsibilities regarding what they needed to notify CQC about, and when they needed to apologise to people if something had gone wrong. The provider has systems in place to ensure these were checked.
- The registered manager investigated Individual incidents.