

Bupa Care Homes (CFHCare) Limited

Chaseview Care Home

Inspection report

Off Dagenham Road
Rush Green
Romford
Essex
RM7 0XY

Tel: 02085171436

Date of inspection visit:
09 February 2016

Date of publication:
04 May 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Summary of findings

Overall summary

Chaseview is a residential and nursing home which provides nursing and personal care for up to 120 older people. The home is divided into four separate units each with its own manager. At the time of this inspection there were 109 people using the service. This included people with dementia and people who were at the home for respite.

We last inspected the home on 11, 12, 14 and 15 May 2015. We carried out this unannounced focussed inspection on 9 February 2016 due to concerns raised by the local authority around the safety and effectiveness of the service provided. This inspection was carried out to check there were adequate numbers of nurses employed, appropriate building maintenance systems were in place, people were offered adequate amounts of food and drink to meet nutritional and hydration needs and the provider was working with the legal requirements of the Mental Capacity Act (2005).

There was a registered manager at this home. 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 2008 and associated Regulations about how the service is run.

At this inspection, we found there was enough nursing staff employed and the provider was in the process of recruiting a nurse to fill the vacancy they had. The home had systems in place to maintain the environment and there were plans to carry out a full refurbishment of the bathrooms this year. People had risk assessments carried out to minimise risks associated with their care. There were enough staff to care for people safely. The registered manager had a daily meeting with staff in the home to ensure they were kept up-to-date with any concerns.

We found that staff had received relevant training and provided the service to people within the legal requirements of the Mental Capacity Act (2005). There were systems in place to ensure people who were at risk of malnutrition or dehydration were monitored and staff had received training in nutrition and hydration. Records showed that people had access to healthcare professionals as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. The provider had effective procedures in place to ensure the environment was safe for people using the service. People had risk assessments carried out as part of their care plans and were regularly reviewed. We found there were adequate numbers of nursing staff employed by the home to keep people safe.

Is the service effective?

Good ●

The service was effective. The registered manager was knowledgeable about the Mental Capacity Act (2005) and deprivation of liberty safeguards (DoLS). Staff sought people's consent before delivering care.

Staff monitored people's food and fluid intake when there was concerns about malnutrition, dehydration or their general health. People had access to healthcare as and when they needed it.

Staff had received up-to-date training in the Mental Capacity Act (2005) and in nutrition and hydration.

Chaseview Care Home

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.

We undertook an unannounced inspection of Chaseview on 9 February 2016. This inspection was carried out in response to concerns raised by a local authority. The concerns raised included the lack of nursing staff employed, gaps in people's records regarding the consumption of fluids and bathroom maintenance. We inspected the service against two of the five questions we ask about services: is the service safe and effective?

The inspection was undertaken by one inspector. Before the inspection we spoke with one representative from the local authority, reviewed notifications received at the Care Quality Commission (CQC) and the previous inspection report where the service was found to be good. During the inspection, we spoke with the registered manager at Chaseview and observed a daily meeting the registered manager had with the deputy manager, auxiliary staff and lead staff from each unit. We spoke with six members of staff, reviewed five care records, and records relating to the management of the service including the home's continuous improvement plan and staff rotas. We observed care and support in communal areas of the four units in the home and 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 to us. After the inspection we spoke with a further two representatives from the local authority.

Is the service safe?

Our findings

One representative from the local authority had raised concerns about the general care and welfare of people using the service including concerns around vacancies for nursing staff and building maintenance. However, we also spoke with two representatives from a local authority safeguarding team. They told us they did not have any current concerns and that, "Great improvements have been made" and they were, "Impressed with how they have turned things around" since the new registered manager had taken up post. Both representatives said the home was always willing to engage with the local authority in order to keep people safe.

We found at this inspection the provider was meeting the regulatory requirements. The provider had effective procedures in place to ensure the safety of the environment for people using the service. People had risk assessments carried out as part of their care planning to mitigate any risks and these were reviewed every month. The home had eight bathrooms and we saw one bathroom was in need of refurbishment. We raised this with the registered manager who told us the provider was working through a complete refurbishment plan and this included all the bathrooms. Following the inspection, the registered manager confirmed that the provider had scheduled a date in March 2016 to visit the home in order to put a plan together for works to be carried out on the bathrooms this year. At the inspection, we found the home was clean, well maintained and all flooring had been replaced since the last inspection.

During this inspection we sat in on the meeting held daily between the registered manager, deputy manager, lead staff of each unit and representatives from the auxiliary team. This meeting began with feedback from the auxiliary team about general housekeeping issues and then gave the opportunity for each unit to raise any concerns they have about the welfare of people. We observed that this meeting was used to pass alerts from the medicines and healthcare products regulatory agency (MHRA) regarding medicines being used by people using the service. We also noted that the service encouraged people using the service who smoked to wear smoking aprons when they were outside having a cigarette in order to reduce the risk of burns if they dropped a lighted cigarette on themselves. The registered manager told us this daily meeting was an important way to ensure they were updated on any concerns that arose with people's care and ensured important messages were passed to each unit from outside agencies.

During our last inspection, we reviewed the rota on each unit and saw there were adequate numbers of staff available to keep people safe. We looked at the number of staff available on each shift including the night shift and saw that additional members of staff were allocated to units during the late evening to assist night staff when supporting people to bed. People and their relatives told us there were enough staff on duty to meet their needs. We saw this was still the case at this focussed inspection and observed that nobody had to wait for assistance. We checked with the registered manager if there were enough nursing staff in employment. The registered manager told us and records showed us there was one vacancy for a nursing qualified member of staff in the home and they were in the process of recruiting for this vacancy. The registered manager explained that gaps in the nursing rota were being covered by the provider's own bank of nurses until the vacancy could be filled. Records confirmed this was the case. During our inspection, we saw that each unit had at least one nurse working. This meant there were enough nursing staff employed to

ensure safe and effective care.

People's care files showed that dependency assessments were carried out to decide on staff ratios and if people's need increased a request for additional staff hours would be made to the regional manager and to the local authority. The provider used a pool of bank staff who could be approached to cover staff absences. During this inspection, we observed that people did not have to wait too long for assistance.

Is the service effective?

Our findings

The local authority had raised concerns about people having their liberty deprived. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed that where people's liberty was being deprived, the appropriate assessments had been carried out and best interest's decisions had been made. The registered manager demonstrated they understood the principles of the MCA and records showed that staff had received relevant training in this area. We saw that staff obtained people's consent before carrying out any aspect of care.

The local authority had raised concerns about people receiving inadequate amounts of fluid to drink. At the last inspection completed 15 May 2015, we found staff were knowledgeable about the needs of people at risk of malnutrition or dehydration and were observed to provide one to one support to people with eating and drinking where required. Care files contained risk assessments for the risk of malnutrition or dehydration. People were weighed monthly to ensure weight loss or weight gain was monitored and those at risk of malnutrition had their weight checked on a weekly basis. The staff training matrix showed staff were up-to-date with training in nutrition and hydration. We found during this focussed inspection that people's needs regarding nutrition and hydration were still being met.

Staff were aware of people who required thickened fluids and soft food and we saw this information was contained in the handover book. For example, on one unit, two staff told us about a person who was on restricted fluid intake due to a medical condition and that this person had their sodium levels checked every week. This was to ensure the person's health was maintained and monitored. Records confirmed this was the case and the checks were up to date. Staff told us they would inform the unit manager or nurse in charge if any person was not drinking enough fluids during the day. We saw food and fluid charts were completed for people and were up to date.

People's care records showed that access to health care was facilitated and this was discussed at the daily meeting held between the registered manager, deputy manager and unit lead staff. For example, on the day of inspection, we attended this daily meeting and it was discussed that two people had been referred for speech and language therapy advice due to concerns over their swallowing and another person had received new glasses following a visit from the optician.