

The Chaseley Trust

Chaseley

Inspection report

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Date of inspection visit:
12 August 2019
13 August 2019

Date of publication:
04 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Chaseley is a residential care home providing nursing and personal care to up to 55 people. At the time of inspection there were 51 people living there. The home specialises in the care of people with complex needs, including diseases or injuries that affect the brain and nervous system. People were living with a variety of conditions, including acquired brain injuries, spinal injuries, strokes and multiple sclerosis. There is a rehabilitation gym, with designated therapy staff, which was available to people who were funded to receive this support. There were multiple communal areas, including a large dining hall, a bar and a quiet lounge, along with large accessible gardens.

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

Since the last inspection the registered manager had left their position. A new manager was appointed and is the registered manager. Some members of the senior management team had been appointed since the last inspection.

The provider had recognised that standards in some areas had slipped and already had an action plan to address this and make improvements. Quality assurance systems were not sufficiently organised or robust enough to identify the concerns found during our inspection. The registered manager had not always recognised when action needed to be taken to improve.

There was a lack of oversight to ensure people's care plans were up to date and accurate. Care plans included detailed information about how to support people's health and medical needs but lacked information about how to meet people's emotional needs.

The systems for reporting safeguarding matters were not always effective. Some safeguarding matters had not been reported to the Care Quality Commission (CQC) as required. During the inspection we found that further incidents had not been recognised as safeguarding incidents, and so had not been reported to the local authority or to CQC.

There were staff vacancies and recruitment of staff was ongoing. In the interim vacant hours were covered through staff working overtime and with the use of agency staff. However, staff were not always suitably deployed to ensure people's needs were met safely and in a timely manner. The impact of the staff shortages had not been assessed to check that people still had the support they needed.

The oversight of health and safety checks and documentation was not effective, and several records were missing. Although eventually located, the lack of organisation left the potential for important checks to be missed. Record keeping related to complaints lacked detail to demonstrate all aspects of complaints had been investigated thoroughly.

Risk assessments did not always include detailed information. For example, there was no advice in some

people's care plans about how staff should support people who displayed behaviours that challenged. Guidance about giving medicines needed on an 'as required' basis was not detailed.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. This was specifically in relation to mental capacity and consent.

Relatives and professionals gave mixed feedback about the service. Three relatives highlighted shortfalls, but all felt the home was on the right track and improvements were being made. One relative talked about a shortage of staff, that communication was not always good and the effect this had on them and their relative's needs.

Staff were kind and caring in their approach. One person told us, "I love living here, the atmosphere, the kindness of the staff, the residents, the food." Another said, "They are good and very friendly." A relative told us, "Chaseley has a warm embrace, warm, accepting and tolerant."

Appropriate checks had taken place before staff were employed to ensure they were safe to work with people. Revised systems ensured that new staff received additional guidance and support in the early stages of their employment. This had been effective in ensuring greater staff retention. Staff attended regular training to update their knowledge and skills.

People were supported to attend health appointments, such as the GP or dentist and attended appointments for specialist advice and support when needed. People had enough to eat and drink and menus were varied and well balanced. Bi monthly food forums were held to ensure people had a say about the food on offer. People had the equipment they needed.

Bedrooms were personalised to reflect people's individual tastes and interests. There was a wide range of activities provided in the home and a number of volunteers were used to ensure these activities continued. These included gardening, art, pottery, choir and music and movement. The location of the home meant people and their relatives could make use of the seafront and the local theatres.

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 outstanding (published 24 August 2018).

Why we inspected

The inspection was prompted by concerns received about safeguarding matters not being correctly reported to the local authority. A decision was made to inspect the service and examine those risks. We found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches of regulations. These were in relation to protecting people from abuse, the deployment of staff, person centred care, dealing with complaints, reporting significant events and governance.

Follow up

We will request an action plan from 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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

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.

Inspection team

The inspection was carried out by a team of four inspectors. There were two inspectors on day one of the inspection and three inspectors on day two. On day two, the third inspector joined the inspection for half a day. The team was based on the size of the service and people's complex needs.

Service and service type

Chaseley 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection because we inspected at short notice. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people and three relatives. Some people could not verbally share their views of the service. Therefore, we observed people's experiences of living at Chaseley. This included meal-times, activities and interactions with staff. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, clinical nurse manager, unit nurse manager, chef manager and seven staff members. We met with a visiting health professional who was happy for their comments to be used in this report. We had feedback from the local authority and clinical commissioning group.

We reviewed a range of records. This included seven people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We carried out observations.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and quality assurance records. We also received a wide range of information including records relating to training, lift servicing, supervision tracker, risk assessments and formats to be introduced to record clearer evidence. We received feedback from eight health and social care professionals who were happy for their comments to be quoted.

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.

Systems and processes to safeguard people from the risk of abuse

- Before the inspection we received information that incidents were not being thoroughly investigated and reported appropriately. A person told us they were concerned about their loved one's safety.
- There had been incidents that placed people at risk of harm that should have been reported to the local authority safeguarding team to review. A person had been scalded and sustained injuries. The registered manager had not reported this incident to the local authority for consideration under their safeguarding guidance.
- One person had gone missing when out at an activity in May 2019. The details surrounding the incident had not been fully investigated with no action recorded about what had been done to prevent it happening again. The registered manager classed the incident as a near miss. It had not been reported under East Sussex Local Authority safeguarding policy, which states that such near misses should be reported.
- An unwitnessed incident in March 2019, involved an altercation between two people. This had been described in the records as a 'safeguarding matter.' The incident had not been referred to the local authority safeguarding team to review.
- Staff knew about different types of abuse and were reporting concerns to managers, but these were not always escalated. A staff member told us, "Safeguarding is drummed into us. I would report any matter to the nurse manager and would do a form, and if need be, a body map or take photos. The nurse manager would then deal with it." Staff had received online training on safeguarding. Face to face training had been booked for nurses to attend.
- People we spoke with said they felt safe living at the service.

The systems and processes to prevent and investigate allegations of abuse were not effective. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks had not always been appropriately identified, assessed, mitigated and monitored.
- There was an incident concerning a person when they displayed behaviour that was challenging. Records stated the person was known to display 'rowdy behaviour.' This was not clearly defined so it was not clear what the behaviour looked like. There was no guidance for staff to follow about how to support the person in the best way to avoid behaviours that challenged. Senior staff described the known behaviours and told us that staff knew the person and how to support them. Without guidance there was a risk that new staff and agency staff would not support the person consistently.

- Fire drills were held six-monthly in line with the provider's policy. Due to the turnover in the staff team, not all staff had taken part in a drill to practice evacuating people. A fire drill in June 2019 showed 'multiple inconsistencies and confusion' with the fire panel and staff struggled to identify the location of the pretend fire. In response to this a further drill had been carried out and this had a better result. Recommendations such as fire warden training for trained nurses had been completed and learning points had been shared by email with staff.
- People's needs in the event of a fire had been considered and each person had an individual personal emergency evacuation plan that described the support they needed in an emergency. These did not include reference to people's communication needs and whether they needed support.
- Risks in relation to people's skin integrity and the prevention of pressure sores had been assessed. There was daily monitoring of air flow mattresses to check the correct setting.
- Risks in relation to people's needs in areas such as moving and handling, falls, choking and epilepsy had been assessed and there was guidance for staff to follow. Where people had specific risks related to moving and handling there was a pictorial guide that showed how they should be supported.
- Within the past six weeks an external consultant carried out a health and safety audit. The local fire safety officer inspected the service and a fire risk assessment was completed. Each report generated recommendations that were rated high, medium or low in terms of importance to be completed over the next 12 months. Following the inspection, we received an action plan that detailed timescales for addressing the actions. Legionella testing was overdue and had been booked for later in the month.

Using medicines safely

- Medicines were given to people by trained competent staff. The provider used an electronic system management of medicines and this had been beneficial in ensuring people got their prescribed medicines safely and had reduced medicine errors. The lead nurse for medicines told us, "The electronic system has reduced medicine errors, medicines can only be given at the correct time, and we are alerted if a medicine is missed and take immediate action."
- A health professional told us, "The senior team and nursing staff are keen to have my advice to discuss good practice and any queries regarding medication supply or process".
- People told us they received their medicines on time. One person told us, "They give me my pills as I need them." We observed medicines being given out safely.

Staffing and recruitment

- Staff were not always appropriately deployed to ensure people's needs were met safely in a timely manner. The registered manager used a dependency tool to assess the required staffing levels. Following the inspection, the provider confirmed there were 9.3 full time equivalent vacancies. This equated to 28 care shifts a week and these hours were covered by staff working overtime and by agency staff.
 - Staff moved from one floor to another to help at busy times. Records did not reflect where staff were to ensure accountability and assess the effectiveness of staff deployment.
 - On the first day of our inspection we noted call bells were used and responded to quickly. On the second day there were delays in response times and these went to emergency bells (after ten minutes with no response) twice because they had not been responded to. We received consistent feedback that there were not always enough staff.
 - A staff member told us, "Some days when staff go sick we can't do what we had planned to do, so we can't make promises."
 - One person said, "Because they are always short staffed, I find it difficult to ask people to go out for a walk. I would like to go out for a walk at weekends."
- Another person said, "Sometimes everything is rushed and doesn't have any structure to it. I feel a bit annoyed but don't know who to speak to."

- Relatives also shared with us their concerns regarding staffing levels. A sample of their comments included: "They are suffering with a shortage of staff, particularly on Sundays. Staff can't do the job they want to. Management are open, I can go to them." They also said, "Permanent staff are amazing. Agency staff at nights, it must be difficult for them not knowing people well. Can be waiting quite a while. Last weekend we waited 40 minutes, but that is unusual." They summarised, "You can get outstanding care, when available, but it is not always available at the moment." They explained they tried to 'fill in the gaps themselves'. This matter had been reported to the local authority for investigation and had since been closed. Another relative told us, "(My relative) suffers with agency as they don't understand them. They try to pair up with someone who knows them. They have a fair turnover of staff. Some staff are very good, some are average." A third stated, "I'm in the room all day. Can't say we get hourly checks which is what I asked for. Some days we get none and sometimes three in an hour. When someone needs one to one care that takes from the experienced staff group."
- Changes to the staff team impacted on staff's ability to get to know people and meet their diverse needs. One staff member said, "We don't always meet people's needs. We can't give 100% all the time. It's not possible, there are not enough of us. Management are aware and are recruiting more staff. We do the best we can."

Staff were not always suitably deployed to ensure people's needs were met safely and in a timely manner. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment checks were carried out before staff started working at the service. Checks had been completed including references and taking a full employment history.
- A Disclosure and Barring Service (DBS) check had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.
- Records showed trained nurses' details were checked to ensure they were registered with the Nursing and Midwifery Council (NMC).

Learning lessons when things go wrong

- Analysis in relation to falls was detailed showing the action taken to prevent further falls. Records showed at a glance who had the most accidents and incidents.
- The clinical nurse manager investigated any pressure area damage to look for any trends or patterns.

Preventing and controlling infection

- The home was clean and tidy, but parts of the building were worn and tired which made cleaning difficult. There were plans to replace flooring in several areas. There were cleaning rotas which showed that cleaning had taken place.
- A relative said, "Not as clean as it used to be, but the head of housekeeping tries very hard. Staff are still getting up to speed."
- One person told us, "Very clean all the time, they clean my room perfectly."
- There were plentiful supplies of personal protective equipment (PPE), for example, gloves and aprons.
- Infection control audits were carried out by staff on each floor and any shortfalls identified were promptly addressed.

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 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 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.

- Staff had completed training on MCA and we saw staff offering people choices and assuming capacity. Staff were not always aware of who had a DoLS authorisation.
- Some people were subject to Deprivation of Liberty Safeguards (DoLS). Staff were not aware of who had a DoLS, and what restrictions were in place. A member of staff told us only one person had a DoLS and this was in relation to food restrictions. However, a nurse then confirmed another person also had a DoLS. They were not able to locate the DoLS application or any information relating to it. The DoLS file showed the DoLS had expired on 17/12/2018. Following the inspection, the provider confirmed the application had been requested prior to the expiry of the original DoLS and this was being processed.
- One person's care plan had conflicting information about their capacity. One section stated they had capacity to make decisions about social and cultural matters. Their care plan later went on to describe that they needed to be supervised at all times in communal areas due to a lack of capacity. There was no mental capacity assessment to establish the level of the person's capacity.
- Another person's care plan stated they had capacity and could make choices and decisions. However, their mental health and well-being care plan stated - history of confusion and gradually becoming more confused. There was no guidance in the care plan on how to support the person to make decisions and how to maximise their capacity. We asked the provider to address to take action to address these records issues in the Well Led section of this report.

Staff support: induction, training, skills and experience

- The supervision programme showed not all staff had attended regular supervision meetings. A quarter of the staff team had not had the opportunity to attend a supervision meeting in 2019. Over a quarter had only attended one meeting. The registered manager told us that it had been identified that supervisions were behind and that the quality of those that had been done were poor. Additional training was provided to staff to ensure that supervision was now carried out appropriately.
- A staff member told us, "I have supervision every three to four months I think. It's helpful if you've got any issues."
- We were told all new staff now attended monthly supervision meetings until their probationary meeting at six months. Since the new procedure had started in April 2019, no new staff had left.
- Most staff were up to date with training the provider considered mandatory. This included safeguarding, moving and handling, health and safety and infection control.
- Specialist training was also provided that reflected the complex needs of people who lived at Chaseley. This included training on behaviours that challenged, dementia awareness and pressure care. The clinical nurse manager provided the training on behaviours that challenged. Training on dysphagia and oral hygiene had been arranged. Inhouse training was also being arranged in areas such as tissue viability, postural management and enteral feeding. A staff member told us the medicines training was "Really good, as it was based on the people living here and how drugs work."
- A specialist MS nurse visited people and gave guidance and advice to staff as needed. The unit nurse manager told us nurses received training on MS and Motor Neurone Disease. Any training received was then passed on to care staff in handover meetings.
- The provider told us a new induction procedure had been introduced which looked at ensuring greater support for new starters. All new staff worked in excess of the staff levels for a week and this gave them time to shadow more experienced staff, to get to know people and to read their care plans.
- A staff member told us, "I love it here. It's brilliant. A big group of us started together. We went through all the training together. Management are there for anything you need. You are a priority as well."
- All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff we spoke with had knowledge and understanding of people's needs.

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

- Before people moved in, assessments were completed with them, their relatives and professionals to determine all their support needs and preferences could be met.
- People's needs, and choices were reviewed to ensure they were receiving the right care and support. Family members told us they were involved in the assessment and review process and were updated on any changes, or incidents.
- One person told us, "It's the best place, I would recommend it to other clients." They also told us they saw the manager every day as they went to her office and that they had no complaints.

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

- People told us they enjoyed the food. Nutritional assessments had been carried out and were reviewed regularly. Some people were not able to eat orally, and used enteral feeding, which is the delivery of a person's nutrition via a feeding tube.
- The chef had a good understanding of people's specialist diets. Some people needed their foods fortified and others needed low calorie meals. The chef told us staff were good at updating any changes verbally and then paperwork was updated. They told us they had a form with a breakdown of people's preferences. People told us they received their preferred choices and it was evident the chef knew people's dietary needs

well.

- Most people ate in the large dining area. Some people required assistance to eat. Staff sat on adjustable stools to be at the correct height to support people and gave good eye contact. The mealtime was not rushed, and staff supported people at their pace.
- People had the equipment they needed to maintain their independence. For example, some people used specialist plates and cutlery and some used straws for their drinks.
- Menus were clearly displayed, and people could choose their food when they entered the dining hall. Those who chose to have their meals in their bedrooms generally chose their meal in the morning, but the chef said, "They can choose at lunchtime. Some prefer to order for the whole week. We are flexible and can always do omelettes, sandwiches, toasties if anything else is requested." Food forums were held bimonthly with people to ensure people were happy with the food. One person told us, "The food is wonderful here." Another said, "The food is pretty good, always hot and nice."
- Snacks and drinks were available throughout the day and we observed people sitting and chatting together in the bar and on the decking outside.

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

- Three bedrooms had ensembles, we were told that people generally needed access to the communal bathrooms for the specialist facilities. There were a variety of shower chairs and trollies for people to use. The provider had recently purchased a specialist bath, but they were awaiting further parts, so it was not yet in use. An overhead tracking hoist had to be fitted before this could be operational.
- The home was adapted to suit the large numbers of people using wheelchairs. Access between the floors was by several lifts throughout the building. The corridors were wide and communal areas were designed to enable free movement, whilst retaining a comfortable feel. The provider recognised that flooring in some areas needed attention and plans were in place to address this. The flooring had been chosen to reduce noise.
- Garden areas were accessible to everybody and there were various rooms and areas for social activities including the bar, the conservatory and the arts room. An area of the bar had been made into an IT café so that people could use computers in a social environment.
- People were supported to find their way around the home with different colours on the different floors. People had been involved in choosing the décor. Bedrooms were selected with the individual in mind and each room had the specific hoist and equipment the person required. One person told us, "I've got a beautiful room with a great view."
- There were different height tables in the dining room to enable people who were in wheelchairs to sit at the table more easily.
- Technology was used throughout the home. The call bell system incorporated lights outside the room. The light came on when someone was receiving personal care. It also indicated when people should not be disturbed.
- People used computers and emails. There was specialist equipment throughout the home, including equipment in the gym, communication devices and specialist moving aids.
- There were photographs on display that showed the history of Chaseley over the years and how it had changed and been adapted. Photographs of all new staff were displayed in a frame to help people identify them.

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

- The home employed two GPs. One of the two GPs visited the home Monday to Friday at an appointed time and were on call for emergency guidance outside of these hours. People were encouraged to consider transferring to the home's GP practice but could keep their own GP if they preferred.

- People told us they could see their GP promptly. One person told us, "They've got a nursing book and you put your name in to request a GP and you see them the next day."
- Two physiotherapists and two occupational therapists were employed to provide treatment for those funded for this support. There were close links with other health care professionals such as the speech and language team, clinical nurse specialists and the palliative care team.
- Those who were in receipt of these therapies spoke very positively of the support they received. Several people raised dissatisfaction that physiotherapy was no longer included in their fee. We discussed this with the registered manager who explained that changes had been made for some people, whose funded care did not now include these therapies. Some chose to continue with the therapy and fund this themselves. The provider was supporting people to challenge the decisions made by the local commissioners to have the funding for therapies, re-instated.
- A health professional told us, "The delivery of actual therapies I find to be of a high standard, and the therapists employed, or in some cases sub-contracted, are professional and the patient outcomes have been very positive with significant progress made in the rehab process."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received some positive feedback about the staff teams caring approach from people, their relatives and professionals. A relative told us, "Chaseley has a warm embrace, warm, accepting and tolerant."
- Another relative told us their relative could not verbally communicate and said, "They can feel, so if someone isn't caring and kind he will respond." They said, "Everyone talks to each other and treats each other with respect."
- One person told us, "I love living here, the atmosphere, the kindness of the staff, the residents, the food." Another said, "They are good and very friendly."
- A relative talked about a shortage of staff, that communication was not always good and that this had an effect on them and their relative's needs. However, they also stated, "It's definitely the best place for us. Considering the problems with running a nursing home, it is amazing here."
- A health professional said that when they visited with senior managers they found they were all "very engaged and interested." They also said staff were, 'very friendly and welcoming.'
- We saw staff being attentive to people. When a person's top had ridden up at the back, staff discretely supported the person to pull it down.

Supporting people to express their views and be involved in making decisions about their care

- One person told us, "I dress myself, I choose, what clothes I wear, I have choice in everything I do."
- Another person told us, "Yes we have meetings the first Thursday of the month. We talk about food and noise and they tell us about activities."
- Another said, "You can do what you want, when you want."
- One person told us, "Yes I go through my care plan with staff every few months and I agree with it."
- People told us staff communicated with them when providing care. One person said, "They tell me what they plan to do and ask if it's ok."
- Relatives told us they were involved in agreeing how care should be provided.
- Information about advocacy was available throughout the home, so people could access this support if needed.

Respecting and promoting people's privacy, dignity and independence

- Occupational therapists worked with people who were funded to receive support in developing skills in

daily living. People living on the ground floor were also supported by care staff to build their daily living skills. This included support to make their own breakfast and support to do their laundry.

- At lunch time we saw that staff chatted to people and discretely offered clothes protectors to those who might need them. Independence was promoted. For example, some people needed assistance with meals. Staff put food on the spoon and then people were encouraged to take the spoons to their mouths.
- One person said that staff respected their privacy and always knocked on the door before entering.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. Information was provided in a variety of formats to make it more meaningful.
- Some people needed support to communicate and had bespoke communication aids. We saw staff supporting people to make their needs and wishes known.
- Information about how people communicated could be improved. For some people there was no information for staff about how they communicated. One person was described in their records as 'agitated' a lot of the time. Consideration had not been given to determining if the person was trying to communicate unmet needs or frustration.
- One person had dysphasia which limited their ability to verbally communicate. There was no information in the person's care plan about how to support the person with their communication.
- There was a lack of guidance to support people who displayed behaviours that challenged, and some guidance was not accurate. For example, one care plan mentioned that restraint was needed during personal care. Staff said this was not the case and they would update the care plan.
- Triggers to behaviours that challenged and how staff should respond were not recorded. Two staff told us how they supported a person to be less anxious. This was not recorded for other staff to follow for consistency.
- One person rang their call bell a lot, up to 82 times a day. Staff responded and reassured the person each time they called. There had been no review to try to find a reason why the person called so frequently. Following the inspection, the provider informed us referrals had been made for advice to support the person. We will follow this up at the next inspection.
- Information about people's health needs was detailed. Staff knew about people's health needs. Information about how to support people who may be anxious or emotional was limited. One care plan stated staff should support the person if they were anxious but did not detail how or what to do for the best.
- Care plans did not include information about people's history before coming to live at the service. It was therefore difficult for staff to get a sense of the 'person.' One person told us, "Staff are quite good. We have lots of different staff. Some get to know you, some don't. All know the support, not all get to know me as a person."
- One person told us, "I'm slowly fitting in. I would like staff to know my background a bit more and to make

more friends in the home." A relative told us that most staff supported their relative in the right way. They said, "The problem is when staff don't know him well."

- Staff told us that people had opportunities to make breakfast, make some meals and do laundry. Some people wanted to develop their skills and move on to more independent living. Not everyone had a in place to support this to monitor people's achievements and whether more support was needed.
- A healthcare professional told us, "Chaseley uses an electronic care plan system and I find where locum or agency staff are used, they are not always up to speed with some aspects of the patient's care."
- Some people were hoisted onto trolleys in their bedrooms, covered in towels and taken along corridors to bathrooms for showers. People said this did not protect their dignity. One person told us, "We need new shower trollies, some are not so nice." The registered manager confirmed they were awaiting an overhead tracking hoist for one of the bathrooms that would alleviate this problem.

People did not always receive care that met their needs and reflected their preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014)

Improving care quality in response to complaints or concerns

- There was a complaints procedure and systems to record and investigate any complaints received. The procedure was available in an easy read pictorial format. There was a suggestion box so that anyone could share their views, compliments or complaints.
- Complaints were not always thoroughly investigated. Some concerns had been raised about the care provided to a person. The provider's response focussed on how communication could be improved and did not address the other issues raised.
- Records about complaints were not always complete. There had been several complaints over recent months. We were told they had been responded to but there were no records related to these, so they could be tracked for possible patterns.

The system to record, investigate and respond to complaints received was not effective. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us a new speak up email system was being introduced to provide another avenue to help people, relatives and staff raise concerns if they had any. There was information around the home in various areas detailing how to raise concerns and 'speaking up.'
- A relative told us they had raised a complaint. They said the CEO took it very seriously. They said, "They want to know, as only if they know, can they do anything about it. They were very understanding."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A programme of activities was provided each week, and this was displayed throughout the service. The programme offered variety and ensured a wide range of stimulating and interesting activities were offered.
- The location of Chaseley was perfect for viewing a local air display event. One day was open to the public for a nominal cost, and another day was available for families to view the show without cost.
- A summer fair had been held and the registered manager told us all money raised was used to fund activities in the home.
- Activities included film club, cooking, movement to music, pottery, yoga and a singing group. The home had a tutor for their choir. Occupational therapists ran an aromatherapy and hand massage group for anyone that wanted to participate. One person told us, "I enjoy all the activities. I like showing films. I would like to go out shopping once on a weekend with staff."
- The day before our inspection a group of people had been supported to attend the Paralympics. People

told us they had really enjoyed the day. A session on the second day of the inspection was 'bottle fish craft'. The purpose of the session was to raise awareness of plastic pollution.

- Some people went out independently and others went out with families and friends. Staff told us that when staff levels allowed, they took people for a walk around the gardens or down to the pier.
- One person liked to attend discos. There were problems with a local venue, so it was now held at Chaseley for everyone to enjoy.
- A small group of people were involved in a pen pal activity with a home in Scotland. There was a display showing details of some of the contacts made in the casbar (IT/café area). There was a DVD library, managed by one of the people living at the home, where DVDs could be borrowed for viewing.
- There were raised planters outside for growing vegetables and flowers. There were plans to use the vegetables in the home and to put flowers grown into hanging baskets.
- There were a small number of bedrooms in a separate part of the house where people who had relatives that lived at a distance could come and stay for a few nights. One person's relative stayed most weekends and spoke positively about how much they valued this facility.

End of life care and support

- Some people needed support to express their wishes in relation to end of life care. Within the care plans seen there was no record of people's wishes and preferences. The provider agreed to address this.
- Some people said they wanted to be resuscitated, but guidelines about how to do this to meet people's specific needs, were lacking.
- There was no one in receipt of end of life care at the time of inspection. The registered manager told us that if someone was assessed as requiring end of life care, the local hospice team would be asked to visit to put a plan together in relation to how the person should be supported.
- The registered manager told us staff had supported people at the end of their lives. They said they always ensured staff who were trained supported people. We saw positive feedback from families about the excellent care and support staff had provided.

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 outstanding. 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.

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

- Systems to ensure incidents that should be reported to the Care Quality Commission (CQC) were not effective. There are certain incidents, events and changes that registered providers are legally required to notify CQC about without delay. Before our inspection CQC received information relating to three incidents that had not been reported to CQC as required.
- During our inspection we found a further 12 incidents recorded that had not been reported.
- The provider was aware of the statutory Duty of Candour. The registered manager carried out investigations into events that occurred, but these were not always done in a timely way and were not always transparent. For example, a notification was sent to CQC about a person's pressure sore. Several emails to the registered manager were required before the facts of the case could be established. We followed this up at the inspection but there were no records related to this notification. We were told the records were with the provider but when we asked the provider they said they did not have them.
- The provider confirmed that the senior management team had received additional training on safeguarding, statutory notifications and Duty of Candour.

The failure to submit required notifications is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- The quality assurance systems had not identified shortfalls including poor recording keeping and a lack of guidance for staff.
- Accidents and incidents were analysed to look for trends and patterns. Senior managers were alerted to all such events electronically to check they have been dealt with properly. Some reports lacked detail, so it was difficult to establish what had happened to help look for reoccurring themes.
- Following the inspection, the provider sent us a 'higher learning form' introduced in May 2019. This form was introduced to assess why incidents occurred and to capture learning from incidents to help reduce the likelihood of them reoccurring.
- Staff managed some people's medicines needed on an 'as and when required' basis for example, for pain relief, constipation or agitation. The audit system had not identified that guidelines on how and when these

should be given were not always in place. For example, one person was prescribed a mood-altering medicine and another person a medicine for constipation, there were no guidelines for staff about when these medicines should be given, and the required time gaps needed between doses.

- One person's topical creams were not recorded consistently. Different staff recorded the application of creams in different places which meant it was difficult to monitor when and how often they had been applied.
- Some care plans were not accurate or up to date. One person's care plan stated they had a sensor mat to support a health need when this was no longer in use. Care plans did not always inform staff who had a Deprivation of Liberty Safeguard authorisation.
- There was a lack of guidance in relation to dealing with behaviours that challenged and risk assessments did not always provide enough information to help staff mitigate risks.
- There was a lack of oversight of the quality of the care being provided. People told us there were times when they had to wait for support. Staff moved between floors to give people the support they needed. There had been no oversight of the busy times and the movement of staff to ensure more effective deployment.
- Actions for audits were not always tracked to check completion. A house keeping audit identified several areas where deep cleaning was needed. There was no action plan to detail the actions required with some actions repeated from the previous audit. The registered manager said they met with housekeeping supervisor frequently but did not keep records of the meetings.
- Systems for storing required documentation were not well organised. Records relating to servicing of equipment did not contain the most up to date information. There was no tracking system to monitor when checks were due or if they were out of date. The gas safety certification and electrical installation certificates could not be located and were then found. Certificates related to portable appliance testing and lift servicing could not be located. Quality assurance systems had not confirmed that these documents were in date and easily accessible.
- Records were kept of call bell response times. We were told response times were analysed to ensure staff responded to calls in a timely way. We asked to see records of the analysis, but these could not be located.

The provider had not ensured good governance and oversight. Records were not up to date and accurate. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider recognised that due to staff turnover, some standards had slipped. The senior management team was assessing what actions were needed and were planning a way forward to drive improvement.
- Over the past two years there had been a high turnover of staff. A review showed that most staff left in the early stages of employment, so focus had been given to changing the support for new staff and the pay structures. Since April 2019 no newly recruited staff had left.
- The role of champions had been introduced and there were champions in dignity, diabetes, medicines, moving and handling, tissue viability, nutrition, continence and infection control. We were told that once appointed all champions would receive additional training in each area and then cascade the learning onto other staff.

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

- Since the last inspection a new manager was appointed and registered with CQC in February 2019. All the senior management team had been appointed since the last inspection. The provider had recognised that improvements were needed and had an action plan to address some areas and make improvements. Some

of the strategies to make improvements were still in their infancy and it was therefore too soon to judge their effectiveness.

- The action plan had not identified some of the shortfalls we identified during our inspection. After the inspection, we received an updated action plan that incorporated areas we highlighted. The action plan included timescales and who was responsible for the action.
- A senior management team meeting was held every two weeks. We were told any safeguarding concerns and complaints would be discussed at this meeting.
- The registered manager told us they felt supported. They met regularly with the Chief Executive Officer (CEO). They also worked alongside a clinical nurse manager and had finance and HR support.
- The CEO advised us about new initiatives implemented such as new values-based recruitment system to ensure the right staff were appointed, trained and supported as a way of improving staff retention.
- External consultants had been brought in to look at health and safety and had recently carried out an audit. There were plans to introduce closer monitoring and auditing at all levels.
- Staff were updated at handover meetings about changes to people's care and support needs. A new daily hub meeting had been introduced. Physiotherapists and occupational therapists were invited to these meetings and a physiotherapist told us, "These meetings have been invaluable in helping to improve."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents' meetings were held regularly. People were updated on a range of matters such as planned activities and events, fire drills, and refurbishment plans.
- Staff meetings were held weekly with a monthly agenda which was repeated to ensure the whole staff team had the opportunity to attend a meeting. Minutes of the most recent meeting showed staff had opportunities to share their views and that they were updated about a range of matters. Emails were also sent to staff when there were changes in care practices.
- A relatives/residents meeting was held in July 2019. Minutes showed people had been updated about the revised keyworker system. Minutes of the previous meeting showed some people had asked to attend the Paralympics and people confirmed this had happened.
- Annual surveys were due to be sent in October 2019 to seek views of people, relatives, staff and professionals. The registered manager told us a new format had been devised that was more succinct and clearer.

Working in partnership with others

- The registered manager had linked in with Skills for Care and a registered managers forum to network and share best practice ideas.
- Healthwatch had recently visited the service to assess people's involvement and the use of outside space. They found people had been involved in the decision to move to Chaseley. People felt they were enabled to make choices and decisions and people had access to a range of outdoor areas.
- The registered manager had been working with the local authority Market Support team to improve and develop the service. They told us they would use what they had learnt to continue to improve the service.
- The home had links with local communities. They had been named as the local charity for Eastbourne airborne and were using the opportunity to raise much needed funds for their charity.
- At Eastbourne Carnival the home had won an award in the 'best walkers' category. A large group of people from the home, all in wheelchairs, had attended the event.
- A health professional told us "On the whole, I've found responses to emails to be very good and timely and find staff to be approachable, knowledgeable and professional. I'm aware of a couple of lapses in attention to detail which is an area of improvement but having said that, when these omissions have been pointed out, action has been taken promptly."

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to ensure statutory notifications were submitted in a timely manner. 18(2)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was no proper system to ensure a person-centred approach was used to provide care. 9(1)(3)(a)(b)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment There were no proper systems to ensure people had been protected from abuse and improper treatment. 13(1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints

Diagnostic and screening procedures
Treatment of disease, disorder or injury

The provider failed to ensure all complaints were fully investigated and acted upon.

16(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to ensure that accurate record keeping was in place and to ensure actions were taken to mitigate risks.
Treatment of disease, disorder or injury	
	17(2)(a)(b)(c)(e)

Regulation 18 HSCA RA Regulations 2014 Staffing

There was no proper system to ensure there were enough suitably qualified, competent, skilled and experienced staff to meet people's needs.

18 (1)