

HC-One Oval Limited

Chaseview Care Home

Inspection report

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Essex
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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:

Chaseview Care Home is a residential care home providing accommodation and personal care to 97 people, at the time of the inspection.

People's experience of using this service:

- Some people, relatives and staff raised concerns with staffing levels. We found a number of issues with staffing, which included delay in call bell response and ineffective staff deployment in units.
- Some staff raised concerns with lack of support given by the management team. Supervisions were not regular to ensure staff were supported at all times. This was being addressed. We made a recommendation in this area.
- Care plans were inconsistent especially in the area of skin integrity to ensure people were in the best of health and received person centred care. We made a recommendation in this area.
- Audits had not identified the shortfalls we found during the inspection especially with staffing.
- People received their medicines as prescribed and medicines records were completed accurately. However, there was lack of robust systems in place to review people's medicine's annually. We made a recommendation in this area.
- Risks associated with people's needs had been assessed.
- Staff had completed essential training to perform their roles effectively.
- People were supported with their nutritional needs and had choices with meals. However, people and relatives expressed concerns with meals and the timing of meals. We made a recommendation in this area.
- The staff worked well with external health care professionals and people were supported with their needs and accessed health services when required.
- People continued to receive care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy.
- Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.
- People's independence was promoted.
- We identified two breaches of Regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

- At the last inspection on 5 and 6 February 2019 the service was rated 'Requires Improvement'. At this inspection, the rating for the service continues to be 'Requires Improvement'.
- At our last inspection, the service was in breach of three Regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, risk management and restricting people's liberty lawfully. At this inspection, breaches relating to risk management and restricting people's

liberty lawfully had been addressed. However, concerns remained with staffing.

Why we inspected:

- This was a planned inspection based on the rating of the last inspection.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 ●

Chaseview Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by four inspectors, a pharmacist, a specialist advisor in nursing 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:

This service is a care home for elderly people primarily with dementia and is registered to accommodate up to 120 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager was not present at the time of the inspection. We were supported by the deputy manager. The manager had not registered with the CQC. Being registered 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. The manager told us they had submitted their application to register with the CQC.

Notice of inspection:

The inspection was carried out on 18 and 19 March 2019 and was unannounced. The first day of the inspection was unannounced. This means the home was not aware we were coming to inspect them.

What we did:

- Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked

the last inspection report.

- The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.
- During the inspection we spoke with 13 people, 10 relatives, the area quality director, the deputy manager, seven nurses, 12 care staff, two activity coordinators, two laundry staff, one house keeping staff and a maintenance staff.
- We looked at the care records of 21 people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits, premises safety checks, complaints and accident and incident records.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations were not being met.

At our last inspection, the home was in breach of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found concerns with staffing, which meant that people were not receiving the support they required. We also found risk assessments had not been completed for some people with identified risks to ensure they were safe at all times.

Staffing:

- During this inspection, we continued to find concerns with staffing.
- Staff raised concerns with staffing levels on some units and informed that they had raised their concerns with management but this was dismissed.
- A staff member told us, "I would not recommend the home as a place to work at the moment because there are not enough staff." Another staff member commented, "Most of the time we are short of carers and don't have time for residents. I have guilt because there is not enough time to support people."
- People and relatives also raised concerns with staffing levels. A relative told us, "I don't think there are enough staff, not always and not at night." A person commented, "There are definitely not enough staff especially at night."
- At the last inspection, we found call bells in some units were not responded to within an adequate time. During this inspection, the deputy manager told us staff should respond to call bells within two minutes, however; when we tested this we found response times were five and seven minutes.
- In another instance, we observed one person attempting to come out of their bed and sounded their call bell for support. As there was no staff response, we had to seek assistance from kitchen staff to request help from care staff. Care staff arrived after seven minutes of us calling the call bell.
- We also observed that in one unit medicine administration for some people were delayed as the nurse that was administering medicines had to support some people due to a lack of staff in the vicinity.
- This meant that people using the service may be at risk of harm through the lack of suitably qualified, skilled and experienced staff being available on duty.

The issues related to a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Assessing risk, safety monitoring and management:

- During our last inspection, we found there was a lack of risk assessments in place to ensure people were safe at all times.
- During this inspection, we found improvement had been made.
- People with current and previous medical conditions such as breathing problems, skin complications, behaviour and infections had risk assessments. One person told us, "I have had a couple of urine infections, I

am now drinking plenty of fluids."

- Staff told us that they found the risk assessments helpful. A staff member told us, "Yes, the risk assessments are clear and helpful."
- This meant that identified risks had been assessed and control measures in place to ensure people were safe.

Using medicines safely:

- Medicines were administered by staff and recorded on Medicine Administration Records (MARs) appropriately. A person told us, "My medication is given when I am in bed. Can ask for PRN (medicines when needed) if I need it."
- Medicines were stored safely and securely and there was a system in place for ordering and giving people their medicines as prescribed.
- Staff had received medicines management training although not all had competency assessment in handling and administration of medicines. We were informed that this was being addressed.
- There was guidance to help staff give people their medicines prescribed on a when required basis consistently.
- People were able to administer their own medicines and were supported to manage their own medicines.
- There was a system in place to report incidents and investigate errors relating to medicines.
- The home did not have a robust system to ensure people's medicines were reviewed annually so people were supported with medicines that they required.

We recommend the home introduce a robust system to ensure people's medicines were reviewed annually.

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

- People and relatives told us that people were safe. A relative told us, "My [person] is safe." Another person commented, "I like the nurses, I feel safe." A staff member told us, "I don't have concerns about abuse and I am confident the unit manager would address any concerns."
- Staff understood their responsibilities to protect people's safety and were aware of what abuse was and who to report abuse to, internally and externally, such as the management team or CQC.

Recruitment:

- Pre-employment checks such as criminal record checks, references and ID checks had been carried out before employing staff.

Preventing and controlling infection:

- Systems were in place to reduce the risk and spread of infection.
- Hand sanitiser was available at the home's entrance and throughout the home. Hand washing posters were seen in all communal bathrooms.
- The home was clean and tidy. A relative told us, "The home is clean – very much so."
- Staff were observed to use Personal Protective Equipment such as gloves and aprons appropriately and confirmed the availability of PPE.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.
- The deputy manager gave us an example of how they have learnt from a particular incident involving a person and used this to strengthen processes to minimise the risk of re-occurrence.
- There was also a quarterly falls meeting to discuss incidents involving people falling, identify trends and learning to minimise the risk of re-occurrence. The deputy manager told us that this had resulted in less falls

at the home.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience:

- There was a mixture in response from staff about support from the management team. A staff member told us, "I don't feel supported and not everyone pulls their weight." Another staff member commented, "Overall I do feel supported in my role." Some staff also told us that they did not find some members of the management team approachable when they required support.
- Staff had not received supervision regularly to support them when required. Records showed that a number of supervisions had been planned for January 2019. However, these had not been completed.
- The deputy manager told us that supervisions were an area that they were focusing on as this was irregular when the manager and deputy manager came into post.
- The deputy manager informed us that they had begun doing supervisions and this had also been delegated to the unit managers. We saw evidence that supervisions had been carried out in February 2019. A staff member told us, "They (supervisions) are helpful, managers go through our performance. They act on things I say, if I say I want training they refer me to it. If you report any maintenance issue they attend to it quickly."
- We saw a supervision matrix was in place that scheduled when supervisions would be carried out.

We recommend the home follows best practice guidance to ensure staff are consistently supported through regular supervisions and support when required.

- People and relatives told us that staff were suitably skilled to support people. A relative told us, "The staff are very much knowledgeable and do a good job."
- Staff told us that they were happy with the training they received. A staff member told us, "The training is on-line and face to face. It's relevant."
- Records showed that staff had completed training on food safety, health and safety, infection control, safeguarding, dementia and manual handling. There were some gaps whereby some staff required training on positive behaviour support and medicine competency assessments. However, overall there had been an improvement on staff training since our last inspection.
- We discussed this with the deputy manager who informed us that they were working on ensuring all staff were trained in all areas and there had been an improvement on training compliance since the manager came in post.

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

- People were offered two meal choices and had choices if they did not prefer anything on the menu. A person told us, "I do get a choice on what I would like to eat."

- People and relatives had mixed opinions about the food. A person told us, "I enjoy dinner." A relative told us, "My [relative] is happy here and is eating well." However, another relative told us, "My [person] is not happy with the food. Food is often covered in sauce, which is not wanted."
- A number of people and relatives told us that they did not like the sauces, food did not come on time and was not hot. A person told us, "It could be better. It isn't always on time or hot enough."
- It was observed that people were not supported to wipe their hands before or after lunch to minimise the risk of infections.
- In general, we observed that staff provided little encouragement and support to people when required. Staff tended to focus on clearing the dishes away rather than interacting with people in a social manner to enhance their experience of the meal and provide support. For example, we observed after breakfast one person had not drunk their hot drink. When asked why, the person told us, "They (staff) just put down the cup, they don't say anything so I don't know if I should drink it."
- Feedback from people indicated that people had requested that bread and butter was served with their meal and had been told this would be provided. However, we did not observe this being provided in two units. A person told us, "I think you can have bread and butter with any meal but I don't get it."
- People's weight was monitored regularly and if there were concerns then they were referred to a health professional.

We recommend the home follows best practice guidance to ensure people have a positive meal experience through staff support and getting feedback from people on meals.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection, the home was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found DoLS had not been renewed for some people to ensure their liberty was restricted lawfully.

- At this inspection, we found improvements had been made.
- DoLS application had been made or renewed for people whose liberty was being restricted.
- A DoLS tracker was in place that reminded staff and the management team when DoLS was to expire or when a renewal was due.
- Staff had been trained on the MCA and knew the principles of the act.
- The MCA and associated Deprivation of Liberty Safeguards (DoLS) were applied in the least restrictive way and correctly recorded in most cases.
- Staff requested people's consent before carrying out tasks. We observed staff asked people if they consented to speaking with us and prior to supporting people with medicines.
- A staff member told us, "We always ask consent, give choices and encourage people to make their own

decisions. People have choice and the freedom to make choices."

- We found that there were inconsistencies with consent to care as some care plans showed people had consented to care and treatment and some care plans did not hold this information.
- We fed this back to the area quality director, who informed that they were aware of the issues as it was identified during audits and were addressing this. Audit records confirmed this.

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

- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- The home assessed people's needs and choices through reviews. Where changes had been identified, this was then reflected on the care plan.
- This meant that people's needs and choices were being assessed to achieve effective outcomes for their care.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to the healthcare services they required, such as GP, dentists and hospitals.
- Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell and even when the person had difficulty communicating this.
- Staff requested healthcare support when this was needed and followed the advice given. A relative told us, "I know that (person) see's the doctor, hairdresser and chiropodist. I get feedback."

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

- The premises and environment met the needs of people who used the service and were accessible.
- There were four units and each unit had a dining area and communal area. There was a garden that was maintained if people wanted to go outside.
- One unit was a dementia friendly environment with the use of coloured doors, wall murals and clear signage. Doors were indicated with a name, number and significant picture.
- We observed people's rooms were decorated with their preferences.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives in told us staff were caring. A person said, "The staff are definitely caring. I have a good relationship with staff." A relative commented, "Staff really do care." A staff member told us, "I would recommend the home as a place to live, there are no problems with the care."
- We observed relationships between staff and people were friendly and positive. Staff spoke with people in a kind manner and their approach was positive.
- People appeared to be dressed well and comfortable at the home.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- People's families were encouraged to be involved in making decisions about care and support where this was appropriate. A person told us, "I am sort of involved with decisions about my care."
- We saw staff respected people's choices and acted on their requests and decisions.
- Records showed where possible, people had been involved with the decisions made on their care and support.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. A staff told us, "Privacy and dignity, especially when we give personal care, we shut the door and draw the curtains. We introduce ourselves so they don't feel scared." A person told us, "I get private time and my privacy is respected."
- We saw staff were sensitive and discreet when supporting people.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People and relatives told us that people were encouraged to be independent.
- People mobilised independently and went to their rooms and other parts of the home when they wanted to. A person told us, "I am very independent. I choose my clothes. I do what I want, when I want." A staff member told us, "We encourage them to do as much as they can. We explain every step to them. We give them a choice about if they want us to do wash them or they want to wash themselves."

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans detailed people's support needs. Care plans included information on how to support people with personal care and other areas such as nutrition, continence and mobility.
- A staff member told us, "People are getting good care, the staff try very hard to ensure people's needs are met according to their needs."
- However, we found inconsistencies in people's care plans. For example, some people's diabetes care plans were much more detailed than others.
- We also found that, for some people at risk of skin complications, care plans were not accurate. We found that some waterlow scores (a tool to determine risk levels with skin integrity) were not correct, some people were not being repositioned in accordance to control measures put in place and care plans did not give clear instruction on dressings for people that had pressure sores. For instance, how often the dressing needs to be changed and the type of dressing to be used and why.
- We also found that there was a lack of dementia specific care plan for people with dementia such as the level of dementia people have and how the dementia may have an impact on them to ensure people received person centred care.
- We had mixed responses about activities at the home. One person told us, "I go to bingo. I have knitted hats for pre-mature babies. I make posters and key rings for Mother's Day. I go to concerts and see the pre-school children." A staff member told us, "Activities do happen. Sometimes people seem bored in the afternoons but staff do put music on and dance with people." However, we observed there was a lack of engagement with some people especially in the dementia unit. A staff member told us, "The team try their best, but I don't think there are enough for dementia, not enough to stimulate their brains." A person in the unit told us, "I am bored and lonely, at lunch I sat on my own, I always do, I try to do activities but I don't feel included."
- An activities schedule was displayed on all the units, that detailed daily activities.
- We observed in some units no activities were offered to people and they were not observed to be invited to go to other units where activities were reported to be taking place by activity coordinators.
- There was a daily log sheet and handover book, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts. A relative told us, "I do think that the staff work well together." This meant that people received continuity of care.

We recommend the home follows best practice guidance ensuring people receive personalised care and participate on regular activities.

- People received information in accessible formats.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow

the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

- The home was complying with the Accessible Information Standard.
- Care plans detailed people's communication ability and how to communicate with people effectively.
- There was materials available to communicate with people such as pictorial communication and easy read materials.

Improving care quality in response to complaints or concerns:

- Complaints were recorded along with the outcome of the investigation and action taken.
- People and relatives were aware of how to make complaints. A relative told us, "Regarding complaints, the situation is entirely different from six months ago. I was forever complaining about nursing care. The staff are different now, they listen to me." Another relative told us, "I do think that the manager listens to complaints."

End of life care and support:

- Where possible, end of life care had been discussed with people.
- These included people's preferences with end of life care and their preferred burial.
- Do Not Attempt Resuscitation forms were in place in people's care plans and was signed by relevant health professionals.

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.

Requires improvement: The management and leadership of the service was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

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

- There was not an effective quality assurance system in place to identify shortfalls and act on them to ensure people were safe.
- The 'you say we did board' placed at units contained the same information as last year and the action to provide bread and butter with meals had not been addressed, which was an issue we found at our last inspection.
- Audits had been carried out on area's such as infection control, health and safety, medicine management, night visits and care plans.
- The care plan audit folder indicated that there would be three care plan audits completed per week or twelve per month. Records showed that there had been 17 care plan audits in January 2019, four in February 2019 and none in March 2019. The audits that had been undertaken used a 'tick box' approach and no significant issues had been identified. The actual content and quality of the care plans were not examined in detail.
- After our last inspection, we were sent an action plan that outlined, robust call bell monitoring system would be implemented and dependency scores would be updated and checked against staffing levels ensuring better allocations/deployment of staff and skill mix. However, we continued to find shortfalls with staffing at this inspection. This meant the systems that was in place was not robust to meet the needs of people using the service and to keep them safe at all times.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There was a clear management structure and staff were clear about their roles and were passionate in ensuring people received good care.
- However, a number of staff also raised concerns with lack of support from the management team and they were uncomfortable to raise issues as these were previously dismissed.
- We found some records were not accurate and did not evidence people received person centred, high quality care at all times especially in the area of skin integrity.
- This meant that there was a risk people may not receive high quality care to ensure they were safe at all times.

The issues related to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

- Meetings were held to obtain people's and relative's thoughts on the running of the home and acting on their feedback where possible, to create a cycle of continuous improvement.
- A number of staff and management meetings were held to share information such as daily 'flash' meetings with department managers, clinical meetings, falls meeting and care staff meetings.
- The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.

Working in partnership with others

- Staff worked in partnership with other agencies.
- Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17 (1)(2)(a)(b).</p> <p>The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1)(2)(c).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not being deployed to ensure people were safe at all times.
	Regulation 18(1)

The enforcement action we took:

Warning Notice