

HC-One Limited

Chaseview Nursing Home

Inspection report

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17 September 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Chaseview Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Chaseview Nursing Home accommodates 60 older people some of whom were living with dementia. The provider also provided nursing care. On the days of our inspection 56 people were living in the home. The home is situated on two floors and was accessible to wheelchair users.

This inspection was unannounced and took place on 14 and 18 September 2018.

We completed a previous inspection of this home in May 2017 which we published in July 2017. The provider was rated Requires Improvement overall and was in breach of Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At that inspection we issued a Warning Notice to the provider. In response the provider sent us an action plan to tell us what they would do to improve the service and to comply with this regulation.

A focused inspection was carried out in September 2017, to find out if the provider had addressed the concerns identified at the previous inspection and that they had met the legal requirements. We looked at the key question 'Safe' because we had received concerns from members of the public about people's safety. At this inspection we found that the provider had not taken sufficient action to comply with the breach of Regulation 12. The provider was also in breach of Regulation 13, Safeguarding service users from abuse and improper treatment and Regulation 17, Good governance.

Following the inspection in September 2017, the registered provider was issued a Notice of Decision to apply conditions to their registration. The registered person was required to ensure that they supervised the management of Chaseview Nursing Home and monitor compliance against the regulations. This included their duty to ensure that people received safe care and treatment and that they were protected from abuse and improper treatment. The registered person was required to ensure that quality improvements were implemented and sustained.

At this inspection we found that improvements had been made and that the provider was no longer in breach of the regulations.

Chaseview Nursing Home had a registered manager in place who was present throughout this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safely supported with their medicines by competent staff members. People were confident that they would receive their medicines as prescribed and on time. There was guidance available to staff when supporting people with "when required" medicines.

People were safe from the risk of abuse and ill-treatment as staff knew how to recognise and respond to concerns. Any concerns raised with the registered manager were acted on appropriately. There were enough staff to support people to meet their needs in a timely manner.

New staff members received an introduction to their role and were equipped with the skills they needed to work with people. Staff members had access to on-going training to maintain their skills and to keep up to date with changes in adult social care. The provider followed safe recruitment procedures when employing new staff members.

People received care that was effective and personalised to their individual needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support that was caring and respectful. People were supported by a staff team that was compassionate and engaging. People's privacy and dignity was respected by those providing assistance. People's individual preferences were known by staff members who supported them as they wished. People were supported at times of upset and distress.

People's human rights and protected characteristics, like faith and disability, were supported and promoted by those providing care and support for them. People received information in a way they found accessible.

People, and when needed family or advocates, contributed towards developing their own care and support plans. When changes occurred in people's personal and medical circumstances, care plans were reviewed to reflect these changes. People and their relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

People and relatives found the management team at Chaseview Nursing Home to be approachable and receptive. People's suggestions and comments were valued by the provider. Staff members believed their opinions and ideas were listened to by the provider and, if appropriate, implemented. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements. The provider learnt from incidents and accidents and worked in an open and transparent way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received their medicines, as prescribed, with the assistance of staff who were competent to safely support them. People received support from sufficient numbers of staff to meet their individual needs in a timely manner. People were protected from the risks of harm or abuse as the staff team knew how to recognise the signs and how to report concerns. The provider had systems in place to identify and respond to the risks of harm associated with the environment within which they lived. The provider followed safe staff recruitment checks.

Is the service effective?

Good ●

The service was effective.

People had their rights protected by staff members who were aware of and who followed current guidance. People were involved in decisions about their care and support. People received sufficient food and fluids to maintain their well-being. People were assisted by staff members who felt well supported in their role. When needed, people were referred onto community based health professionals promptly. The environment within which people lived was clear and open and was suitable to meet their needs.

Is the service caring?

Good ●

The service was caring.

People had positive and empowering relationships with the staff who supported them. People had their privacy and dignity protected when they were assisted. People's diversity was respected by staff members. People were provided with information relating to their care in a way they understood. People received support when upset or anxious. People felt valued by those supporting them. People were encouraged to maintain relationships that mattered to them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their assessments of care. People received support from staff members who knew their individual preferences. People took part in activities they enjoyed and found stimulating. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to monitor the quality of care provided and to drive improvements if needed. People and staff members found the management team approachable and supportive. People were kept informed about the service they received and their views and opinions were valued. The management team had good links with community based facilities which people benefited from.

Chaseview Nursing Home

Detailed findings

Background to this inspection

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

The inspection site visit took place on 14 and 18 September 2018 and was an unannounced comprehensive inspection. This inspection was completed by one inspector on the first day and two Inspectors on the second day.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people, three relatives, the registered manager, area director, eight staff members including a nurse, house keeper, senior carer, four carers and the well-being coordinator.

We looked at the care and support plans for five people including assessments of risk and guidance for the use of medicines. We looked at records of quality checks and incident and accident reports. We further confirmed the recruitment details of three staff members.

Is the service safe?

Our findings

At the time of our focused inspection, published in November 2017, the 'Safe' key question was rated as 'Requires improvement.' At that inspection we identified two breaches of the regulations relating to the management of medicines and protecting people from harm and abuse. At this inspection we found improvements had been made and therefore rated this key question as 'Good.'

People told us they felt safe and protected from the risks of abuse and ill-treatment. One person told us, "I feel safe. I have never been afraid of anything here." Staff members we spoke with had been trained to recognise the signs of potential abuse and knew what to do about it if they suspected anything was wrong. One staff member said, "I would feel happy to report anything I was not comfortable about to the manager or use the "hotline" (The providers confidential whistleblowing phone line)." We saw the registered manager had made appropriate notifications to the local authority to keep people safe. We saw that there was information available to people, visitors and staff members about how to raise a concern should they suspect something.

We saw that individual assessments of risk associated with people's care and support had been completed. These included, but were not limited to nutrition, hydration and mobility. When it was required people had specific assessments of risk for known medical interventions for example, tracheostomy care. People were involved in identifying any risks associated with their care and were supported to take responsibility, where appropriate, to manage their own support whilst being aware of and minimising the risks to them. One person told us they were responsible for performing their own medical procedures and that staff members were available for any help and support that they needed.

We saw that the equipment people used was maintained and regularly serviced to ensure it was safe and in good working order. These included the differing types of hoists that people used. We saw staff members safely supporting people with moving and handling equipment in accordance with their assessed needs. One person was being assisted whilst using a 'stand aid'. This was a specific piece of equipment which assisted people to transfer. The staff members spoke with the person throughout and encouraged them and gave reassurance. People were safely supported by staff members who were competent to do so and with equipment which was safe and appropriate to their needs.

People were protected from risks associated with their care and support and where they lived. One person said, "I am quite safe here." We saw that the management team undertook checks to identify and rectify any issues with the physical environment within which people lived. For example, we saw that two pieces of furniture had been deemed unsafe during our inspection. These pieces of furniture were removed from use immediately and made safe by the maintenance team before being returned for people and visitors to use.

The provider had systems in place to record and respond to any incidents, accidents or dangerous occurrences. For example, following the identification of a potential risk for one person the management team worked with them to minimise the risk whilst maintaining their independence. We saw the provider, registered manager and staff members had systems in place to learn from incidents and to act to minimise

the risks of harm to people.

People had individual personal emergency evacuation plans in place for reference and use in times of emergency. These plans included information essential to the emergency services including the type of support the person required and any equipment that they needed.

The provider acted to learn from events which occurred within their organisation. For example, we saw information had been passed to all staff members following an incident which occurred elsewhere within the organisation. We asked staff members about this incident. They could tell us what had happened and what they could do to reduce the likelihood of it occurring at Chaseview Nursing Home.

The provider followed effective infection prevention and control practices. One person said, "The cleaners are very good." We observed staff members wearing appropriate personal protection equipment when supporting people. For example, disposable gloves and aprons when needed. One staff member told us they had received training on infection prevention and control practice as part of their regular updated training. They told us that they followed set procedures when supporting with specific tasks, like personal care, to minimise the risk of the transmission of infectious illnesses.

People told us, and we saw, that they were safely supported with their medicines. One person told us, "I get my medicines when I want them. That's good enough for me." We looked at the medicines administrations records (MAR). The sample we looked at had been correctly completed without any omissions. We looked at the guidelines for people's "When Required" medicines. There were guidelines available for staff members to follow including what to administer, when and the maximum doses per a 24-hour period. Staff members we spoke with told us they had received training in the safe administration of medicines and had been assessed as competent before supporting people.

People told us, and we saw, that they were supported by enough staff members to meet their needs. Throughout this inspection we saw staff members promptly supporting people when needed but also spending time sitting and chatting with them. The provider used a dependency tool which identified people's individual support needs and then worked out how many staff were needed to appropriately support them. However, the registered manager told us that they were currently allocating additional staff on shift to support people in a way that they felt was more responsive to their individual needs.

The provider followed safe recruitment processes when employing new staff members. As part of their recruitment process the provider completed a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others. In addition, the provider gained references regarding the suitability of prospective employees. The provider used this information to assist them in making safe recruitment decisions. The provider had systems in place to identify and address any unsafe behaviour by staff members including disciplinary action and retraining if required.

Is the service effective?

Our findings

At the time of our last comprehensive inspection, published in July 2017 the 'Effective' key question was rated as 'Requires Improvement.' At that inspection we found that staff members did not have the necessary knowledge to maintain people's rights or demonstrate an understanding of the Mental Capacity Act 2005 (MCA). At this inspection we saw improvements had been made and therefore we have rated this key question as 'Good.'

We looked at how people's individual rights were protected. 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.

We saw that when it was required people had individual assessments of their capacity to make specific decisions. For example, if an individual used bed rails to stay safe when they were in bed. When it was needed family or advocates were involved in the decision-making process. We saw one discussion with an independent mental capacity advocate where possible options were considered to assist one person to remain safe. Throughout this inspection we saw people being supported to make choices and were encouraged to make decisions about what they wanted. For example, we saw one person struggle to make a decision regarding what they wanted to eat. The staff member supported them by showing them the options. When the person didn't indicate what they wanted the staff member got another option of a meal that they knew the person liked. This person immediately responded positively making a clear indication of their choice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made such applications and when required repeat applications had been made. Staff members we spoke with could tell us about the DoLS process and who was currently subject to such arrangements. The provider's policies and practice supported people to have maximum control over their lives in this instance.

People told us that they had their needs assessed when they first moved into Chaseview Nursing Home and staff supported them to meet these needs. One person told us, "I can't remember their name but someone talked to me about what I wanted and how I could be supported. They were very good." Another person said, "I have been fully involved in my care right from the start." The care and support plans we looked at contained information staff members would need in order to effectively support people. These included clinical assessments of people's needs and what to do to effectively support them with their needs. For example, when people needed regular repositioning to prevent their skin breakdown this was provided and accurately recorded.

As part of the care decision making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. We observed a discussion between one person and a staff member about religion and practices. The discussion was open and both could express their individual views. We spoke with the person about the discussion. They told us, "We don't have to agree on something to discuss it. It is open. I can see the church from my window which I find reassuring and I go to the regular services here. That suits me just fine."

People had access to other healthcare services when they needed it. These included, but were not limited to, GP services, specialists regarding eating and drinking, dentistry and podiatry. People we spoke with told us they could access additional healthcare services when they wanted or needed and that the staff members would assist them with any such appointments. We saw staff members seeking advice from a GP regarding one person. They followed this advice and supported the person to an emergency hospital appointment. An extra member of staff was brought in to work to assist the person to go to hospital. This staff member told us they had come in to provide emotional support to this person as going into hospital could be scary.

We saw staff members sharing appropriate information on those living at Chaseview Nursing Home. This included a structured handover session where information was passed from one shift of carers onto the next. In addition, senior members of staff from all departments including the kitchen, maintenance and the care team met during a "flash meeting." This was where information was shared regarding any changes that had occurred that day and any action that needed to be taken. For example, it was identified that a food delivery had not been received resulting in a change to the printed menu. This was passed to the care team so that people were made aware and could make an informed choice about what they wanted for lunch. Information relevant to people and their needs was effectively passed to promote the continuity of care.

People told us that they enjoyed the food on offer and that they had choice of what to eat. We saw people being supported with their meals by staff members when they needed and in a manner, that suited their requirements. When people required assistance, this was provided in a reassuring and supportive manner. We saw staff members chatting with people as they encouraged them to eat. We saw that meal times had been staggered to accommodate the support people required with their meals. One staff member told us, "This was started because it wasn't right for people to see others eating when waiting for support. By staggering the meal time in differing parts of the building people get the support when the meals are delivered rather than waiting.

Staff members were vigilant to any fluctuations in people's weights. When it was identified that someone had an unplanned weight loss they were referred to the GP and dietitian for advice and guidance. Any guidance was then passed to the catering staff who supported the person with fortified meals which were reflected in the person's care plan. For example, we saw information which indicated one person had lost weight. Following advice from the GP the person had a diet which was fortified with nutritional supplements and full fat cream in foods like mashed potatoes. People's individual likes and dislikes were recorded, along with any specific dietary requirements for example vegetarianism. People received support with their diet and nutrition to promote well-being.

People told us they received care and support from a trained and competent care staff team. One person said, "They (staff) do the job the best that they can. I have no complaints." One relative told us, "The staff are good and know their stuff." Staff members we spoke with told us they felt supported in their jobs by their colleagues and by the management team but the structured one-on-one supervision sessions were

infrequent. A supervision is a meeting with a senior staff member where aspects of the staff members work can be discussed. However, they went on to say that they could seek advice and guidance at any time that they needed.

Staff members new to working in care were supported to achieve the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff members completed a structured introduction to their role when first commencing work at The Chaseview Nursing Home. This included training the provider had identified as essential. For example, fire safety and infection prevention and control. In addition, they completed a series of shadow shifts with more experienced staff members. This included working alongside staff members to be introduced to people and to familiarise themselves with the role expected of them. One staff member went on to tell us that they were being supported to undertake a training session in medical condition and diagnosis. Another staff member told us that they have requested specific training on tissue viability which had been arranged. People were assisted by a staff team who felt well supported and who received the training they needed to undertake their roles.

The nursing staff members we spoke with told us they had been supported to revalidate with the Nursing and Midwifery Council (NMC). Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC.

The physical environment at Chaseview Nursing Home was suitable to meet the needs of those living there. Corridors, living areas and communal areas were light and accessible. There was lift access between floors and accessible outside areas for people to enjoy when they wanted. We saw people freely moving throughout Chaseview Nursing Home during this inspections site visit.

Is the service caring?

Our findings

At the time of our last comprehensive inspection, published in July 2017 the 'Caring' key question was rated as 'Good.' At this inspection we continued to rate this key question as 'Good.'

People described the staff members supporting them as, "Out of this world," and "Marvellous." One person said, "The staff are always approachable and you can have a good banter with them." Staff members we spoke with talked about those they supported with respect and compassion. One staff member said, "This is one of those jobs that you do because you care about people. I just love working with others and I find it so rewarding." The staff we spoke with knew those they supported well and could tell us not only about their individual needs but also their personal histories. People were supported by a kind and compassionate staff team who valued them as individuals.

People were supported at time of upset and when they felt anxious. We saw one person appear to become lost when moving between the lounge area to their bedroom. A staff member recognised this immediately and responded by supporting this person. This staff member was not a member of the care team but acted to provide emotional support when they recognised it. They told us, "We are all here to support people no matter what our role is, they are the ones who come first. Everything else can wait."

People were supported to maintain relationships with those that mattered to them. People told us their families and friends could visit at any time they wanted. Throughout this inspection we saw friends and families visiting. People and visitors had access to several areas around Chaseview Nursing Home where they could spend time together. Visitors and family members were encouraged to attend activities or entertainment events.

People told us, and we saw, that their privacy was respected by the staff members supporting them. We saw staff members knocked on people's doors and waiting for a response before entering. On entering people's rooms, we heard staff members say who they were.

People told us they felt that they could make informed decisions about their care and support when they had the capacity to do so. For example, we saw one person had a discussion with staff members about a medical intervention which had been planned. The staff members clearly answered the person's questions and left them to make an informed decision. The person later told us that it was reassuring to be able to talk with someone to help them make clear decisions.

People told us they were encouraged to do what they could with the assistance of staff members which promoted their independence. One person said, "Its excellent here, I have my independence and I can do what I want." When people felt able and safe to do so we saw them freely moving around Chaseview Nursing Home. One person told us that they regularly went out to do some shopping. They said, "I come and go as I please. I am pretty self-sufficient but they (staff) are a bit of a safety blanket if I need it." We saw people were supported to do as much as they could for themselves. For example, during lunch time we saw staff members were available to assist people should they require it. One person appeared to struggle a little with

cutting some of their food. Staff offered to assist but the person declined. People's independence was supported by staff members who were available to help if they required it.

On day one of this inspection we saw some information personal to people had been left in a communal area. We spoke with the registered manager about this and we were reassured that this was an oversight of a staff member who had not locked the documents away but had left them on the lockable cupboard instead. Following this, and throughout day two of this inspection, we saw information private to people was securely stored and only accessed by people with the authority to do so.

Is the service responsive?

Our findings

At the time of our last comprehensive inspection, published in July 2017 the 'Responsive' key question was rated as 'Good.' At this inspection we continued to rate this key question as 'Good.'

People and relatives we spoke with told us they were involved in the development of their individual care and support plans. One person said, "I wrote part of the plan myself. It's about me so why wouldn't I?" The care plans we looked at were individual to the person and contained the information staff members needed to provide good care and support. This included people's likes and dislikes, their personal family history and details regarding their lives so far. Staff members we spoke with were able to tell us about those they supported and were aware of people's individual preferences for care. People's assessments of needs and preferences reflected their wishes, which staff followed when supporting them.

At this inspection Chaseview Nursing Home was providing support for those experiencing hearing loss, sight loss and those living with dementia. People had individual assessments of their communication and support needs. We saw the management team had systems in place to support people with any sensory needs that they required which included optometrist and audiology appointments to support people with their sight and hearing. We saw one person ask a staff member about a hearing appointment as they were struggling with their hearing aid. The staff member had already arranged an appointment for their reassessment and reiterated this with them to reassure them. When people needed it the staff members supporting them would use visual prompts or objects of reference to help them to understand and communicate. For example, one person was shown different food options for them to decide along with the staff member telling them what each item was.

Although the management team had not effectively implemented the Accessible Information Standards they were meeting the principles by identifying people's communication needs and taking action to promote the information available to them. From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded 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 patients, service users, carers and parents with a disability, impairment or sensory loss. We saw that people had assessments of communication and appropriate support had been provided. The registered manager and area director told us they were working towards the full implementation of these standards and these will be included as part of people's on-going care and support plan reviews.

People told us, and we saw, that they were engaged in activities that they found enjoyable and stimulating. On day one of this inspection we saw that the wellbeing coordinator (whose responsibilities included arranging activities) was not present owing to pre-arranged annual leave. However, we saw that an external entertainer had been arranged and was engaging people in a sing-a-long. On day two we saw that a mobile farm had been arranged. This included several different farm yard animals including a pony and sheep for people to spend time with. Additionally, we saw people being supported in one-on-one sessions with the well-being coordinator which included talking, reading or pamper sessions. People told us they enjoyed the

activities available to them but that they also had time to spend on their own if they wanted. We saw there were a number of reminiscence areas set up at Chaseview Nursing Home where people could spend time with friends and families or just themselves if they wanted.

All the relatives we spoke with told us they received information from Chaseview Nursing Home regarding any changes in the health and well-being of their family members promptly. The management team had systems in place to pass on information relevant to people and their families when it was appropriate and with the consent of the person it related to.

People, and visitors, told us they had the information they needed should they need to express a concern or make a complaint. We saw one person openly talk with a staff member about something they were worried about. We spoke with this person and they told us that if they were ever worried about anything or just didn't understand something they would talk with any staff member as they were confident they would receive a positive response. We saw information was on display in communal areas informing people how to raise any concerns that they had. We saw the management team and provider had systems in place to encourage, investigate and feedback any concerns from people, relatives or visitors.

At this inspection we were told by a nurse on duty that no one was receiving end of life care. However, the management team had systems in place for the assessment and support of people at this stage in life. When someone had expressed their future wishes, these were recorded in their individual care plan. One staff member told us about the links they had established with specialist palliative care services that they engaged with to support them with people and this would be included as part of the individualised care planning process.

Is the service well-led?

Our findings

At the time of our last comprehensive inspection, published in July 2017 the 'Well-led' key question was rated as 'Requires Improvement.' At that inspection we found that there was no registered manager in place as required and the quality monitoring checks were ineffective. At this inspection we saw improvements had been made and therefore we have rated this key question as 'Good.'

At this inspection there was a registered manager in post who was present throughout this inspection. The registered manager and provider understood the requirements of registration with the Care Quality Commission. The registered manager had appropriately submitted the required notifications to the Care Quality Commission (CQC). The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and registered manager undertook regular quality checks to identify and drive improvements at Chaseview Nursing Home. For example, following an internal quality check it was identified that clinical risk assessments needed to be reviewed to ensure they were scored accurately. At this inspection we found that those we looked at had the correct scoring and the correct level of risk associated with them. In addition, we found that when risk had been identified there was a clear plan of action to follow to reduce that risk to a safe and manageable level. This mean that the provider had systems in place to ensure people received effective that met their individual needs.

The provider and management team identified learning from previous incidents and acted to reduce the potential for reoccurrence. For example, following an incident which occurred elsewhere in the provider's organisation staff members were informed about what had happened. In addition, staff members knew how they could assist in preventing such a situation occurring at Chaseview Nursing Home. One staff member said, "We were told about the situation and how to be vigilant. I think it is what we already did but it is just a reminder." The registered manager and provider acted in an open and transparent way and which helped to contribute to a safe living environment for those at Chaseview Nursing Home.

The manager told us that they kept themselves up to date with developments in health and social care by subscribing to on-line updates and by revisiting essential training. In addition, they took part in regular managerial updates and attended regular meeting with colleagues within their organisation. They told us this was an opportunity to share ideas, issues and solutions amongst their peers.

People told us they knew who the registered manager was and that they saw them on a regular basis. Although some of those we spoke with could not recall the registered managers name they told us that they always saw someone "in charge" around the building. People and visitors told us they found the management team to be open and approachable and felt able to approach them whenever they wanted. People and relatives told us that there were regular meetings with the management team where they could discuss anything they wanted about living at Chaseview Nursing Home or to receive updates from the provider.

The registered manager told us they had recently revised the management structure with the appointment of a new deputy manager and a new clinical lead. They believed that these changes would support them in sustaining the improvements they had already made in the care people received. At this inspection the deputy manager and clinical lead had been appointed but were yet to commence their roles.

Staff members told us they felt happy to question practice and to raise concerns if they needed. They felt they would be supported, by policies such as the whistleblowing policy, if they required it. Those we spoke with told us they felt comfortable when approaching any member of the management team to discuss any concerns that they may have had.

The provider had established working links with the local community. These included, GP and specialist health professionals and local spiritual groups and charity organisations. People told us that they felt they retained their links with the community within which they lived. This included regular trips out into the local shopping centres and places of interest.

We saw the last rated inspection was displayed in a communal area and on the provider's website in accordance with the law.