

HC-One No.1 Limited

# Chaseview Care Home

## Inspection report

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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

### About the service

Chaseview Care Home is a residential care home providing personal and nursing care to up to 120 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 60 people using the services. The accommodation was arranged across 3 separate units. One of the units specialises in providing care to people living with dementia. Most bedrooms have en-suite facilities. There is a large communal lounge, a dining room, and a garden.

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

Since our last inspection, the provider had taken action to improve staffing level. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People and relatives were happy with staffing levels. The provider had a safe staff recruitment process in place. Staff received appropriate training, support and development which enabled them to meet people's needs.

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. Steps had been taken to help ensure the physical environment was safe.

People received their prescribed medicines in a safe way. The service uses electronic Medicines Administration Records (MAR) to record all administrations. Regular medicine audits were taking place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Assessments were carried out of people's needs prior to the provision of care to determine if their needs could be met at the service. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. The premises were clean and well maintained. People had access to health care professionals.

People were supported with their nutritional needs. Specialist diets were in place when required and people were monitored to help them retain a healthy weight. Their health care needs were monitored, and staff ensured when support from external health professionals was required this was sought in a timely manner.

Staff engagement with the people they support was good and people were treated in a caring and respectful way. People and their relatives had the opportunity to express their views on their care. Staff worked in a way which supported people's dignity and privacy.

There were activities provided seven days a week. People had asked for some activities to be provided later in the afternoon/early evening so that their visitors were not rushed. During our inspection, the provider arranged one person's 100th birthday party. The provider bought a present, cake, and a birthday card, and also arranged a birthday celebration with friends, families and staff at Chaseview Care Home.

People and relatives told us staff were caring and that they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Care plans were in place for people which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints, and complaints had been dealt with accordingly.

The service had a complaints policy in place and staff were aware of how to support people should they wish to complain. The manager of the service was approachable and open, staff and people in their care felt supported.

We received positive feedback on the service. One person said, "there's nothing wrong with the home. I'm happy, carers are kind and they listen to me."

Quality assurance and monitoring systems were in place to help drive improvements at the service. People and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate, published 16 November 2022 and there were breaches of Regulation 12 (safe care and treatment), Regulation 18 (staffing), Regulation 17 (good governance), Regulation 9 (person-centred care), Regulation 10 (dignity and respect), Regulation 11 (need for consent), Regulation 14 (meeting nutritional and hydration needs), and Regulation 15 (premises and equipment).

This service has been in Special Measures since 16 November 2022. This meant we kept the service under review and, we re-inspected the service within 6 months to check for significant improvements. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection in September 2022. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by 2 inspectors, a bank inspector, a medicines inspector, a nurse specialist advisor, and 2 Experts 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

Chaseview Care Home 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.

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. There was a manager who was applying for this role. We were supported by senior members of staff and an area director, who was a representative of the provider and was managing the service.

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

## During the inspection

We reviewed a range of records. This included 14 people's care plans and risk assessments. We reviewed 11 people's medicines administration records in detail. We also looked at 10 staff files, maintenance records, Deprivation of Liberty Safeguards authorisations records, and accidents and incidents records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 17 members of staff including the manager, area director, 2 nurse consultants, deputy manager, 6 healthcare assistants, a registered nurse, a unit manager, 2 activities co-ordinator, head chef, and, one maintenance person. We spoke with 10 people living at the service and made observations within the communal areas. We also spoke with 2 social workers and 1 doctor.

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

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We looked at training data and quality assurance records. We spoke with 28 relatives by telephone about their experience of the care provided.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, robust risk assessments were not in place to ensure people received safe care. People were not being appropriately protected against risks and action had not been taken to prevent the potential for harm. We also found there had been a significant number of unwitnessed falls in the twelve months prior to our inspection. Whilst falls were reported to the local authority, accident records were not reviewed, and not enough action was taken to minimise the risk of falls. We also did not see any evidence of this being shared with staff, or what actions had been taken to mitigate future risks.
- At this inspection, detailed risk assessments were in place for people with health conditions, including diabetes and epilepsy. Where necessary support was sought from healthcare professionals. These set out how to support people with these conditions in a safe way, for example, ensuring people with diabetes had regular eye checks and monitoring of glucose levels where appropriate. Records confirmed that relevant checks were carried out and that health conditions were managed in conjunction with other health professionals including GPs.
- Care staff we spoke with were aware of the risks to people that were associated with health conditions, and they knew how to support people to minimise identified risks. Staff had also undertaken training about supporting people with relevant health conditions since the last inspection.
- Care plans and risk assessments were in place for supporting people with their skin integrity. For example, where people used pressure relieving mattresses, the setting for the mattress was included in the assessment and mattresses were checked twice daily to ensure they were at the correct setting. Where people required re-positioning due to wound management, we saw this was done and recorded in line with risk assessments.
- In addition to risk assessments about health conditions, a variety of other assessments detailed how to support people in a safe way. These were person-centred around the risk's individuals faced and reviewed at least monthly, or more frequently if there was a significant change in risk.
- Checks and maintenance were carried out on the premises and equipment with records maintained to help ensure they were safe. For example, fire safety systems and equipment were serviced by qualified persons and tested to ensure they worked properly by staff at the service. There was a fire alarm test during

our inspection. Other safety checks included gas, electrics and electrical equipment.

- Fire safety procedures were in place including weekly fire alarm checks and staff received training in evacuation procedures. Each person had a personal emergency evacuation plan (PEEP) to ensure they contained clear guidelines on how people would need to be evacuated safely in the event of a home emergency.
- The provider had systems to ensure lessons were learnt from any incidents to ensure the safety of people who lived in the home. Incident and accident records showed that issues were addressed quickly, recorded and investigated to find the cause. There was evidence of actions taken to mitigate future risks. For example, in relation to an unwitnessed fall there were immediate actions outlined for staff to undertake. Learnings lessons from accidents and incidents was shared with the staff team through meetings and at daily briefings.

## Staffing and recruitment

At our last inspection, the provider had not ensured that sufficient numbers of suitable, experienced staff were deployed to meet people's assessed needs. There was not a systematic approach to determine the number of staff needed and to meet the needs of people using the service and keep them safe at all times. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, the provider needed to ensure improvements were sustained and embedded in practice.

- At our last inspection, the service did not have enough staff to meet people's assessed needs. This was confirmed by staff's feedback and observations of mealtimes.
- At this inspection, we saw staff were visible in communal areas and were attentive to the needs of people using the service. Staff had time to speak with people and provide social engagement and they responded to requests for assistance promptly.
- Staff deployment had ensured people's needs were met in a timely manner and in a way, that met their preferences. Call bells were answered promptly, and staff monitored those who cannot use a call bell on a regular basis.
- People told us they were well supported. One person said, "I'm very well looked after." They went on to say their call bell was answered, "Yes, my buzzer is answered now quickly". During our inspection we noted call bells were answered in a timely way.
- People's relatives told us the service provided consistent, reliable support for their family member. One relative said, "The place has got better recently. The carers seem more alert, more on the ball. There are more staff than there used to be." Another relative said, "There are lots of staff to care for the residents."
- Staff told us they worked well as a team. Comments included, "It is a good place to work, the managers are great, supportive, and available any time." Another comment, "Yes, there is enough staff here, and nothing is being rushed."
- Recruitment practices were robust. The provider completed checks on prospective employees to ensure they were safe to work with people. These checks included seeking references, checking staff criminal records and checking their identity.

## Using medicines safely

At our last inspection, medicines were not always managed in a safe way. This placed people at risk of harm.



This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, medicines were not managed safely. People who were prescribed time-sensitive medicines for the treatment of Parkinson's disease did not always get these at the correct times. Medicines were not always stored at the correct temperature and medicines records were not always completed accurately. PRN (when required) protocols were missing to enable staff make the decision about when and how to administer these medicines.
- At this inspection, Medicine Administration Records (MARs) were maintained accurately and were up to date. We did not see any unexplained gaps on MARs. We checked some medicines stock balances and found they tallied with the amounts of medicines actually held.
- We observed staff give medicines to people. The staff were polite, gained permission and then gave people their medicines. They signed electronically for each medicine on the MAR after giving it.
- Where covert medicines were administered, this was done in line with best practice and reviewed annually for people to check it was still required. We found that where people were prescribed PRN medicines, there were clear guidelines in place about when to administer these.
- Medicines were stored appropriately in locked and temperature-controlled areas. Arrangements for the management of controlled drugs were in line with legislation and best practice.
- Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. This included senior care staff as well as registered nurses. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from risk of abuse. Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "If I saw someone being abused, I will report it to the team leader or the manager." Another staff member gave examples of different types of abuse a person could face.
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- People and their relatives told us they felt safe and they could talk to staff. One relative told us, "[Person] is happy in this home, [person] feels safe." Another relative told us, "[Person] is safe and [person] well treated."
- Where safeguarding incidents had occurred, the manager had submitted the required CQC notification and safeguarding alerts without any delay and had worked in tandem with the local authority to resolve any concerns they had.

Preventing and controlling infection

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

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had effective arrangements to keep premises clean and hygienic.

Visiting in care homes

- The service was supporting visits from friends and families. Protocols were in place should there be any disruption due to COVID-19 outbreaks. During our visit we saw a number of relatives visiting people at the service.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, the provider did not always carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection, people's needs were not always assessed in line with guidance. There was a lack of detail about how to support people with their personal care information from people and their relatives about their needs and preferences and how they would like to be supported.
- At this inspection we were not able to look at this area as there had not been any new people admitted to the service since our last inspection. However, we have noted that the management team had reviewed the needs of people who were currently at the service to ensure these were identified and met accordingly.
- Assessment tools such as the Waterlow Score, which is used to assess people's skin integrity, and MUST, which is used to assess people's nutritional status were regularly reviewed, and the information reflected people's current needs.
- People's care and support plans had improved and had more personalised information which better reflected their needs and included physical and mental health needs. People, those important to them and staff reviewed plans regularly together. Appropriate specialist services had been included in assessing and planning people's care.
- We found that the provider reassessed each person's needs monthly and updated their care plans to ensure they appropriately addressed to people's current needs.

Staff support: induction, training, skills and experience

At our last inspection, the provider had not ensured that staff received the appropriate training, support, supervision and appraisal as necessary to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, the provider needed to ensure improvements were sustained and embedded in practice.

- At our last inspection, some staff had not undertaken training in key subjects relevant to their roles and the people they supported. Supervision meeting records were not always completed accurately and there were no formal competency checks in place to ensure staff were competent in all aspects of their role.
- At this inspection, staff were supported and completed a programme of on-line and face to face training sessions to effectively perform their roles. Staff confirmed this and one staff member told us, "We always get good training here, it is very helpful."
- Records showed staff were supported with regular supervision and appraisal. Discussions at these meetings included the wellbeing of the staff and people using the service and training needs.
- The provider and manager had worked hard to improve the training staff received to support them in their roles. On the day of our inspection, we saw examples of staff's competence in their roles. This included moving and handling and medicines.
- People and their relatives told us they felt that the staff had the skills to meet their needs. One person said, "They [staff] know me really well, they just understand the help I need." A person's relative told us, "They [staff] know [person] condition and therefore they take a lots of care, taking things slowly and gently."
- Staff said the manager was very approachable, and they felt supported in their work. A staff member told us, "[Manager] is approachable and supportive."

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

At our last inspection, records showed that people might not have been provided with suitable food and drink. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- At our last inspection, people were not supported to have enough to eat and drink and at the times they wanted. There was a lack of information in people's care plans about their nutritional needs, preferences and support needed to maintain a balanced diet.
- At this inspection, there was clear information in people's care plans on their dietary requirements and support they needed when eating and drinking. Where people were at risk of choking there had been referrals to the Speech and Language therapy (SALT) team who supported people with swallowing difficulties. Where people required products to thicken drinks these had been stored safely.
- Staff we spoke with including the kitchen staff understood people's individual dietary needs. There was clear information in the kitchen on specialist diets and the cook told us they were kept informed if a person was losing weight so they could support the individual with a fortified diet.
- Specific dietary advice was available for staff to ensure people received food and drink in accordance with guidance. This included people assessed as requiring modified diets. We observed people receiving meals in accordance with their individual requirements.
- We observed people enjoyed the lunchtime experience. Menus and small plates of the meals on offer were displayed so people could make a choice. Alternative meal choices were available. Staff supporting people with their meals did so patiently and maintained people's dignity. Snacks were provided throughout the day and a variety of drinks were available.
- People and their relatives told us the food is good at Chaseview Care Home. One person said, "I like the food, especially the roast, the meat is not chewy, there is a good choice here." A person's relative told us, "They [staff] have offered to cook food to match [person] desire for more authentic, spicy food. We have taken food in for [person], but actually [person] is beginning to like the food they serve to all, especially the

mashed potato."

- Menus were planned by the head office for each season of the year, on a four week rolling menu. We saw the kitchen was clean, organised and storage in line with food hygiene standards.

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

At our last inspection, the provider failed to take into account people's capacity, ability to consent and ensure decisions were made by those who have legal authority to do so is a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last inspection, records of people's care and treatment in the home did not confirm how their consent to care was obtained and in accordance with the MCA. This included the provider's practices around the management of covert medicines.
- At this inspection we found the records had improved and people were supported as far as possible to make everyday decisions about their care and support. We saw staff asked people for their consent before providing them with care and support.
- Decision specific mental capacity assessments had been carried out for people in relation to their capacity to make decisions about their care and whether they were able to give consent. The provider held best interests' meetings for people, which involved the person, their relatives and appropriate healthcare professionals. This helped ensure the care and support provided by staff was in people's best interest.
- DoLS authorisation applications had been made to the relevant authority where it had been identified that people might be deprived of their liberty. The manager utilised a DoLS tracker to monitor and to ensure authorisations were current and valid and to take action when they were due to expire.
- Staff received training on the Mental Capacity Act and they understood the need to obtain consent before delivering care. A staff member told us, "I would ask, 'Do you want me to help you?' "

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

At our last inspection, we found some instances of poor maintenance of the premises. This placed people at

risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At our last inspection, clinical rooms were unclean. We saw unsecured large bottles of oxygen, rusty Stanley knife blades and bolts on the counter on one of the units as well as another unclean air-conditioning unit. During our observation we also found both sluice and storage rooms were always unlocked which posed a risk to people. We found all these issues had now been addressed.
- At this inspection, the service had equipment and aids available to staff and people to ensure their needs were being met safely and to promote their independence. We saw some people had special beds and there were assisted baths for people who found it difficult to get in and out of a bath.
- People were able to move around the service from floor to floor, with activities and events taking place in different parts of the service at different times. This encouraged peoples' movement around the building.
- The service had a communal lounge, dining room and a large garden. People could spend time in their individual rooms whenever they wanted, and these had been personalised according to their choices.

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

- People were supported to maintain good health and to access health care services and professionals when they needed them. The management team worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. One relative told us, "The unit manager is good. She listens to me. She'll let me know if [person] has an appointment with the dentist. If [person] not so good, the unit manager will let me know."
- Records showed health professionals had been consulted without delay when people were not well. The action taken and what the outcome was were noted in people's electronic records. This meant people received appropriate access to health professionals to maintain their health and well-being.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At our last inspection, the provider failed to ensure people were treated with dignity and respect. Staff failed to ensure people's privacy was maintained. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- At our last inspection, People were not always treated with dignity. While observing the home and the environment, we saw people's doors were left wide open. We saw a few staff members going to people's rooms without knocking or asking their permission to enter.
- Some staff did not engage or smile at people whilst serving meals. A person who was sat alone in their bedroom was provided with assistance to eat their lunch. However, the staff member supporting them failed to engage in conversation with them.
- At this inspection, staff spoke with people respectfully. We saw some warm, kind and patient interactions between staff and people who used the service. For example, at lunch time we heard one person being told what was for lunch, staff showed the person two plates of food to pick what they would like for their lunch. The person was given plenty of time to make a choice. Another person appeared to be having problems with eating, and a member of staff offered to help but the person refused. A member of staff told us, "[Person] likes to eat on their own but it takes time". The person was given some guidance which was appropriate. Medicines were given kindly without rushing the person and staff taking the time to talk to them.
- Staff members showed warmth and respect when interacting with people. Throughout the inspection staff repeatedly demonstrated genuine empathy and compassion. Staff were observed throughout the day giving people reassuring physical touch and meaningful gestures such as smiling and touching their hands when talking to the person. People responded well to this, smiling and engaging with staff.
- People's privacy and dignity were respected. Each person had their own single bedroom. Staff gave us examples of how they maintained people's privacy, such as making sure the bedroom doors were closed when supporting people with personal care.
- People had developed positive relationships with staff that knew them well. People appeared comfortable and relaxed with the staff that were supporting them. One person said, "The carers are kind and I never feel I

am any trouble to them." Another person said, "Everyone is so nice. They [staff] never rush me and have time to have a chat. It's always nice to talk to people."

- People were encouraged to maintain their independence as much as possible, in all aspects of life and daily activity. Staff were aware of how much each person was able to do for themselves and what assistance they needed. One member of staff said, "I let the residents do things that they can by themselves."
- The provider ensured people's confidentiality was respected at all times. Staff received training in data protection. Any records containing people's personal information were secured and each staff member had their own login details to any information stored electronically. Staff understood how to maintain confidentiality. Information was protected in line with General Data Protection Regulations (GDPR).
- Equality and diversity needs were detailed in care plans and staff understood their responsibility to treat people without any kind of discrimination based on characteristics such as people's age, disability, faith, sex and sexuality.
- Care plans detailed how people should be enabled to express their views. For example, a care plan stated, "[Person] can communicate verbally but has severe cognitive impairment due to dementia. Staff to speak clearly and slowly."



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

At our last inspection, we found arrangements were not in place to ensure that people received care that was person-centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection, we found they were not always personalised to include people's preferences, wishes and needs. This meant that staff reading the care records would not have the guidance or instructions to provide people with person-centred care. For example, agency staff were unaware of which people they supported had diabetes or epilepsy. People were also not supported to engage in activities which were socially or culturally relevant to them.
- At this inspection, care plans were in place for people. These were person-centred and set out how to meet the needs of individuals. They covered areas including communication, continence, behaviour and emotional support. Plans were reviewed on a monthly basis. This meant they were able to reflect people's needs as they changed over time.
- People's care plans were detailed and personalised with good information about the person's needs. For example, any underlying health conditions which needed monitoring had clear guidance for staff to follow. Where there had been changes to people's needs the changes had been recorded and what support had been accessed for the person. This included the input from professionals such as district nurse or the occupational therapist.
- The service provided a programme of activities led by two activities co-ordinators. We observed people participated in 'ladies club and gentleman club' activities. The activities co-ordinator spoke to them in a polite manner, and praised them for completing the activity.
- We saw a wall full of pictures in each unit where people were enjoying range of a activities that was provided by the service. For example, there were photos of people enjoying various activities/events such as a knitting session, birthday celebrations, valentines' day, the King's coronation, and many other activities.
- During our inspection, the provider arranged one person's 100th birthday party. The provider bought a present, cake, and a birthday card, and arranged a birthday celebration with friends, families and staff at Chaseview Care Home.
- There was a folder of compliments where relatives gave feedback. One relative feedback said, "We cannot

thank you enough, the staff and the catering staff for the wonderful party and food that you organised for our [family member] birthday. You went above and beyond our expectation. Thank you very much."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people's communication needs and ensured people had access to information in formats they could understand. The unit manager told us that, when needed, they would ensure key policies and procedures were available in alternative formats appropriate to people's needs to assist them easily to understand the information given to them.
- Staff assessed and recorded people's communication needs in line with the AIS and this was recorded in their care plans, including any assistance they required from staff.
- Staff had good awareness, skills and understanding of individual communication needs. One relative said, "While [person] has basic English, they do help [person] by speaking to [person] mother tongue. Those who understand Gujarati and they come over to [person] if there is a language issue."

#### Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. The manager reviewed all complaints to spot ongoing concerns and put actions in place to resolve these.
- The complaints record showed any concerns that had been raised had been responded to appropriately detailing actions and outcomes. The service had received 2 complaints this year. The complaints were in relation of wrong clothing. The wrong clothing was misplaced in the laundry room which had been dealt with in accordance with the provider's procedures. The complaint was also appropriately dealt with and responded to. After the complaint, the provider added a name tag on each persons clothing.
- Relatives told us they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team. One relative said, "Any issues I have, I will go straight to the manager or a nurse".

#### End of life care and support

- There were systems in place to discuss, record and support people's end of life care needs. People could choose if they wished to discuss their end-of-life care wishes with support from their relatives. Their individual preferences were recorded in their care plans. These included advance care plans, which contained information about how the person would want their end of care needs, wishes and preferences to be met and any information about funeral arrangements.
- Where appropriate, people also had Do Not Attempt Cardiopulmonary Resuscitation forms that they had signed where they were able to give consent or that been agreed in consultation with their relatives and 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

At our last inspection, the provider did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, the systems in place to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. Audits had not picked up significant shortfalls in practices in relation to risk assessment, medicines management, staff deployment, meeting people's health needs, training, capacity and consent, dignity and respect, care planning, and record keeping.
- Following the last inspection, the provider was transparent about service shortfalls and sought feedback and involvement from social services and local authority to inform their action plan. This work was in progress and relatives were generally positive about the progress so far. Their comments included, "I think they are working hard, giving good quality care, families seem happier with care, there used to be safeguarding incidents but now they are being worked through, there are a lot of improvements especially in the last 3 months." At this inspection the provider has complied with all previous breaches of regulation. The pace of improvement clearly demonstrated the providers commitment to ensuring people received support based on transparency, respect and inclusivity. Since then, a new experienced manager had been appointed to lead the service.
- During our inspection, we noted a robust system to monitor, assess and drive improvements to their service. These included medicines management audits, health and safety audits, premises and equipment audits, infection control audits, staff dependency tools and incident and accidents. Where actions had been identified this informed an action plan. Recent premises and equipment audits had identified few minor repairs were needed. This was completed by the maintenance team.
- The manager was supported by 2 nurse consultants. They had drawn up action plans to address any performance shortfalls that were required monitored and progress made towards them.

- The manager was aware of regulatory requirements. For example, they were aware of what issues and incidents they had to report to the Care Quality Commission. Other regulatory requirements were met, such as having employer's liability insurance cover in place and ensuring fire safety equipment was serviced appropriately.
- Care was provided in a person-centred manner. The service had an open and positive culture to help achieve good outcomes for people. Staff told us there was a good working environment with good teamwork. They also said the management team was supportive.
- One member of staff said, "The new manager is brilliant, they know what they are doing. They are so supportive. So is [deputy manager], they take what you say seriously." Another member of staff said, "It's a very open-door policy. They [manager] are very supportive if we have personal problems. They care about us [staff] and they care about the residents."
- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- The management team, provider and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people.
- Staff received regular supervision and there were staff meetings which covered priorities such as training, activities, annual leave and safeguarding.
- We spoke with a doctor who was visiting the service during our inspection. They told us since the change of management, working relationships had improved considerably between the service and their agency. They told us the service was now much more open to support from them and that staff knowledge and understanding of relevant issues had improved considerably. The doctor said, "I have seen improvements since coming, staff are giving me better feedback on residents. Overall, they are much more proactive in the care they give. The unit manager is brilliant, although the unit manager is nonclinical she is very organised and knowledgeable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the manager understood their responsibilities under the duty of candour. The provider and registered manager had been open and transparent with people when incidents occurred where the duty of candour applied.
- The manager understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The ratings from the previous inspection were displayed at the service and on the provider's website as required by law.