HC-One Limited

Chaseview Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Chaseview Nursing Home provides accommodation, personal and nursing care for up to 60 people. There were 50 people living in the home on the day of our inspection. We inspected the service on 24 March 2016. The inspection was unannounced and undertaken by three inspectors. At our last inspection on 23 October 2014 the provider was meeting the legal requirements and was rated as good overall.
At this inspection we found there were insufficient staff available to protect people from harm. Some relatives were unhappy about the registered manager's response to their concerns regarding how staffing levels were managed. We also found that people's ability to make choices had not been assessed and staff had not demonstrated why they had made decisions in their best interest, on their behalf.
There was a registered manager in post. 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.

Staff were aware how they should protect people from the risk of abuse but some incidents of potential abuse had not been reported, as required, to the local authority and ourselves. People's medicines were managed safely but guidance on the use of 'as and when required' medicines had not always been provided to staff.

People's risk of harm associated with their care had been assessed and there were plans in place to ensure the risks were managed appropriately. Staff received training and support to provide them with the skills and knowledge to care for people effectively. People had a choice of nutritious food and plentiful drinks which met their individual requirements. Staff ensured that people who needed specialist care and treatments were referred appropriately.

Staff were kind and polite to people. Staff recognised people's individual needs and provided care which met their preferences. Care was reviewed regularly to ensure it met people's current needs. People's dignity and privacy was promoted. People were supported to maintain the relationships which were important to them.

People were supported to take part in activities which interested them and had opportunities to socialise with members of the local community. There was a complaints procedure in place and people received verbal or written responses depending on their preference.

There were meetings provided for people, their relatives and staff to discuss changes in the home which might affect them. Staff felt well supported by the registered manager and were happy to approach them to discuss any issues. There was an audit programme in place to continually monitor the quality of the service and drive improvements for people.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. There were an insufficient number of staff available to protect people from harm. Some safeguarding concerns had not been reported. People received their prescribed medicines. There were recruitment processes in place to ensure staff were suitable to care for people.

Is the service effective?

Requires Improvement

The service was not consistently effective. People's capacity to consent to care and treatments had not been assessed. People received a varied and nutritious diet. People had access to external healthcare professionals to support their health and wellbeing.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion. Staff respected people and supported them to make choices about their care. Staff promoted people's privacy and supported them to maintain their dignity.

Is the service responsive?

Good

The service was responsive. People received care which met their preferences because staff knew their likes and dislikes. People were offered opportunities to participate in activities and entertainment to prevent social isolation. There was a procedure for making complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Some relatives did not feel supported. People's records were not stored securely and some information associated with the use of 'occasional' medicines was not provided to guide staff. The quality of the service was monitored and the information from audits was used to make improvements in people's care.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 March 2016 and was unannounced. The inspection was carried out by three inspectors.

We looked at the information we held about the service and the provider including notifications they had sent us about significant events at the home. On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they
plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with eleven people who used the service, 12 relatives, nine members of the care staff and the registered manager. We did this to gain views about the care and to ensure that the required standards were being met.

We spent time observing care in the communal areas to see how the staff interacted with the people who used the service and understand their experience of care.

We looked at the care records for six people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks, incidents which had occurred in the home and recruitment information.

Requires Improvement

Is the service safe?

Our findings

The service was provided over two floors. People and relatives we spoke with on the first floor of the home told us they had concerns about the number of staff available to support people. One relative said, "There are no staff in the lounge and people are not safe. We've had to press the bell for staff. The bell is on the wall and no one can reach it without help. Staff don't always come so we have to go and look for them. People have tried to stand up and all sorts". On two occasions we had to intervene in this lounge as there were no staff present and people were at risk. On the first occasion a person was choking on a drink. We saw in the person's care plan that they should be supported to sit upright before drinking, have their fluids thickened and be supervised by a member of staff at all times when eating or drinking. We saw the person was given their drink without being moved into an upright position and staff left them to have their drink unobserved. The person started to cough whilst drinking and we saw that they were finding it increasingly difficult to breathe. We had to find a member of the nursing staff to assist the person as all of the carers were providing personal care in the bedrooms. The member of staff confirmed to us that the person should have been supervised. A relative told us, "This happens all the time. It's worrying when you think someone is going to choke". We observed another person trying to move from their chair when there were no staff present in the lounge. The person was unsteady on their feet. We called for assistance from staff who were again busy providing care elsewhere. A member of staff told us, "This communal area is not supervised and [the person] is not at risk though it is better if someone is with them". The person's care plan stated that, there was a 'medium risk of falls and staff to observe if [the person] is trying to get up or stand unaided which puts them at risk of falling'. A relative told us, "They are always tumbling when no one is here". We saw that another person was still waiting to get out of bed at 11.30 in the morning. The person told us, "I think they may have forgotten me today. I don't ring for them because they are busy. They'll come when they're ready". We saw that the person waited until 12.45 to receive personal care and be dressed to join other people already eating their lunch.

On the ground floor of the home there were two communal lounges. Relatives of people on this floor also had concerns about the staffing levels. We saw that a member of staff was always available in one lounge. Staff told us people were observed in this lounge as there was a risk of them falling if they were not monitored. There were no members of staff based in the other lounge and people and relatives were not aware that there was a buzzer behind the door that they could use to summon staff. We saw one person trying unsteadily to take themselves for a comfort break. We used the call system to alert staff but there was no response and we could not locate staff as they were providing individual care. A member of staff who was responsible for maintenance tried to persuade the person to wait for staff assistance. One relative told us, "My relation normally sits in the other lounge because they need staff to keep an eye on them. When I need help in this lounge I have to go and look for staff which sometimes means going all the way round to the other lounge before I find someone".
There were 19 people on the first floor of the home who were dependent on two members of staff working together to meet their care and support needs. We saw that there were times during the day when there were no staff available because they were all providing care in people's bedrooms which meant people in the communal areas were unobserved.

This evidence demonstrates that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they understood their role in protecting people from harm and the risk of abuse. Staff could explain the categories of abuse and how people might behave if they were being treated inappropriately. One member of staff said, "I'd speak to the manager about any concerns". However we saw that some incidents which should have been reported externally to the local safeguarding authority had not been actioned. For example, one person had fallen and sustained a minor injury. It was not clear if the person had fallen or been pushed by another person who used the service. As this was an unknown injury an external report should have been made.

People's medicines were managed to ensure they received their prescribed treatments when they needed them. We saw that people were supported to take their medicines and staff remained with them to ensure they had taken them completely before moving onto the next person. There were arrangements in place each day to check people's medicine administration records had been completed accurately and that the expected stock levels were correct. This ensured that any errors were spotted and rectified immediately and that people were protected from the risks associated with medicines.

People's risks associated with their care and support needs had been identified. There were assessments in place for all aspects of the care people received. We saw that when people were at risk of damage to their skin from pressure there were arrangements in place to provide them with suitable mattresses or cushions and for staff to ensure they were moved regularly. We saw that for people who relied on equipment, such as a hoist, to be moved safely were supported appropriately and competently by staff.

There was a recruitment process in place for new staff. We looked at three recruitment files and saw that checks on new staff were completed before they were able to start working in the home. A member of staff confirmed that they had provided all their information and waited for clearance before starting their role. Checks included their previous work history, references, proof of identity and police checks to ensure they were of a suitable character to work within a caring environment.

Requires Improvement

Is the service effective?

Our findings

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. There were no mental capacity assessments in place for everyone who needed support with their decision making. Staff had not identified the level of support people required and the best time of day to speak with them. We saw that some decisions had been made on behalf of people without staff demonstrating their reasoning. For example, one person was receiving their medicines covertly, this means without their knowledge. Medicine may be given covertly when the person does not understand that not taking them would present a risk to their ongoing health. Before medicines are given covertly a person's mental capacity must be assessed and a best interest meeting should take place. There was no capacity assessment or best interest decision making process in place for this person. Other people had received influenza vaccines. Consent for one person was obtained from a relative however there was no information to support that the relative had the legal authority to do this. The consent for the other was given by a member of staff. There were no capacity assessments or best interest decisions in place for this people as is required to comply with the MCA.

This demonstrates a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that three people were being legally deprived of their liberty to protect their health and safety. The registered manager told us that other people were potentially being deprived of liberty to keep them safe and applications to the local supervisory body had been made on their behalf. Staff we spoke with told us they had received training in the MCA but were not aware that some people in the home had DoLS restrictions in place. This meant that staff did not know what the scope of the restriction were.

Staff told us they received online and face-to-face training in topics that provided them with the skills and knowledge they required to care for people effectively. A member of staff told us, "We have practical training on moving and handling people. You can't really learn that online". We saw that staff received specialist training on supporting people living with dementia from the Alzheimer's Society. A relative told us, "Staff are proactive in the way they care for people and you can tell they understand and know what they're doing". The registered manager told us they could oversee the online training staff had completed and how they had answered questions to ensure they demonstrated a complete understanding of the topic. New staff were supported with an induction period which gave them time to learn about people and work with more experienced staff before working independently. One member of staff told us, "I shadowed other staff for two weeks and I did some training on food hygiene and fire safety during my induction".

People told us they liked the food and we saw there were plentiful drinks offered throughout the day. One person said, "Lovely meals". A relative told us, "The food is very good". We saw that people were shown a choice of plated meals and when they didn't want what was offered, an alternative was provided, for example one person asked for fish fingers instead of the day's choices. People were able to eat at their own pace without being rushed by staff. We saw one person eating and enjoying their lunch in the lounge an hour after other people had finished. A member of staff told us, "They are always slow eating but the really enjoy their food so we leave them to it". Staff supported people to maintain their independence by providing them with adapted cutlery if they found it easier to use. We saw that people were weighed regularly and when any concern was identified there were arrangements in place to enhance their intake with nutritional supplements.

People's physical, mental and psychological health was monitored and the advice of other healthcare professionals was sought whenever necessary. We saw that people had regular access to their doctor, the district nursing service and specialists in managing delicate skin and promoting people's mental wellbeing.

Good

Is the service caring?

Our findings

People and relatives told us the staff provided kind and compassionate care. One person told us, "I'm well cared for". Another person said, "I've been here a long time and I'm quite happy". A relative said, "It's lovely. The staff are great and I have no qualms about my relation". We saw staff demonstrated a caring approach to people. Staff offered reassurance and comfort when people became unsettled or anxious and we saw staff holding people's hands and offering non-verbal support, for instance, stroking people's arms as they spoke with them. A member of staff told us, "People need expressions of comfort and support. Some people need a cuddle together with words of reassurance. It's a basic human need". We saw that people looked happy and comfortable with staff. People chatted with staff and they smiled when they came into the room or approached them. We heard a member of staff say to a person, "I'll see you later", and the person replied, "Not if I see you first", which made them and people sitting around them laugh. A relative told us, "Staff here are friendly and the atmosphere is relaxed. They are thoughtful and helpful to people".

People's dignity was respected by staff. We heard staff speaking with people discreetly when enquiring about their personal care needs. Staff noted when people needed to be supported to maintain their cleanliness and appearance. One person had spilt some food on their clothing and we saw staff helped them to go and change into clean clothing. Another member of staff straightened a person's clothing when it had ridden up and said, "Shall we just pull your skirt down a little bit?" One person's glasses had slipped. A member of staff said, "Let's put these on properly for you. There you are, can you see me better now?" This demonstrated that staff helped people remain appropriately presented.

Staff recognised people's choices and supported their right to privacy. One person told us, "Staff know I like to sit in this chair in the quiet room without the noise and interruptions". People were supported to maintain their independence. We saw that people were supported to do as much as possible for themselves. Staff encouraged one person to move from their chair and provided them with verbal reassurance, for example we heard a member of staff say, "Are you ready to stand up? You're doing great". Another person was reminded to use their walking stick before they started walking.

People were supported to maintain the relationships which were important to them. We saw that visitors were welcome to visit at any time. A relative told us, "I'm here most days. The staff are smashing". Another relative said, "I come every day and it's never a problem. We can come anytime we like".

Good

Is the service responsive?

Our findings

People told us the staff knew them well. One relative said, "They know my relation really well. You can't fault the staff they are very good, just not enough of them". We saw that people's needs were assessed before they moved to the home. Information about the person's health, diagnosed conditions, social history and life story were documented so that staff could understand what was important to them. Staff demonstrated a good knowledge about people. Staff were able to describe people's needs, the level of support they required each day and their preferences for care. One relative told us, "The staff know my relation likes to look at their photographs. They fetch the albums and sit and look at them together". People's care was reviewed on a regular basis to ensure it reflected their current needs. A relative told us, "I have provided information because my relation can't do it themselves. I've come for the review as well".

People were supported to take part in activities which interested them. There was a member of staff responsible for organising pastimes and arranging for external entertainers. The registered manager told us, "We do short duration activities to try and keep people interested". A relative told us, "The activity staff member is lovely and they make people laugh. We sing and we've made Easter bonnets together. We have a lot of fun". Other relatives told us about entertainers who came into the home. One relative said, "The activities are always good. There was a singer the other day". During our inspection children from a local school visited the home and entertained people by singing and then sat with them whilst they were doing some Easter colouring. We saw that people became engaged with the children and took a positive interest in what they were doing. Staff told us the children were regular visitors and people always enjoyed seeing them. One member of staff told us, "The children come here around once a month and we take people to the school. We've got a good relationship with them and the local church.

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service. People we spoke with told us they would speak with the manager. One person said, "If I was unhappy I'd ask the manager". The registered manager told us that people and their relatives were contacted to discuss their concerns and could receive either a verbal or written response depending on their preference.

Requires Improvement

Is the service well-led?

Our findings

Relatives we spoke with did not feel their concerns about the lack of staffing were listened to. One relative told us, "We have raised this concern over staffing individually and at monthly relatives meetings but no action has been taken". Another relative said, "We don't feel the manager is interested in our views". The registered manager told us, "We used to send out a newsletter but some relatives asked for meeting which we have re-introduced. Unfortunately some relatives don't want to attend".

We found that people's records were not kept securely. Care plans were stored in an unsecured cupboard within an unlocked room which meant that people's personal information was at risk of being breached or damaged by unauthorised access to the room. Some people living in the home were receiving medicines on an 'as and when required' basis to settle them when they became anxious or unsettled. Guidance, known as PRN protocols were not in place for some people who were receiving these medicines. The protocol would help staff identify when a person may need the medicine or the frequency and maximum dosage that they could receive over a 24 hour period. This meant that there were no control measures in place to ensure these medicines were used safely and appropriately.

We saw there were meetings provided for people who lived in the home. The member of staff responsible for maintenance attended the last meeting and introduced themselves and explained their role. We saw from the minutes of the meeting that people had been asked if there were any jobs they wanted doing in their bedrooms. People were also asked for their opinion of the food and we saw there was positive feedback about the choice and quality of the meals provided.

Staff told us they were happy with the management of the home and found the registered manager helpful and approachable. One member of staff told us, "The [registered] manager is very approachable". Staff told us they had opportunities to discuss their progress and development at twice yearly supervisions. We saw that the registered manager also held 'open door' surgeries once a week when staff had the opportunity to speak with them in private. We saw that there were regular meetings in place for staff to share their views and receive updates on changes taking place in the home.

The registered manager had systems in place to assess, monitor and improve the quality of care people received. We saw that there was an audit programme in place which reviewed all aspects of people's care such as the accuracy of medicine recording and stock levels, the health and safety elements of the building and kitchen cleanliness. The registered manager told us that they felt well supported by the care provider who ensured a member of the management team visited the home on a regular basis.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Staff were not acting in accordance with the Mental Capacity Act 2005

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were an insufficient number of suitably qualified, competent, skilled and experienced staff to make sure that people's care and treatment needs are met.