Tamaris Healthcare (England) Limited

Chasedale Care Home

Inspection report

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14 November 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

This inspection took place on 12 and 14 November 2018. The first day of the inspection was unannounced. Chasedale 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.

Chasedale Care Home provides care for up to 60 people. There were 59 people living in the home at the time of the inspection, some of whom were living with dementia.

We last inspected this service in May 2016 when we rated the service as good. At this inspection we found the evidence continued to support the rating of good overall but there had been a deterioration in caring which we have now rated as good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A new registered manager had been appointed since the last inspection and registered with the Care Quality Commission in August 2018. 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.

We received mixed views about staffing levels which were immediately reviewed by the regional manager during the inspection. They redeployed staff to cover perceived gaps but we have made a recommendation to keep staffing under review considering the feedback we received.

Safeguarding procedures were in place and staff had received training. The registered manager was aware of their responsibilities in relation to reporting incidents of a safeguarding nature.

Medicine procedures were suitable and checks on stock levels were completed. Staff were aware of the correct procedures to follow.

The safety of the premises and equipment were monitored and individual risks to people were assessed and plans were in place to mitigate these.

The premises were clean and well maintained although there were plans for further cosmetic refurbishment. Attention had been paid to dementia friendly design features which we were advised would be further developed during future redecoration. new baths had been ordered and we made a recommendation to closely monitor the timescales for the replacement of baths to ensure there is no impact on choice for people using the service.

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.

Staff received regular training, supervision and appraisal and said they felt well supported.

People were supported with eating and drinking. The registered manager was auditing the mealtime experience with plans to enhance this for all people.

We previously rated the caring domain as outstanding. At this inspection, we found staff remained very caring and passionate about their work but expressed concerns about not having the time to do more than basic care at times. We therefore could not be sure that people continued to receive consistently outstanding care so we have rated this domain as good.

We received positive feedback about the responsiveness of the service. People's needs were met by staff and relatives were involved in care planning and discussions about care.

A complaints procedure was in place which people and relatives were aware of and was followed by the registered manager.

A variety of activities were available to people. Records were kept showing what activities people had done and recorded their reactions.

Staff and relatives told us they were happy with the new registered manager and said they were helpful and approachable. They carried out a range of audits and quality assurance checks and were being supported by a regional manager as they had been appointed relatively recently.

There were clear lines of responsibility and accountability in the home, and staff were well supported by their supervisors.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service has changed to good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**Good**

Chasedale Care 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.

This inspection took place on 12 and 14 November 2018. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of the inspection was announced. The inspection was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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.

Prior to the inspection we reviewed the information we held about the service including statutory notifications. These are notifications of events and incidents the provider is legally obliged to inform us of. We also spoke with the local authority safeguarding and contracts teams. We used the information they provided when planning this inspection.

We spoke with 17 people,10 relatives, the registered manager, a regional manager, the deputy manager, three care staff, two Care Home Assistant Practitioners (CHAPS), a trainee CHAP, a cook and an activities coordinator. We checked three staff recruitment files, five care plans and a variety of records relating to the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us the service provided safe care. One person told us, "I think I am l looked after very well here, and very safe."

There were suitable numbers of staff on both days of our inspection, however we received mixed feedback about the availability of staff. One relative told us, "There are enough staff here. There wasn't at the last home we were at but here you can always find someone here." Some staff felt that although it could be busy at times, there were enough staff to provide safe care. Other staff felt there were insufficient staff in certain areas in the home where people could be left unsupervised in communal areas when staff were supporting people with personal care. Visiting professionals told us they found there were always staff available when they visited the home.

We spoke with the regional and deputy manager about this and they reviewed staffing immediately. On the second day of the inspection they told us they felt the staffing issue was more to do with deployment than actual numbers and had moved staff around to try to improve supervision of people.

We recommend that staffing deployment remains under close review due to the mixed feedback we received.

There were systems in place for the safeguarding of vulnerable adults. Staff had received safeguarding training and were aware of the procedures to follow. Prior to our inspection, a whistle blower raised concerns with the local authority about standards of care and cleanliness in the home. The local authority contracts team carried out unannounced visits to the service and shared their findings with us. We did not find any evidence of unsafe care practices and found the premises were clean and the home was entirely odour free during our visit, and that advice given by the local authority had been taken on board.

Suitable procedures were in place for the ordering, receipt, storage and administration of medicines. Medicines were administered by nurses and Care Home Assistant Practitioners (CHAPS). Competency assessments were carried out on all staff with a responsibility to administer medicines to ensure they were doing this safely.

We spoke with an advanced nurse practitioner who told us they had no current concerns about the way medicines were managed in the service. Medicines were counted and a running daily total of stock was recorded. We checked the stock count of controlled drugs (CDs) and found these to be correct. CDs are medicines liable to misuse therefore subject to more stringent controls.

Checks were carried out on the safety of the premises and equipment including electrical and gas safety, water safety (legionella) checks, fire, and checks on equipment used for the moving and handling of people. Monthly checks were carried out on the call bell system and window restrictors.

Individual risks to people were assessed and action was taken to mitigate these. Risks assessed included

those relating to choking, falls, behaviour, and skin integrity.

Systems and processes were in place for the prevention and control of infection. We observed staff following the correct procedures and wearing gloves and aprons where necessary.

A record of accidents and incidents was maintained and these were analysed by the provider to enable them to learn from these events and try to prevent reoccurrence. Additional work was taking place to analyse falls in order to try to further prevent these.

Good

Is the service effective?

Our findings

The premises were well maintained and the design and adaptation of the building met people's needs, although there were planned cosmetic improvements to the environment. There were dementia friendly design features and the provider told us they would consider these further during future redecoration and refurbishment. New baths had been ordered due to older models being in place which were difficult to maintain and repair.

We recommend close monitoring of the timescales for the replacement of baths to ensure there is no impact on choice for people using the service.

People's needs and choices were assessed. Pre-admission assessments were carried out before people moved into the home to ensure the service could meet their needs. Where people were admitted to the home from specialist hospital care due to their complex psychological needs, detailed plans were already in place to support staff to care for people effectively and to minimise the potential for distress caused by the move.

Staff received regular training, supervision and appraisals to ensure they had the skills, knowledge and experience to carry out their roles effectively. Staff had received extra training to support people exhibiting behavioural disturbance and distress. CHAPS told us about the specific training and support they received to enable them to carry out their role.

People were supported with eating and drinking. We joined people at lunch time and saw that they were adequately supported. People received help with their meals and were offered choices from plated samples which helped them to choose visually. We observed people enjoying their meals and a relative told us, "(Name) was underweight and not eating when they came here but eats everything now." They said this was due to staff being attentive at mealtimes.

Tables on the ground floor were not fully set, there were no tablecloths, condiments, place mats or serviettes on the tables. Condiments and cutlery was brought with the meals. We spoke with the registered manager who was auditing the mealtime experience and was actively looking at ways to improve the mealtime experience for people.

People had access to a range of health services and the staff worked closely with external organisations and health professionals. Care records showed people had access to nurses, GPs, mental health, behaviour support services and podiatry. Emergency health care plans were in place which outlined the level of care people needed in the event of their condition deteriorating.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We found DoLS applications had been made to the local authority in line with legal requirements. Decisions made in people's best interests were discussed with their family representatives and professional multi-disciplinary team members.

Good

Is the service caring?

Our findings

At our last inspection we rated this domain as outstanding. At this inspection, although we found staff remained very committed, dedicated, and passionate about their role, they also told us that staffing shortages meant they were sometimes unable to provide the level of care they would like to. We asked staff what they thought of standards of care in the home and comments included, "Overall the standard of care is good. We could do better if we had more staff but no one is neglected." Although deployment of staff had been reviewed during our inspection, and there were examples of very good practice and passionate staff, we could not be confident that people received consistently outstanding care.

People told us they were well cared for. Comments included, "The staff are very good." A relative told us, "We think it's excellent here, (relation) is treated with respect, and always nicely dressed and clean clothes on."

Visiting professionals were complimentary about care staff. A member of the behaviour support service told us staff were friendly and welcoming, they said, "The staff team generally seem to be really pleasant and welcoming, and genuinely seem to want the best for those in their care. They also have some really good activity coordinators." An advanced nurse practitioner told us, "The staff really care for the residents, and have their best interests at heart… People always look well cared for. They do fantastically well to manage some people's complex needs." A care manager told us, "I have a lot of time for this home. There are a lot of well-established staff, who are very tolerant of behaviours. I have just done a review and the family are over the moon with the care."

The privacy and dignity of people was promoted and protected. Personal care was offered sensitively and discreetly and we observed staff knocking on people's bedroom doors before entering. A new yet experienced member of staff had started working in the home and told us. "I have seen that staff do things properly here. They cover people with a towel during personal care."

People were supported to express their views and make decisions about their care. Staff involved people in every day decisions about their care and offered them choices throughout the day. Relatives told us they felt welcome and included in the home.

We observed a new person arriving to move into the home. A staff member was ready and waiting to greet them at reception and gave them a very warm welcome. We saw they stayed with the person and provided them with reassurance.

There was no one using a formal advocacy service at the time of our inspection, but staff knew how to access this service if required. An advocate provides independent support to people to help them make and communicate decisions.

Good

Is the service responsive?

Our findings

People told us their needs were responded to by staff. One person said, "When I ask for help, I don't wait too long for them to help me." Relatives told us staff were quick to notice any changes in their relations condition. One relative told us, "I used to tell the other home staff (name) was brewing an infection but they never listened. I don't need to tell them here. They have taken a lot of pressure off me." Another relative said, "They keep us well informed, and telephone if there are any problems. We also attend the relative's meetings which have been useful, and we attend a care plan meeting regularly." One person had begun walking again since moving into the home and their relative told us staff should take the credit of this as they had encouraged them to walk.

Person centred care plans were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. The plans we reviewed were up to date and had been regularly reviewed. A care manager told us, "Care plans are known by staff. They know people well and staff can tell you of any changes." We spoke with a social worker who told us, "They are good at listening to professionals and also give good input of their own observations. They support families very well too."

A complaints procedure was in place. We checked records and found formal complaints received by the home had been responded to in line with company policy. The responses were timely and detailed. People and relatives told us they were aware of how to make a complaint if they needed to.

A range of activities were available for people. We read daily journal entries which described the activities people had been involved in and their level of enjoyment and participation. Entries included, "(Name) enjoyed looking at memory jogger cards today", "Enjoyed Halloween activities and laughing at staff costumes" and, "Animal antics came in today and (name) really enjoyed being able to hold animals." We observed people enjoying puzzles during our inspection.

People were supported at the end of their lives. An advanced nurse practitioner told us, "They are very good at end of life care. Families have been very complimentary about the care their loved one has received at the end of their life. They keep things under review. For example, one person made a very good recovery and was taken off their end of life plan in agreement with other professionals." Records of people's wishes at the end of their life were kept, where people had been happy to share that information.

Good

Is the service well-led?

Our findings

A new manager had been appointed since the last inspection and had become registered with CQC in August 2018. A staff member told us, "I think the change in manager has gone very well. (Name) will go out of their way to help you. We all work as a team." Another said, "It has been unsettled but we are coming out the other side now. I feel confident in the management and they are supportive. They have given me a lot of confidence." Relatives and professionals told us the registered manager was approachable and helpful.

The registered manager was knowledgeable of our regulations and had sent notifications to CQC in line with legal requirements. We found they had worked closely with the local authority safeguarding and contracts teams where necessary and were aware of the need to inform them of injuries and concerns of a safeguarding nature.

There were systems in place to monitor the quality and safety of the service. The regional manager showed us an "assurance map" used by the organisation. This quality check showed the home was meeting all target areas. The regional manager also told us they were supporting the registered manager with monitoring the quality and safety of the service as they were relatively newly registered.

Audits had been carried out on a regular basis by the registered manager. We found they had been used effectively to drive compliance with procedures and improve practice in certain areas, for example, with medicines management which had shown a steady improvement.

We noticed, and audits had picked up, a small number of gaps in record keeping. We were assured that this was being addressed and that there would be no further deterioration in this area.

The registered manager worked closely with other professionals to make improvements to the service. They were working in partnership with the advanced nurse practitioner to analyse data they kept relating to falls to try to prevent and reduce the number of falls.

Feedback mechanisms were in place to seek the views of people using the service, and their representatives. 'Relative and resident' and staff meetings were held on a regular basis. Surveys were also undertaken to seek the views of people and their relatives.

There were clear lines of responsibility and accountability. Staff told us they felt well supported and knew when to go to a CHAP, senior carer, nurse or registered manager.

A 'You said, we did' board was displayed which showed what the provider had done in response to feedback about the service.

The service had close links with the local community. Staff in the home were proud of the links they had made with relatives and friends of people who had left the home, and had stayed in contact.