

CCH Blackpool Limited

Chaseley Care Home

Inspection report

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Blackpool
Lancashire
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29 November 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
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 29 November 2017 and was unannounced.

At the last inspection in March 2017, we found the provider was not meeting legal requirements in relation to Safe care and treatment, Staffing and Good governance. At that inspection, we rated the service 'Requires Improvement'.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to make improvements for people who used the service.

During this inspection, we checked the improvements the provider had made and found they were meeting legal requirements.

Chaseley 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.

Chaseley Care Home is registered to provide accommodation for up to 24 people who require 24-hour care. At the time of our inspection, 18 people were living at the home. The premises are an adapted hotel on the promenade. Accommodation is provided over three floors, with a passenger lift for access between floors.

The service had a registered manager. 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.

Electrical and gas installations had been tested and certified as safe. A full re-wire of the home had taken place in August 2017. The water supply had also been checked for safety.

The provider had refurbished some bedrooms which were pleasantly decorated. However, some other areas of the home required refurbishment. There were areas of the home which required maintenance. We have made a recommendation about this.

We found the service had safe practices with regard to managing medicines. Staff who administered medicines had all been trained to do so safely.

Staffing levels had been assessed in line with the needs of people who lived at the home. This helped to ensure there were always enough staff deployed to meet people's needs.

People's needs were met by a well-established and trained staff team. Staff received a good level of support

from the management team.

People we spoke with told us staff were kind and caring. Staff respected people's privacy and dignity. People were treated as individuals and enabled to maintain as much independence and control as possible.

People told us they felt safe living at the home. The provider had systems to protect people against the risks of abuse or unsafe treatment. Staff we spoke with were aware of procedures to follow in order to help people to keep safe.

People were offered a choice of food and drinks and spoke positively about the meals provided to them.

The service sought guidance and advice from external professionals when necessary, in order to ensure people's ongoing health needs were met.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. The service worked within the law to support people who may lack capacity to make decisions for themselves.

Written plans of care and assessments of people's needs were kept under review. These were personalised and showed people or, where appropriate, others acting on their behalf had been involved in the care planning process.

The provider had a complaints policy. People knew how to make a complaint or raise concerns and felt they would be listened to. People told us they felt any concerns would be dealt with appropriately.

The registered manager carried out audits and encouraged people to share their views on their experiences of the service. This helped to ensure the quality of the service was assessed and monitored regularly.

People we spoke with and staff told us they felt the home was well-led. They told us the registered manager was approachable and willing to make time to listen to people.

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.

Medicines management systems were safe and staff were trained to administer medicines in line with best practice guidelines.

Staffing levels were assessed against the needs of people who lived at the home to ensure enough staff were deployed to meet people's needs.

The provider had systems to protect people against the risks of abuse or unsafe care.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some parts of the home required maintenance work to be carried out. The proposed schedule of works had not yet been agreed.

People were supported by a well-established staff team who received a good level of training and support.

People's ongoing health needs were monitored and managed appropriately. Guidance and advice from external healthcare professionals was sought when required.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was promoted by staff who were kind, caring and compassionate in their approach.

Staff had built good caring relationships with people who lived at the home. They knew them well, including their social histories and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned to meet their individual needs.

Care plans were personalised and were regularly reviewed. People were involved in developing their care plans.

The service recognised the importance of maintaining people's social health and arranged activities for people both inside and out of the home.

Is the service well-led?

The service was well-led.

Checks to make sure the premises and equipment were safe had been carried out. A schedule was in place to ensure this happened regularly.

The provider had systems to monitor the quality of the service provided and to seek the views and experiences of people who received a service.

There were clear lines of responsibility and accountability within the service. The staff team received a good level of support from management.

Good ●

Chaseley 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.

Chaseley 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.

Chaseley Care Home is registered to provide accommodation for up to 24 people who require 24-hour care. At the time of our inspection, 18 people were living at the home. The premises are an adapted hotel on the promenade. Accommodation is provided over three floors, with a passenger lift for access between floors.

As part of the inspection 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.

This inspection took place on 29 November 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors.

During the visit we spoke with a range of people about the service. They included three people who lived at the home. We also spoke with the registered manager, three care staff and the cook. We also observed care practices and how staff interacted with people in their care.

We looked at care records of four people, the staff training matrix, personnel records of three staff and arrangements for meal provision. We also looked at records relating to the management of the home and medication records. We reviewed staffing levels and also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and in the care of staff who supported them. One person told us, "Yes, I feel safe here." Another person said, "Safe? Yes, it's safe here. The girls [staff] are on hand."

When we last inspected the service in March 2017, we found the provider was not meeting legal requirements in relation to staffing levels and safe care and treatment. Following that inspection, the provider sent us an action plan which told us how they were going to make improvements for people who used the service. During this inspection we checked what action had been taken and found the provider had made improvements in order to meet legal requirements.

With regard to staffing levels, at our last inspection, we found there were not always a suitable number of staff deployed in order to meet people's needs safely. We discussed with the registered manager what improvements they had made. They explained following our last inspection, they had analysed staffing levels against people's needs and found they needed extra staff in an afternoon. In response to this, they had increased staffing levels between 13:30 and 20:00 each day. The registered manager went on to explain this had had a positive impact as staff had more time to ensure people's needs were met safely. They also explained staffing levels were based on dependency levels of people who lived at the home and would be kept under constant review.

We looked at staff rotas, spoke with people who lived at the home and staff, and observed communal areas of the home during our inspection. People we spoke with did not raise any concerns about staffing levels. One person commented, "There's always someone around if you need them." Rotas we looked at showed an adequate number of staff were deployed each day to meet people's needs safely. During our inspection there were two care staff, one senior carer, the registered manager, cook and one domestic staff member on duty. Staff told us there were always enough staff on duty. We saw staff showed genuine concern for people's wellbeing and responded quickly when people required assistance.

At our last inspection, we found the provider was not meeting legal requirements in relation to safe care and treatment. This was because they had not ensured the premises and equipment were safe for people who used the service, staff and visitors. This included a lack of testing and certification as to the safety of electrical and gas installations. Additionally, no checks had been carried out to ascertain the safety of the water supply.

We discussed with the registered manager the improvements they had made since our last inspection. The registered manager provided us with certificates which showed work had been carried out to ensure electrical and gas installations were safe. They also provided us with a certificate to show legionella checks had been carried out. They explained they now had a schedule in place to ensure any such testing and certification would be carried out as required. This showed the provider had made the necessary improvements to ensure the premises were safe.

When we last inspected the home, we found the provider was not meeting legal requirements in relation to the safe management of medicines. This was because staff had left the medicines trolley unlocked and unattended, which provided unsupervised access to medicines for people who lived at the home.

The registered manager explained following that inspection, they had reiterated to staff the importance of following safe processes with medicines administration. We checked training records which showed staff who administered medicines had received training to do so safely. The registered manager also carried out observations to ensure staff followed safe practice when administering medicines. We observed a medicines round during our inspection and found staff followed safe processes, in line with best practice guidelines on managing medicines in care homes.

We saw medicines were ordered appropriately, checked on receipt into the home and disposed of correctly. There were audits in place to monitor medicine procedures and to check people had received their medicines as prescribed. Records showed any errors or omissions were acted upon promptly. For example, we saw a recent audit had highlighted two missed signatures on medicines administration records. Records we looked at showed the registered manager had carried out responsive supervisions with staff members to address this and to highlight the importance of ensuring medicines records were accurate and complete.

We also saw assessments of people's capacity to self-administer medicines were carried out by staff. This helped people to retain a greater level of independence with their medicines. For example, one person chose to self-administer one of their medicines. The registered manager had spoken with the person and had agreed a protocol for them to inform staff when they had used it. Additionally, they had agreed checks to ensure the medicines was stored safely and at an appropriate temperature.

The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice. The service's policies and procedures took into account the need for respecting people's human rights and emphasised people were not to be discriminated against with regard to any protected characteristics under the Equalities Act 2010.

We reviewed care documentation which showed staff completed risk assessments in order to identify potential risks of accidents and harm to people who lived at the home and staff. These included moving and handling assessments, mobility, medical conditions, nutrition support and skin integrity. We saw guidance was provided for staff to follow in order to reduce the risks. The assessments had been kept under review with the involvement of each person or, where appropriate, others acting on their behalf. This showed the provider had systems to ensure the support provided was appropriate, to manage and monitor risk and keep the person safe.

We looked at how the service recorded and analysed accidents and incidents. The registered manager showed us their systems which recorded details of such events, along with details of any investigations they had carried out. We saw the emphasis was on learning from any untoward incidents, in order to reduce the risk of recurrence.

The service employed designated staff for cleaning of the premises who worked to cleaning schedules. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. The registered manager had recently implemented an infection control and hand

hygiene audit, although the results were not available for us to review at the time of our inspection. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

We reviewed documentation related to the recruitment of staff. We found the provider had carried out checks to ensure staff were suitable to work with people who may be vulnerable. This included checks with the Disclosure and Barring Service as well as references from previous employers. This showed the service followed a safe recruitment process.

Is the service effective?

Our findings

People who lived at Chaseley Care Home told us they were looked after well, by staff who knew how to care for them. Comments we received included, "The girls [staff] are all very good. They call the doctor if I'm not feeling well." And, "The staff all know what they're doing, they're a great bunch."

We looked at each area of the home to make sure it was a safe and suitable environment for people to live in. The registered manager showed us around the building and explained what improvements the provider had made to the premises since our last inspection. Improvements included re-wiring of the building, the installation of a new nurse call system and the refurbishment of some bedrooms. Further works to the building were being discussed and prioritised between the registered manager and provider. At the time of our inspection, the proposed schedule of works had not yet been agreed.

Whilst we saw some bedrooms had been refurbished and communal areas were decorated appropriately, there were several other areas which were in need of decoration and/or required maintenance. For example, there was a disused fire exit on the first floor, through which water leaked onto the corridor during bad weather. Additionally, maintenance was required to the flat roof above the same corridor and the associated gutters and down pipes, because water leaked in to the manager's office which had caused damage to the plaster and there was damp appearing in the affected area. There were also a number of cables around the home which were not properly secured to walls. The registered manager explained these may now be out of use after the rewire but would have to check before they were removed.

We recommend the provider undertakes a thorough analysis of maintenance work that is required to the home and formulates an appropriate schedule of works to ensure the premises are adequately maintained.

We also noted some window handles in people's bedrooms were not fully operational and flooring needed to be replaced in one person's bedroom as it was badly damaged. When we visited the home to feedback our inspection findings, we saw these issues had been resolved. This showed the provider responded promptly and positively to the concerns we raised during the inspection visit.

Before anyone moved into the home, staff completed a full assessment of people's individual needs. Written plans of care were developed to ensure those needs were met. Care documentation contained evidence people or, where appropriate, others acting on their behalf had been consulted and were involved with developing plans of care.

People received care from an established and trained staff team who had a good understanding of their assessed needs. We were able to establish through our observations people received care which met their needs and protected their rights. All staff had achieved or were working towards recognised care qualifications. This helped to ensure people were supported by staff who had the right knowledge, qualifications and skills to deliver care and support effectively.

Staff we spoke with told us and records we looked at confirmed staff received regular supervision sessions.

These were a one-to-one meeting between senior staff and the staff member where performance and development was discussed. Staff we spoke with told us they felt well supported by the registered manager and senior staff.

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 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had policies and procedures in place to assess people's mental capacity and to support those who lacked capacity to manage risk. Staff we spoke with had a good awareness of the MCA and were able to explain how they supported people to make decisions about their day to day lives. People we spoke with told us and care records we looked at confirmed consent to receiving care and treatment had been gained from people, where possible. People were able to choose what they wanted to do and were supported by staff.

The registered manager had a good understanding of assessing people's capacity and carried out assessments with regard to particular decisions. Where they felt people did not have capacity, they involved other professionals and those who knew the person well in decision making. They knew the process to follow in order to ensure decision were made in people's best interests. At the time of our inspection, the registered manager had completed five applications under DoLS. We saw staff worked to support people who may lack capacity to make their own decisions and ensured any restrictions on people were as least restrictive as possible.

We saw documentation which showed people were supported to see other health professionals as required. For example, we saw people were referred to doctors and district nurses if there was a need to do so. We noted care records were updated to reflect the health professional's advice. This showed information was communicated to ensure people received care and support which met their needs. The registered manager explained information was shared with other organisations when necessary. For example, if someone was admitted to hospital, information about their current health and care needs was shared, in order for people to receive care that met those needs effectively.

We reviewed people's care documentation which showed their nutritional needs were assessed and monitored on an ongoing basis. People's weight was monitored in line with their assessed need in order to highlight and lessen any risks. The registered manager explained if they were concerned about someone's nutritional intake or weight loss, they would refer them to the appropriate healthcare professionals for guidance and advice.

We looked at menus which showed a variety of food was available to meet people's preferences. We spoke with the person responsible for preparing the food on the day of our inspection. They explained they were passed information by care staff which highlighted people's specific dietary needs, such as if the person was diabetic or required a fortified diet. Food was all freshly prepared and home cooked to ensure people's dietary needs were met. People who lived at the home spoke positively about the meals prepared for them and confirmed they were able to have snacks and drinks at any time in between meals.

We observed the lunchtime meal being served. We saw people were able to choose where they ate their lunch and everyone appeared to enjoy their meal. We saw staff provided people with their meals and checked to ensure they were happy with their choice. People we spoke with confirmed they were always provided with meals they liked because they were able to choose something different if they did not like what was on the menu that day. Hot and cold drinks were provided during lunch. Staff were attentive and ensured these were replenished when required. People told us they could have a second helping of food if they wished. This helped to ensure people were provided with sufficient amounts to eat and drink in order to meet their needs.

Is the service caring?

Our findings

People we spoke with were complimentary about staff and their approach. One person told us, "The girls [staff] are all lovely." Another person said, "They're very kind and make sure I am well looked after."

We observed staff took a kind and caring approach when delivering support to people. For example, we saw staff patiently helped one person to walk while offering positive and reassuring comments. Another person was feeling unwell. Staff took time to sit with the person and reassure them and persuade them to keep taking fluids. We saw this interaction was kind, sympathetic and compassionate. We saw staff took time to speak with people throughout the day and were attentive to people's needs. People enjoyed their conversations with staff.

During the inspection we saw staff respected people's privacy when delivering care and support. For example, we observed bedroom and bathroom doors were closed when personal care was delivered. People who lived at the home confirmed this took place and told us they felt staff respected them and helped to preserve their dignity.

Staff had received training around equality, diversity and human rights. Staff we spoke with told us the ethos at the home was to treat each person as a unique individual. This showed the provider had regard to ensuring staff upheld people's rights and people were not discriminated against when receiving a service. This was in line with legislation such as the Human Rights Act 1998 and the Equalities Act 2010.

The registered manager explained they spent time during initial assessments to assess people's communication needs so they could ensure people understood information to make informed choices. They explained they took time to sit and speak with people about their care and involved them in reviews as much as they were able. The registered manager also explained how they would ensure people with communication difficulties, such as poor eyesight or poor hearing would be supported so they could access information.

We noted confidential personal information was stored securely in a locked cabinet when not in use. We observed staff discussed any sensitive information about people out of earshot of others. This helped to ensure people's sensitive information was protected appropriately.

We discussed the provision of advocacy services with the registered manager. They explained at the time no one was accessing advocacy services, but this would be arranged if required. They told us they would assist people who lacked mental capacity to access advocacy services, especially if they did not have family or friends to act on their behalf. This showed the service supported people to access external services to act on their behalf if and when required.

Is the service responsive?

Our findings

People who lived at the home told us they received care and support that met their individual needs. Comments we received included, "They [staff] all know me well and know how to look after me." And, "They do everything I need. They look after me very well."

We looked at care documentation which included assessments of people's needs and written plans of care. Within the documentation we saw evidence people or, where appropriate, others acting on their behalf were consulted and involved in the care planning process. We saw staff had taken time to discuss and record important details about people, where possible, such as people's preferences, social histories, hobbies and interests. This helped to ensure the care and support people received was in line with their wishes and preferences and showed people were involved in planning their care.

We saw care documentation which showed end of life care had been discussed with some people who lived at the home. This helped to ensure their wishes for their final days were recorded so they could receive the care and support they wanted at that time. We saw some people had chosen not to discuss their wishes with staff and this had been respected. We looked at the service's training matrix which showed staff had received training in end of life care. Staff we spoke with confirmed this. The training included important topics such as Do Not Attempt Cardio Pulmonary Resuscitation decisions and end of life medication. This helped to ensure staff were confident and competent to provide a good standard of care to people at the end of their lives.

We looked at what activities the home provided in order for people who lived there to receive stimulation and to maintain social health. People and staff we spoke with described activities including bingo games, dancing, singing and chair based exercises. We were also told about outings into the local town including for fish and chips, riding through the illuminations and visits to local pubs. People we spoke with told us they could get involved with activities or choose not to and their wishes were respected.

The provider had a complaints procedure, which described the response people could expect if they made a complaint about the service. Staff we spoke with told us they would assist people in making a complaint if required and would raise and concerns with the registered manager. This showed there was a clear process in place to handle complaints. People we spoke with had not raised any complaints but told us they felt any concerns would be addressed. The provider had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People we spoke with and staff all told us they felt the service was well-led. One person commented, "The manager is a very good leader. The staff all do their best." Another said, "[Registered manager] is great. She's got her eye on everything." We found the registered manager and other staff were keen to assist us during our inspection and provided us with all the information we asked for.

When we last inspected the service in March 2017, we found the provider was not meeting legal requirements in relation to Good Governance. This was because quality assurance systems had not identified the concerns or breaches of legal requirements we highlighted during that inspection. The concerns included a lack of testing and certification of safety for electrical and gas installations, as well as a lack of checks on water safety. Additionally, staffing levels had not been assessed in line with people's needs. Following that inspection we received an action plan from the provider which told us how they planned to make improvements for people who used the service. During this inspection we found the provider had made improvements and was meeting legal requirements.

The registered manager had revisited their quality assurance systems and introduced new audits. They had also implemented a schedule for required testing and certification with regards to the premises and lifting equipment. We reviewed the audits with the registered manager. The audits were comprehensive and, when regularly carried out, would identify any concerns or issues. Audits we looked at included accidents and incidents, medicines, infection control, hand hygiene and environmental safety. The schedule for testing and certification, when followed, provided assurances that the electricity, gas and water systems were safe for people who lived at the home, staff and visitors.

The home had a registered manager in place. 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.

The registered manager was supported by a care manager. The staff we spoke with all told us the management team were visible, supportive and available to provide guidance and advice. The management team spent time working alongside staff to monitor the culture and performance of staff. Staff told us they also had regular staff meetings where they discussed any concerns, training and any developments to the service. Staff felt they were involved in shaping how the service was delivered and could make suggestions or raise concerns at any time.

One staff member commented, "We couldn't ask for a better manager and care manager. They do their very best, as do all the girls [staff]." Another told us, "[Registered manager] listens and she understands. She's got a lot of time for staff and she looks after you. She's the best manager ever." Staff we spoke with were clear about their roles and responsibilities. This showed the service had clear lines of responsibility and accountability and the staff team were well supported by management.

The registered manager explained and records we looked at confirmed they worked with other agencies to ensure they were providing care in line with best practice. The registered manager explained they sought guidance and advice from external professionals including speech and language therapists, dieticians, district nurses and GPs.

The registered manager told us they encouraged and sought feedback on the service provided from people who lived at the home and relatives. We saw minutes of 'resident's meetings' which had taken place since our last inspection. The provider also used questionnaires to gain people's views about the service they received. In addition to formal methods, the registered manager spent time with people on a day to day basis to seek their views on the service they received. People told us they felt they could approach the registered manager at any time and she would make time to speak with them. We did not see any concerns raised in the feedback gained from people or their relatives. The minutes from resident's meetings showed the service sought people's ideas about activities and food provision. The registered manager explained they were working to incorporate these suggestions into the activities programme and the menu. This showed the service responded to people's feedback.

From the 01 April 2015 it is a legal requirement that the home conspicuously displays its last CQC rating. We noted this was available in the reception area of the home.