

St Philips Care Limited

The Chestnuts

Inspection report

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Date of inspection visit:
19 December 2019
02 January 2020

Date of publication:
06 March 2020

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

The Chestnuts is a residential care home providing personal care to 16 older people at the time of the inspection. The service can support up to 26 people in one adapted building over three floors.

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

People were protected from the risk of harm and abuse. There had been improvements in the cleanliness of the environment. Medication was stored safely and the quality of recording had improved. Water temperature was monitored weekly to ensure people could use safely. Staff were safely recruited. Staffing levels were regularly reviewed to ensure people's needs could be met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Environmental risk assessments for improvement work were not always followed. We observed trades men leaving equipment which was not in use. This could impact on the safety of the people using the service and cause potential trips or falls. We have made a recommendation about this.

People were supported by staff who were kind and caring. Staff respected people's privacy and dignity and encouraged them to be as independent as they could be. Staff received training and supervision to help with their development and confidence when supporting people. They knew people well and were knowledgeable about when to refer to other health professionals for advice and support. Communication care plans were in place to support people's communication preferences.

People enjoyed the food provided and were supported to make sure they had enough to eat and drink.

Complaints were managed in line with the provider's policies and procedures. People's end of life wishes were considered and recorded in their care plans.

Improved quality monitoring systems had been introduced and identified where improvements were needed. Action plans were in place to monitor these. The registered manager and provider were responsive to feedback and committed to continually improve the service. However current improvements being made to benefit people using the service did not have any timescales for completion to ensure minimal disruption to residents. We have made a recommendation about this

The provider and registered manager promoted a very person-centred culture which respected people's diversity. Meetings were held with people, relatives and staff to exchange information and gather feedback.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 October 2018) and there were multiple breaches of regulation. Since this rating was awarded, the provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection, improvements had been made and the provider was not in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

The Chestnuts

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

The inspection was unannounced on the first day and announced on the second day.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke to a health care professional and five members of staff including the registered manager, assistant manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives who regularly visit the service 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Risks to people's safety and wellbeing were in place but not always appropriately managed.
 - Risk assessments to ensure people's safety whilst improvement work was undertaken were not monitored.
- During the inspection we found boxes on the stair case, equipment left unattended and wiring across the corridor causing a hazard. The registered manager dealt with these immediately.

We recommend the provider ensures risk assessments are followed and act when required to maintain people's safety.

- Care plans contained risk assessments with explanations of the control measures for staff to follow to manage risks in the least restrictive way possible.
- Guidance provided by external healthcare professionals was incorporated within people's risk assessments.
- Testing was completed for utilities and equipment to make sure these were safe.
- Water restrictors were in place and monitored weekly to ensure water temperatures were not too hot.
- Processes were in place to manage accidents and incidents effectively. The registered manager shared any learning with staff to improve safety and awareness within the service.

Preventing and controlling infection; Using medicines safely

At our last inspection the provider had failed to assess risks relating to preventing and controlling infection. They had not ensured medicine was stored in line with manufacturer's instructions. 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.

- Rooms and equipment were cleaned regularly.
- Infection control meetings were held to discuss and address any issues. New equipment had been purchased to support infection control procedures within the service.
- Staff used personal protective equipment to prevent the spread of infections. This was safely stored out of people's reach.
- Medicines were stored safely and in line with manufacturer's instructions.

- Staff were trained and assessed as competent before they administered medicines.

At the last inspection we made a recommendation the provider consider best practice guidance for 'when required' and variable dose medicines. The provider has made improvements.

- Protocols were in place for 'when required' and variable dose medicines to support staff

Staffing and recruitment

At the last inspection we recommended the provider seek advice and guidance on the appropriate staffing levels. The provider has made improvements.

- A dependency tool was used to ensure staffing levels were appropriate to meet peoples needs.
- Staffing and recruitment were safely managed. There were enough skilled staff to meet people's needs.
- Recruitment records evidenced staff were employed in line with policy and best practice.
- People received support from a consistent staff group, A person told us, "The carers are very good."

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that supported them. Relatives felt their loved ones were safe and well cared for.
- Staff had completed training in adult safeguarding and had access to a whistleblowing policy, which detailed how to report any concerns.
- The registered manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe.

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.

This is the first inspection for this newly registered service. This key question has been rated good.. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure the environment and furnishings were suitable and did not take account national best practice. 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.

- The environment was suitable for residents. Refurbishment of the home and facilities had commenced to provide a warm and welcoming service.
- People and their relatives had been consulted on the changes and the service has ensured they are able to accommodate current residents as change to their personal environment occurs. A relative told us, "We discussed changing the way the ensuite was designed in [Name of Person] room as currently it was difficult for staff to support them in the available space. This will now be addressed in the next phase of the development."
- Peoples rooms were personalised and furniture arranged to support their independence.
- New signage had been purchased for bathrooms, toilets and communal areas to support people with dementia.
- New carpeting in the main corridor would replace the patterned carpet to reduce disorientation and the risk of falls for those with dementia.
- Appropriate equipment was in place to assist staff when moving and handling or supporting people with their care.

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

- Care and support was planned and delivered following a thorough assessments of people's needs and preferences. This was regularly reviewed and updated to ensure people continued to receive the right care and support.
- Information on people's support needs was effectively shared between staff. The handover of information at the start of every shift was detailed.

Staff support: induction, training, skills and experience

- Staff were supported in their roles, they told us they could approach the registered manager at any time for advice.

- Staff completed a thorough induction and training programme. They had opportunity for supervision and appraisal and continued to undertake additional training to meet people's needs.
- Staff had the right skills to look after people. One relative told us, "Staff deal with things quickly, they seem pretty organised and are a very professional team."

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

- People's nutritional needs were assessed and monitored. Special dietary needs were provided and a balanced diet was promoted.
- People had enough to eat and drink throughout the day. They were given choice and those with complex needs received the support they needed.
- People gave positive feedback regarding the food. One person told us, "I never send any food back, the food isn't good - its excellent."

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

- Staff worked closely with Health and Social care professionals to provide support in a coordinated and timely way.
- Clear systems and processes were in place for referring people to external services to ensure they received the right care and support. A relative told us, "If [Name of person] is unwell, the staff are straight on to the GP and let us know straight away."

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

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People received support from consistent staff; they formed relationships built on trust, mutual respect and understanding.
- People and relatives were happy with the care provided and praised the staff. A relative said, "The staff are a very nice dedicated team, they are very approachable, never too busy to speak, and they greet you nicely."
- Staff knew how to respect and protect people's equality, diversity and human rights. They demonstrated a good knowledge of people's personalities and diverse needs and what was important to them.
- People's religious needs were acknowledged and met. A staff member said, "[Name of person] used to go to church, but now has a service in their room with their family."

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to be involved in their care planning. People that were important to them were invited to attend re-assessments or best interest meetings.
- Care plans contained detailed guidance for staff in respect of maintaining people's dignity. People told us their care was carried out as they wanted it doing and reflected their choices. A relative said "[Name of person] is very switched on and like things done their way."
- People and their relatives expressed their views about the care provided, including through meetings and annual surveys. Comments included, " [Name of registered manager] normally asks if we have any problems. They will have a chat when we visit and they are pretty good." Another said, "We are usually involved with decisions about care."

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality and privacy were protected. Records were stored securely.
- Staff were aware of how to maintain people's privacy and dignity. They knocked on people's doors before entering their rooms and we observed them being respectful in their approach and language.
- People were encouraged to do as much as they could for themselves. One person said, "I have had to learn to feed myself with my left hand, and I am not left handed, but it keeps me independent."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs and preferences were identified, met and reviewed.
- Staff involved people and their relatives in developing care and support plans. They asked people for their views and used this information to support them in a way they preferred. One person told us, "Staff know me well, they help me with lots of things."
- People and their relatives were involved in reviews of their care. This made sure care plans were current and reflected people's preferences as their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.

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

- Staff supported people to maintain relationships that mattered to them, and protected people from social isolation. Friends and relatives were free to visit people at any time.
- People enjoyed the social activities arranged for them, other people's company and making friends. One person told us, "The activities person organises things like skittles, and I am the champion."

Improving care quality in response to complaints or concerns

- The provider welcomed and acted on feedback received about the service.
- Complaints were investigated and addressed in line with the provider's policy and procedure. A relative said, "The registered manager is very approachable and, they listen to your views to help solve problems."

End of life care and support

- End of life care plans recorded people's wishes. They contained information which supported staff to provide care in line with their preferences.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.
- The registered manager and staff prided themselves on end of life care. They spoke to people and their

relatives regularly to ensure information was up-to-date for example, about their religious needs.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Working in partnership with others

- Timescales for the completion of refurbishment and adaptations to reduce the anxieties of people living in the home were not available. People and their relatives were not kept informed of what work was taking place and when the work would be completed.

We recommend the provider implement a formal work schedule whilst improvement work is underway and keep people up to date to minimise disruption and anxieties for those living in the service.

- The service was welcoming and friendly; people were treated with respect and kindness.
- The registered manager and staff were committed to providing good quality care to people. A relative said, "[Name of person] initially wasn't well when they arrived. The sociability and care are doing them good. I can't fault them. As far as I am concerned they have given me [Name of person] back."
- Staff morale was high. They felt listened to and told us the registered manager was approachable and fair.
- The service had good links with the local community and worked in partnership with other agencies to ensure good outcomes were achieved 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

At our last inspection the provider had failed to monitor and improve the quality and safety of the service. They had not sought feedback from people or their relatives about the service or how it could improve. 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.

- A quality assurance system was in place and supported the registered manager to identify issues and concerns and put plans in place to make improvements.
- The registered manager understood their legal responsibilities to ensure regulations were being met.

Notifications were submitted to CQC and the registered manager kept us informed of information regarding the service.

- Staff were clear about their roles and responsibilities. They understood the provider's vision for the service and worked as a team to deliver high standards of care and to make sure people had a good quality of life.
- Regular checks helped make sure people were safe and happy with the service they received.
- People, relatives, and staff were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager to ensure positive outcomes for people in the service.

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; Continuous learning and improving care

- The registered manager understood their responsibilities in relation to a duty of candour and was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.
- Quality assurance arrangements highlighted potential concerns and alerted the registered manager to take action. Action plans were put in place to ensure continued learning and development of the service.