

South Yorkshire Care Limited

Chestnuts Residential Home

Inspection report

57 Bargate
Grimsby
Humberside
DN34 5AD

Tel: 01472345513

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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

Chestnuts Residential Home is located close to the town centre of Grimsby. It provides residential accommodation for up to 26 people over three floors. The home has good access to local amenities and public transport. Chestnuts is owned and operated by South Yorkshire Care Ltd.

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.

At the last comprehensive inspection on 27 and 28 April 2015 we rated the service as Good in each of the key questions and Good overall. During this inspection we found the service remained Good.

The service was safe. People were protected from abuse and avoidable harm by staff who knew how to recognise the signs that could indicate abuse had occurred and understood their responsibilities to report any poor care they became aware of. Known risks were managed to ensure people were supported safely and potential risks were mitigated. Staff were recruited safely and were deployed in suitable numbers to meet people's assessed needs. Staff who administered medicines had been trained to do so safely and had their competencies assessed regularly.

The service was effective. Staff received appropriate levels of supervision and appraisal. They completed a range of training to equip them with the skills and abilities to meet people's assessed needs. A range of healthcare professionals were involved in the on going care and treatment of the people who used the service. People were encouraged to eat a healthy, balanced diet of their choosing and their nutritional needs were known and catered for.

The service was caring. People were supported by caring staff who understood their needs and knew their preferences. Staff used the tone of their voice, appropriate levels of touch and offered reassurance when people were distressed. Staff treated people with dignity and respect; they understood the importance of treating private and sensitive information confidentially. People were enabled to make choices in their daily lives.

The service was responsive. People were involved in the initial planning and on-going delivery of their care. Care plans and risk assessments were updated as people's needs changed or developed. People took part in a range of activities in a group and on a one to one basis. The registered provider's complaints policy was displayed at the entrance of the service and in people's rooms. When complaints were received appropriate action was taken as required.

The service was well-led. Quality assurance systems and processes had been developed to ensure shortfalls were identified and action was taken to improve the service when required. People who used the service

and their relatives were asked to provide feedback on the service regular and their opinions were used to improve the service when possible. The registered manager was aware of and fulfilled their responsibilities to report notifiable events to the Care Quality Commission as required under regulation.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Chestnuts Residential Home

Detailed findings

Background to this inspection

Chestnuts Residential Home is located close to the town centre of Grimsby. It provides residential accommodation for up to 26 people over three floors. The home had access to local amenities and public transport. Chestnuts is owned and operated by South Yorkshire Care Ltd.

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.

At the last comprehensive inspection on 27 and 28 April 2015 we rated the service as Good in each of the key questions and Good overall. During this inspection, we found the service remained Good.

The service was safe. People were protected from abuse and avoidable harm by staff who knew how to recognise the signs that could indicate abuse had occurred and understood their responsibilities to report any poor care they became aware of. Known risks were managed to ensure people were supported safely and potential risks were mitigated. Staff were recruited safely and were deployed in suitable numbers to meet people's assessed needs. Staff who administered medicines had been trained to do so safely and had their competencies assessed regularly.

The service was effective. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service support this practice. Staff received appropriate levels of supervision and appraisal. They completed a range of training to equip them with the skills and abilities to meet people's assessed needs. A range of healthcare professionals were involved in the on-going care and treatment of the people who used the service. People were encouraged to eat a healthy, balanced diet of their choosing and their nutritional needs were known and catered for.

The service was caring. People were supported by caring staff who understood their needs and knew their preferences. Staff used the tone of their voice, appropriate levels of touch and offered reassurance when people were distressed. Staff treated people with dignity and respect; they understood the importance of treating private and sensitive information confidentially. People were enabled to make choices in their daily lives.

The service was responsive. People were involved in the initial planning and on-going delivery of their care. Care plans and risk assessments were updated as people's needs changed or developed. People took part in a range of activities in a group and on a one to one basis. The provider's complaints policy was displayed at the entrance of the service and in people's bedrooms. When complaints were received, appropriate action was taken as required.

The service was well-led. Quality assurance systems and processes had been developed to ensure shortfalls were identified and action was taken to improve the service when required. People who used the service and their relatives were asked to provide regular feedback on the service and their opinions were used to improve the service when possible. The registered manager was aware of and fulfilled their responsibilities to report notifiable events to the Care Quality Commission as required under regulation.

Is the service safe?

Our findings

At our last inspection of the service we found people were protected from abuse and avoidable harm; known risks were managed. People were supported by suitable numbers of staff and medicines were ordered, stored and administered safely. We rated the service as Good in this area. During this inspection, we found that people continued to be supported in a safe way; the rating remains as good.

When we asked people if they felt safe living at Chestnuts Residential Home, they told us they were. One person said, "Of course I do [feel safe]." Another person told us, "Yes I am safe, this is my home." A relative commented, "Mum used to fall quiet regularly but she has very few accidents now, she is safe and well looked after."

People who used the service were protected from abuse and avoidable harm by staff who had completed training that enabled them to recognise the signs that could indicate abuse had occurred. We saw that accidents and incidents were recorded and the registered manager confirmed were they reviewed on a monthly basis so that patterns and trends could be identified.

Risk assessments had been created for each person who used the service based on their individual needs. Suitable guidance was available to ensure staff were aware of known risks and the action they were required to take to minimise the possibility of occurrence. Personal Emergency Evacuation Plans (PEEPs) were in place that included people's mobility, independence and capacity. The provider had developed a business continuity plan that helped to ensure people would continue to receive the care and support they required during a foreseeable emergency.

People who used the service were supported by suitable numbers of trained and experienced staff. Systems were in place to monitor people's level of dependency and to identify the number of staff required to deliver care safely. The registered manager and regional director confirmed people's needs were assessed on an on-going basis and staffing levels could be adjusted accordingly. Staff we spoke with told us staffing levels were appropriate.

We reviewed five recruitment files and saw that relevant checks were undertaken to ensure staff were suitable to work with adults at risk. These included application forms, interviews, references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in the care industry.

People's medicines were ordered, stored, administered or return to the pharmacy safely. We observed part of a medication round and saw that people received their medicines as prescribed. Medicines were only administered by suitably trained staff who had their competency assessed. We reviewed a number of Medication Administration Records (MARs) and saw that they were completed accurately without omission. Medication audits and balance checks were completed by the registered manager, regional director and supplying pharmacy.

Is the service effective?

Our findings

At our last inspection of the service, we found people received effective care from staff who were suitably trained and supported to carry out their roles. Consent was obtained before support was delivered and the principles of The Mental Capacity Act 2005 (MCA) were followed. People ate a balanced diet of their choosing and were supported to maintain their health and had access to healthcare services. We rated the service as Good in this area. During this inspection, we found that people continued to receive effective care; the rating remains as good.

People who used the service were supported by staff who had completed a range of training, which equipped them with the skills and abilities to meet their needs effectively. A number of staff had completed nationally recognised qualifications in care and further plans were in place to continue their development.

We saw evidence, which confirmed staff received effective levels of one to one support and mentorship. The provider's policy stated staff would receive a minimum of three supervisions and annual appraisal each year and this was adhered to. A member of staff said, "We have supervisions regularly enough, but we can speak to the manager at any time, we don't have to wait."

The 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, 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 registered manager told us that at the time of the inspection, four people had DoLS in place and a further nine applications had been made to the authorising body.

During discussions with staff it was apparent they had a good understanding of how to gain consent from people. Throughout the inspection we observed staff seeking people's consent before care and support was provided. A member of staff we spoke with said, "We follow the principles of the Act and always assume people have capacity. If it is determined that they don't [have capacity]; then a best interest meeting is arranged." Another member of staff told us, "We get consent in different ways from different people, some we just ask, others we use picture cards and with some people we explain what we need to do and then look at their reaction. If you try and get someone up and they don't want to its pretty obvious."

People who used the service ate a balanced and varied diet of their choosing. We saw options were available at each meal and pictorial menus were used to support people to make choices. People's dietary requirements were known and catered for. The cook told us, "I know who needs a soft diet and who has allergies." They also said, "We get lots of fresh produce, fresh meat and fresh fruit and vegetables." Where

concerns with people's nutrition and hydration were identified, appropriate action was taken.

We saw that a range of healthcare professionals were involved in the care and treatment of the people who used the service. Advice and guidance was followed and incorporated in to people's care plans so staff were aware of the support people required. A person who used the service said, "They [healthcare professionals] come and see me here, the girls arrange it for me."

Is the service caring?

Our findings

At our last inspection of the service, we found staff had developed positive and caring relationships with the people who used the service. People were actively involved in decisions about their care and daily lives and their privacy and dignity was respected. We rated the service as Good in this area. During this inspection, we would that people continued to receive the support they required in a caring way; the rating remains as good.

People who used the service were supported by caring and attentive staff. During our observations it was clear that staff understood people's needs and knew their preferences. Staff used appropriate levels of touch and knelt down to people's eye level when speaking with them. They used the tone of their voice to settle and reassure people.

The registered manager told us that the majority of staff had worked within the service for a number of years. This helped to ensure staff knew the people they were caring for and enabled supportive and trusting relationships to be built. A visiting relative told us, "Mum sees the same faces every day, she has dementia, but she recognises some of them and they put her at ease. She is comfortable here." Another relative said, "There is just something special about this place. When [Name of the person who used the service] needed more care than I could give, I went to a lot of homes in the local area, but after two minutes of being here, I knew this was the one. It's like one big family."

Staff treated people with dignity and respect and told us they understood the importance of caring for people as individuals. One member of staff said, "We take people as they come, they have good days and bad days, but who doesn't? I try and prompt people to do things and some days they can and others they can't." Dignity posters were displayed in the home to remind staff of the need to deliver person-centred care.

Staff told us they ensured people were involved in making decisions about their care and other aspects of their lives. Their comments included, "We include them in everything we can, we always give people options and let them choose what they want" and "I make sure people decide what they want to do, I let them choose their clothes and what they want to eat. It is important not to rob them of their independence." People we spoke with confirmed this occurred.

We saw that private and sensitive information was stored, handled and shared appropriately. Staff understood their responsibilities not to discuss confidential information outside of the service.

Is the service responsive?

Our findings

At our last inspection of the service, we found that people received personalised care that was responsive to their needs. The registered manager recorded and responded to complaints appropriately and feedback was used to develop the service. We rated the service as Good in this area. During this inspection, we found the service continued to be responsive to people's needs; the rating remains as good.

People received person-centred care that was responsive to their needs. The care plans we saw contained specific information about people's needs, preferences and levels of independence. Assessments had been used to identify individual risks and risk assessments had been created that contained detailed information for staff on how the risk could be reduced or mitigated. We saw that care plans and risk assessments were reviewed regularly and updated to reflect changes where this was required.

A relative we spoke with said, "They [staff] are all on the ball. If there is ever anything wrong with [Name of the person who used the service], they get a doctor out and are on the phone letting me know what's happened and what's being done." A second relative commented, "I come to reviews and any meetings. If I ever mention anything to the manager they make sure it gets sorted straight away. They always ask me if everything is ok before I go and if there is anything I think he needs."

People who used the service took part in a range of activities and we saw evidence of this through photo collages displayed within the service. A member of staff explained, "We do a wide range of things really. Some people are more active than others; they might play skittles or dominoes or go out in the garden." Other staff told us, "We have singers and people come in to the home, someone came to do a reminiscence activity the other day" and "We read to certain people; one lady loves it if you read her chapters from the bible. We do pampering sessions and give hand massages."

The provider's complaints policy was displayed in the entrance to the service and a copy was in each person's room. The policy provided information about acknowledgement, investigation and response times as well as details about how the complainant could escalate their concerns if they felt the response was unsatisfactory. We saw that when complaints were received, they were reflected upon and used to develop the service where possible.

Is the service well-led?

Our findings

At our last inspection of the service we found there was a positive and person-centred culture within the service. The registered manager was aware of and fulfilled their responsibilities and was supported to carry out their role by the provider. People received care in line with best practice. We rated the service as Good in this area. During this inspection, we found the service continued to be well-led; the rating remains as good.

The provider had developed a number of quality monitoring processes to continually review and improve the quality of the service provided to people. We saw that regular audits were completed by the registered manager, the regional director as well as external professionals such as infection prevention and control nurses, tissue viability nurses and pharmacists. Meetings were held with people who used the service and their families to enable feedback to be provided as well as questionnaires being sent out on a yearly basis. Where any areas of improvement were identified, it was used to improve and develop the service.

The service was led by a registered manager who had been in post for a number of years. They understood and fulfilled their responsibilities to report any notifiable events that occurred in the service. Staff told us the registered manager was a consistent presence within the service and that their style was open and fair. One member of staff said, "[The registered manager] is great. They make time for us all and listens to what we think so we feel valued."

The provider took responsibility for and was accountable for the day to day management of the service. The registered manager said, "[Name of the regional director] is very supportive, they complete audits here and make sure we are keeping on top of things." They also confirmed manager's meetings were held to ensure best practice guidance and changes to legislation were known and implemented.

We saw that the registered manager and regional director had created a business development plan. It included the strengths and weaknesses of the staff team, any areas of concern, required improvements and best practice guidance. The regional director told us this helped them plan for the future and look at ways of improving the care and support people received.