

Great Oak Tree Healthcare

# Chestnuts Residential Home

## Inspection report

93b Wyke Road  
Weymouth  
DT4 9QS

Tel: 01305784996  
Website: [www.chestnutscare.co.uk](http://www.chestnutscare.co.uk)

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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

### About the service

Chestnuts Residential Home is a care home which is registered to provide care and accommodation to up to 13 people. The home specialises in the care of older people. At the time of the inspection there were 11 people living at the home.

The house is an adapted residential building with accommodation arranged over two floors. There is a stair lift to enable people to access all areas.

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

People lived in a home that was well led by a registered manager committed to promoting the ethos of the home within a framework of robust monitoring and developments. There were systems in place to monitor standards and plan improvements. People's and staff's views were listened to and used to influence changes and improvements.

People felt safe at the home and with the staff who supported them. The staff understood their responsibilities and how to protect people from abuse. There were adequate numbers of staff to meet people's needs and keep them safe.

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. Staff respected people's choices and preferences.

People were cared for by staff who knew them well and were kind and compassionate. Staff were happy in their jobs and wanted to provide the best care they could. People had built strong relationships with staff and appreciated the familiarity they had.

People received care and support in a way that met their personal needs and enabled them to follow their own routines, interests and beliefs.

There were organised activities, informal chatter and entertainment which provided people with social stimulation. People were supported to maintain contact with friends and family members.

### Rating at last inspection

The last rating for this service was good (published 4 July 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions at this inspection.

### Why we inspected

This was a planned inspection based on our published guidance for inspecting new providers.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Chestnuts Residential Home

## **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

Chestnuts Residential 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we have received from, and about, this service since the last inspection. Whilst the home has a new provider and registered manager it has continued to provide a service since it

was last inspected as a different legal entity. We had not requested a 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. We were able to gather this information during our inspection. We also gathered information from the local authority quality monitoring team.

We used this information to plan our inspection.

During the inspection

During the inspection we spoke with five people who lived at the home, four members of staff and the registered manager. Throughout the visits we were able to observe staff interactions with people in the communal areas.

We looked at a selection of records which included;

Two care and support plans

Quality assurance questionnaires

Medication Administration Records (MARs.)

Health and safety records

Two staff recruitment records

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. One person told us, "The staff are all good and lovely. I am sure of it. I watch everything."
- Risks were reduced because staff knew how to recognise and report any suspicions of abuse. Staff were confident that action would be taken to ensure people's safety if they reported concerns to senior staff or the registered manager.
- The provider had systems which helped to keep people safe. Where concerns were raised, the registered manager worked in partnership with relevant authorities to ensure appropriate action was taken.

Assessing risk, safety monitoring and management

- People received safe care because risk assessments were carried out and action taken to minimise risks where appropriate. One person's care plan described their risk of falls and the measures that were in place to minimise this risk.
- People had personal evacuation plans detailing the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.
- People were supported to maintain their independence through risk management. One person explained they had a sked for a hand rail so they could access the garden safely and this had been provided.

Staffing and recruitment

- There were sufficient staff to keep people safe and to meet their needs. The registered manager and another senior member of the team told us that staffing levels were adjusted to meet people's changing needs. They described how additional staff had been made available when people were unwell or receiving end of life care.
- People said there were always staff available when they required support. One person said, "They come to help if you call."
- The provider had a robust recruitment procedure which ensured all staff were thoroughly checked before they began work.

Using medicines safely

- People received their prescribed medicines safely from staff who had been trained to carry out the task. Records were kept of medicines administered which ensured the effectiveness of medicines could be monitored.

- People's medicines were stored safely.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. There was guidance about when these medicines were indicated for staff to follow with people. People were offered these medicines where they were able to determine if they wished to take them themselves.

#### Preventing and controlling infection

- People lived in a clean home.
- Staff had access to, and used, personal protective equipment such as disposable gloves and aprons, and there were hand washing facilities available. This helped to reduce the risk of any infection being spread.

#### Learning lessons when things go wrong

- The registered manager had a system in place to ensure accidents and incidents were monitored as a way of learning and improving practice. Records showed where people's care plans had been changed and where people had discussed their view of accidents.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Chestnuts residential home is an adapted building in a residential area of Weymouth. There was adequate private and communal space for the people currently living in the home to use. Bedrooms were set over two floors with a stair lift to enable people to access all areas. At the time of our visits, people were able to find their way around the home without support. The home was supporting people with more needs associated with dementia. This meant that people may increasingly be challenged to independently find areas such as their bedrooms, bathrooms and communal areas.

We recommend the provider seeks appropriate guidance and review the environment to maximise the independence and well being of people with dementia related care needs.

- Changes had been made to make the garden more accessible and people appreciated this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Each person had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From initial assessments care plans were devised to give staff guidance about how to meet people's needs. These were adapted regularly as staff got to know people better. Staff knew people well were able to provide care and support which met people's needs. One person told us: "We have discussed what I need. The carers are very good."
- People were supported by a staff team who felt supported and had access to training in subjects relevant to people's needs. Staff said training was useful. For example, staff described how they had started to enhance their knowledge about the impact of dementia through workshops with their dementia champion. This had included discussion, and problem solving, specific to people living in the home.
- Staff told us their training was refreshed to make sure their practice was in accordance with up to date guidance and legislation. The registered manager was committed to empowering staff through appropriate training.

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

- People were complimentary about the food served at the home. We received comments such as, "The food is very good." And, said with a smile: "I do like the food." The lunch time experience was relaxed and unhurried.
- People received food in accordance with their needs and preferences. The cook and staff knew people

well and understood their dietary needs and what they liked to eat and drink. During the inspection people received their lunch of choice in line with individual guidance about safe eating and drinking.

- Staff monitored people's weight and contacted other professionals, such as doctors and dieticians when they had concerns. Where advice had been sought it was referenced in care documents and followed.

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

- People had access to range of medical professionals to meet their individual needs. One healthcare professional told us that staff sought medical attention appropriately for people. They told us they had confidence in the staff's decision making.
- Staff worked with other healthcare professionals, such as district nurses, to ensure people received the care and support they needed. Records were clear about contact with healthcare professionals and this ensured guidance was followed.

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.

- Most people who lived at the home were able to make decisions about their day to day care and support. During the inspection staff sought permission from people and respected their choices.
- Where people's capacity to make decisions was in question staff consulted with other professionals and family members to ensure any decisions made were in the person's best interests.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe. Information was available to ensure that where people had appointed others to make decisions for them (given them Power of Attorney (PoA)) these PoAs were consulted appropriately.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were offered day to day choices throughout our visits. These included choices related to how they wanted to spend their time, where they wanted to be, what they wanted to wear and eat.
- People said staff always listened to their views and they received care and support in accordance with their wishes. One person said, "They always have time to listen. They check what you want to do."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. Throughout the inspection visits we saw staff interacted with people in a friendly and respectful way. Comments about staff included; "They are lovely. They have a laugh with you which is very important" and "Staff are really kind. They will do anything for you."
- People had built trusting and familiar relationships with the staff who supported them. They were comfortable and relaxed in each other's company. Staff obviously knew people well and were able to chat about subjects that were meaningful to them.
- People's individuality and beliefs were respected. Where people wanted to be involved in local groups and religious organisations this was supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Each person had a single room where they were able to spend time in private or with guests of their choice. Staff respected this private space and waited to be invited before entering.
- Where people required support with personal care this was provided discreetly. People said staff were respectful when they helped them.
- People were encouraged to maintain their independence where they chose to. One person said, "They don't tell you what to do here. People can come and go and they only help with what you want." Staff were committed to maintaining people's skills and described how they encouraged people to do so.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were encouraged to make choices about their day to day care. People could choose when they got up, when they went to bed and how they spent their day. One person said, "You can come and go as you please." Staff supported people to follow their own routines for daily living. One person preferred to eat their lunch after everyone else. They were always invited to join the communal meal but their wish was always respected.
- People had care plans which set out their individual needs and preferences to make sure staff knew how people wished to be cared for. Staff knew people well and engaged with them individually. This meant they adapted their approach and support to each person.
- People's care plans had information about their previous occupations, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support accordingly.

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

- People were encouraged to stay in touch with friends and family and visitors were always welcome. Some people went out regularly with family members and staff supported this.
- Staff supported people to take part in activities at the home and trips out. The opportunities to be engaged in meaningful activity had been a focus for development. Staff were excited and proud about the opportunities that were opening up for people. One person recounted the trips they had been out on. Another described the happy chatter about a trip others had enjoyed.
- People were happy with the activities and social stimulation provided. One person described a few trips out saying: "We were out for the whole day, you just couldn't have asked for more."

End of life care and support

- People had received compassionate and attentive care at the end of their lives. Compliments reflected themes of kindness, dignity and care with comments such as: "their final years happy and comfortable", "excellent and dedicated care" and "We are so grateful for the palliative care provided in his room - dedicated and caring."
- People were able to make plans about the end of their lives if they wished to. Any plans were recorded to ensure they would be respected.

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 recorded in their care plans. For example, if they needed information to be read to them due to poor sight.
- Information about trips and activities that had taken place were available in picture form to prompt memory and discussion.

Improving care quality in response to complaints or concerns

- Whilst the home had not received any complaints, people said they would be happy to speak with a member of staff or the registered manager if they were unhappy with any aspect of their care. One person told us: "I have raised a couple of things and am always listened to." People were encouraged to share their views at regular residents meetings, This had led to a number of changes such as environmental changes and changes to menu options.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The new provider had taken over in July 2018 and following a period of handover with the previous owners, the current registered manager had managed the care home since April 2019.
- The registered manager was clear about their functions and responsibilities to ensure good quality care. There were systems in place to monitor standards and address shortfalls. In addition to formal audits the registered manager spent time with people seeking their views and observing/understanding care practices.
- They had developed an action plan to address areas that could be improved. This was effective in securing change. Training had increased substantially for staff as had the range of activities and opportunity to influence decisions for people living in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The registered manager promoted a culture that put people at the centre everything. They continued the ethos of ensuring people experienced a home from home. Feedback from staff showed that this ethos remained embedded and people's comments showed this was their experience. One person described how they had been nervous about moving in but had soon relaxed and found it to be very much a home from home.
- Staff morale was high which created a happy atmosphere for people to live in. Staff and the registered manager reflected that changes had been positive and that the pace of change was manageable.
- Staff told us the registered manager was approachable and supportive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked with other professionals to ensure people's needs were met appropriately. Staff commented positively on their relationship with other professionals.
- People's views were sought on an informal basis and there was also a satisfaction survey for people and their representatives. Results of the last survey showed a high level of satisfaction with all aspects of the service.
- Staff felt well supported and able to share their views. We heard staff making suggestions about people's care and discussion solutions to emerging issues.
- People's views were sought and acted upon. Changes had been made following discussions at the

residents meeting.

- Areas for improvement identified by the Quality Monitoring team from the local authority had been acted upon.