

Ms Doris Mary Kneen

Chestnut Grove Rest Home

Inspection report

St Catherines Way
Todd Lane South, Lostock Hall
Preston
Lancashire
PR5 5XE

Tel: 01772337061

Website: www.chestnutgroveresthomepreston.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We carried out an inspection of Chestnut Grove Rest Home on 17 and 23 February 2016. The first day was unannounced. We last inspected the home on 3 June 2014 and found the service was meeting the regulations that were applicable at that time.

Chestnut Grove is a large detached property, situated in a quiet residential area of Lostock Hall. The home provides care and support for up to 11 older people in single occupancy rooms. All areas are tastefully decorated and furnished to a high standard. There are landscaped gardens to the side and rear of the home which are accessible via ramps.

The service was managed by 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.

During this inspection we found the service was meeting the current regulations.

The service provided an outstanding level of care and support that placed people at the heart of their care and promoted their right to be self-determining in how they lived their lives. All the people, their relatives, visiting professionals and staff we spoke with had nothing but praise for the service and the excellent quality of life people experienced. The ethos of the service described by staff was to ensure people's rights to privacy, dignity, and freedom of choice was embedded into the culture of the home and people's diversity was embraced.

People living in the home told us they felt safe and very well cared for. They considered staff were always available to support them when they needed any help. Recruitment processes and procedures followed, ensured new staff were suitable to work with vulnerable people.

Safeguarding referral procedures were in place and staff had a good understanding around recognising the signs of abuse and had undertaken safeguarding training. Staff were clear about their responsibilities for reporting incidents in line with local guidance.

Risks to people's health, welfare and safety were managed very well. Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling. Staff understood the concept of what was acceptable risk taking in order to promote positive experiences for people.

There were appropriate arrangements in place in relation to the safe storage, receipt, administration and disposal of medicines. Staff responsible for administering medicines had been trained.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected

where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

Staff had exceptional insight and understanding of people's personal values and needs. Staff demonstrated through their actions, people were very important and people experienced a sense of belonging and worth in their lives. Staff had been very well trained to ensure people's right to privacy, dignity, independence, choice and rights was central to their care. Equality and diversity issues were given a high profile within the service with supporting guidance from Age Concern 'The Whole of Me' used for reflective practice.

All people we spoke with were very positive about staff knowledge and skills and felt their needs were being met appropriately. Staff felt confident in their roles because they were well trained and very well supported by the registered manager to gain further skills and qualifications relevant to their work. They were highly motivated and committed to provide a high quality of care.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good. Staff worked closely with healthcare professionals to ensure people's dietary needs were met.

The home provided a well maintained very pleasant and homely environment for people who described their accommodation as "home from home". People told us they liked living in a small home because they got to know everyone very well.

People's care and support was kept under review, and people were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

We found staff were very respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. People using the service, relatives, visitors and health professionals all spoke very highly of the high standards afforded to people living in the home. The care was described as 'going above and beyond' 'exceptional' and 'remarkable'. Relatives also considered their welfare was always considered and they too felt part of the home life.

Staff had been trained in End of Life care. This meant staff could approach people's end of life care with confidence and ensure their dignity, comfort and respect was considered. Health professionals, relatives and a visitor described the service's approach to end of life care as outstanding. "The staff here have exceptional qualities. I think the manager leads by example. They are all compassionate and work well in ensuring people experience a dignified pain free death." People using the service and staff were offered emotional support during and after bereavement by the registered manager.

People told us staff provided consistent personalised care and support. They were consulted and involved in identifying their needs and how they liked to be supported. All people had a comprehensive person centred plan which was reviewed at regular intervals. This provided staff with very good insight into people's personal routines and preferences.

An outstanding feature of life at the home was family involvement. People we spoke with and their relatives told us they 'felt' like family and that staff treated them as such. We were given many examples of how this was achieved including the use of iPad, iPod and telephone made available for people's use.

People were supported to live full and active lives and use local services and facilities. Activities were meaningful and varied. Faith needs were managed very well. The service supported charities such as the hospice, Salvation Army and The British Legion and the service sponsored a rescue dog. Initiatives like this helped people feel valued for their contribution to society.

People, their relatives, staff and visitors to the home described the management and leadership of the service as exceptional. The registered manager was passionate in her commitment to providing high quality care to people using the service, their relatives and friends and staff.

Staff told us the registered manager made them feel special and valued and they were very well rewarded and had a good work-life balance.

We found there were effective systems to assess and monitor the quality of the service. People using the service, their relatives and staff contributed to the evaluation of the service and made recommendations for improvement. Results of surveys showed a very high satisfaction with the facilities, the staff and registered manager.

There was an effective and thorough quality assurance system in place to ensure any improvements needed within the service were recognised and the necessary action was taken to implement any changes.

The registered provider had achieved the Investors In People Silver Standard Accreditation.

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.

People told us they felt safe. They were cared for by staff that had been carefully recruited and were found to be of good character. There were sufficient numbers of staff to meet the needs of people living in the home.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were very well trained and supervised in their work. Staff and management had an understanding of best interests decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff were very respectful to people, attentive to their needs and treated them with kindness in their day to day care. People told us staff went above and beyond their duty of care and were very kind and caring.

People were able to make choices and were involved in decisions about their care. Staff had an exceptional understanding of people's personal values and needs and placed people at the heart of the service they provided.

Staff understood the principles of equality and diversity and respected people's differences.

People could be very confident their end of life wishes would be respected by staff that had been very well trained, were compassionate and had exceptional caring qualities to ensure they were given dignity, comfort and respect.

Is the service responsive?

Outstanding 

The service was very responsive.

Staff were very knowledgeable about people's needs and preferences and supported people to remain as independent as possible and live their life to the full. People's care plans were centred on their wishes and needs and kept under review.

People were very well supported to keep in contact with relatives and friends who were welcomed and involved in home life. Activities provided were varied and meaningful and enhanced people's quality of life. Contact with the community was well established.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

Outstanding 

The service was very well led.

The registered manager had ensured honesty, involvement, compassion, dignity, independence, respect, equality and safety was firmly imbedded into the service people receive.

Staff were highly motivated to develop and provide a high quality of care.

The service worked in partnership with other agencies involved in people's care and strives for excellence through consultation,

research and reflective practice.

There was open and effective communication between the management, staff, other professionals, people and relatives. This ensured everyone was fully involved in developing and improving the service.

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

Chestnut Grove Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 23 February 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people using the service, one visitor, two health care professionals and five relatives. We also spoke to four members of staff and the registered manager.

We spent time looking at a range of records including three people's care plans and other associated documentation, one staff recruitment file, staff training and supervision records, the staff rota, ten medication administration records, a sample of policies and procedures, minutes of staff and residents meetings, compliments and acknowledgements received at the service, health and safety records, Investors In people (IIP) report and quality assurance records.

Is the service safe?

Our findings

All the people we spoke with told us staff were caring and kind to them. One person said, "I love it here. We are really very well looked after. All the staff are very kind." Another person told us, "I definitely feel better living here. We have a good life and you can't fault the staff in any way. They are lovely and have so much patience." Similarly when we asked relatives if they felt their family members were safe within the service the response was very positive. Comments included, "Absolutely, my (relative) wouldn't be here today. Since coming to live here, the change in his overall health and wellbeing has been amazing. I can sleep well at night knowing he is safe and well cared for." And, "I visit all the time. I have never seen or witnessed anything I was concerned about. The staff do everything they can and more to make sure (relative) is happy. Nothing is too much trouble for them."

During the inspection we made observations when staff were supporting people. We observed staff were patient and kind with people and were always available to offer support to people when needed. We asked people using the service of their opinion regarding staffing levels. One person told us "They are here all the time. There is always someone about. I get the help I need and when I need it." Another person told us, "There is enough staff. They always have time when you ask them to do anything for you. I think we are lucky here and (registered provider) is here every day as well."

We looked at the staff rota for the week. This showed staff were deployed to cover times throughout the day and night when people needed the most support. The registered manager told us most staff were long serving and were therefore familiar with people's needs. This also meant staff were able to build up trusting relationships with people they cared for. Staff spoken with confirmed they had time to spend with people living in the home. The registered manager told us cover for sickness or annual leave was managed well with existing staff. They never used agency staff.

The registered manager told us it was rare for staff to leave. We looked at records of the newest member of staff employed at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, a physical and mental health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We discussed safeguarding procedures with staff. They were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns they may have. There were policies and procedures in place for staff reference on safeguarding people including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Staff told us they had completed training in safeguarding vulnerable adults and this was verified in their training records.

We looked at how medicines were managed and found appropriate arrangements were in place in relation

to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly and courses of antibiotics were seen as completed.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. People we spoke with told us they received their prescribed medicines on time.

We looked at how the service managed risk. Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling. Staff had good guidance on how to manage any identified risk. This was clearly documented in people's care plans. Supporting documentation was in place such as food and fluid charts and positional changes chart for staff use that was regularly checked by the registered manager which meant there was continuing oversight on risk management.

Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, Legionella testing, water temperature monitoring, and fire equipment and fire alarm testing. Emergency evacuation plans were in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe.

We found the premises to be very clean and hygienic in all areas we looked at. We observed staff wore protective clothing such as gloves and aprons when carrying out their duties. Hand cleansing gel was strategically placed throughout the home. Infection control information was displayed and there were infection control policies and procedures in place for staff reference. Staff training records showed infection control training was provided. The environmental health officer had recently given the service a maximum five star rating for food safety and hygiene.

Is the service effective?

Our findings

People felt staff were skilled to meet their needs and spoke positively about their care and support. One person told us, "The staff are excellent. They see to us all, I can ask them to do anything and they are very obliging." Another person told us, "I get anxious about different things. They (staff) help me and are very understanding. They are very good." People told us staff did not 'take over' and gave them the opportunity to do things for themselves. One person said "I like being independent and they respect that. They see that I am alright especially when I use the stair lift." People also referred to staff as "easy to get on with" "friendly enough" and "the best".

Relatives we spoke with were very complimentary of the staff team who were described as being "outstanding", "wonderful" and "exceptionally good". One relative told us, "The standard of care is really very good. My (relative) wouldn't be here today but for their diligence." Another relative told us, "It's no wonder people living here celebrate their 100th birthday. The standard of care people get is remarkable. I can only speak from experience. Since my mother has lived here she has improved both mentally and physically. I put that down to the attention to detail everyone gets with their care." And another relative said, "They have definitely extended his life and he is content. They know him very well. He gets good meals and the standard of care is excellent."

A visitor to the home told us, "I have stayed here for a short stay to convalesce. It was the best thing I ever did. They had me in full health before I went home. Without exaggeration, all the staff were very attentive to my needs and I felt really cared for. If I was ever in the same circumstances I wouldn't want to go anywhere else."

We looked at how the service trained and supported their staff. Training records showed all staff had attended regular training and a comprehensive training programme was in place. One member of staff told us "I did my induction and had lots of training during that time. Since then my training has carried on. I really enjoy the training and I can ask any of the staff about what I've learned. They are very supportive."

The registered manager told us following the initial induction further training was provided in all key areas such as moving and handling, fire prevention, infection control, dementia, safeguarding vulnerable people, end of life care, medication, health and safety, food hygiene, first aid and equality, and training was linked to the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Most staff employed had completed a nationally recognised qualification in care.

The registered manager told us all the staff were currently working through a training programme even though they held a recognised qualification in care. This was to make sure staff were familiar with the latest best practice guidance. We were shown records which identified when members of staff required further training updates. It was clear from discussions with staff that they were encouraged in their personal development and fully supported, to gain further skills and qualifications relevant to their work. A staff member said, "The registered manager wants people living here to have the best standard of care possible

and she gives us 100% support to achieve this." This showed that the provider had considered the needs of the people living at the home by ensuring staff were kept up to date with current best practice guidance in delivering safe and effective care that respected people's rights.

Staff spoken with told us they were provided with regular supervision. We saw records of supervision during the inspection and noted a variety of topics had been discussed. A training and development programme profile was used and training needs identified. We also noted policies and procedures were discussed at supervision and the supervision sessions had enabled staff to discuss their performance and take an active part in planning their training and development needs. The registered manager also carried out an annual appraisal of each member of staff's work performance, known as a personal development review. We noted staff attended regular meetings and they told us they could add to the agenda items. The last meeting was in February 2016 and had included in the agenda, forthcoming training in dementia care and safeguarding.

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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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.

All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. One person had a DoLS authorisation in place. Records showed this was being managed very well and had been kept under review. An application had been made to the relevant authority for consideration for another person using the service.

Staff understood the importance of gaining consent from people and the principles of best interests decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw that consent forms were in place and found clear evidence that discussions had taken place with relatives, the person the DNAR related to, and the person's GP. The person's wishes were clearly recorded.

We looked at how people were supported to maintain good health. People's health care needs had been assessed and people received additional support when needed. People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. This helped staff to understand the extent of

people's limitations regarding their health and to recognise signs of deteriorating health.

From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care. People's healthcare needs were kept under review and routine health screening arranged. We spoke with two healthcare professionals during the inspection who told us prompt referrals were made to medical services. They also told us the staff acted on their advice and were very knowledgeable about people's healthcare needs. People using the service considered their health care was managed well.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they enjoyed the food and were given plenty of choices. One person told us, "The food is always very good. We can have what we want. I'm not a fussy eater so I'm easy to please." Another person told us, "Whatever we want we get. It's good quality too. I'm always satisfied. Everything here is so pleasant. The table is always set nice and the service is good. I've no complaints."

We saw that people were regularly asked for their views on the food provided and the menu was a regular feature on the 'resident meeting' agenda and in quality monitoring audits. Special diets were catered for such as diabetic and gluten free. One relative we spoke with told us, "Mum needs special foods and it is always provided. Some of this is on prescription but that is limited. I've known (registered provider) go out and buy extra so that mum never misses out. The food served is top quality." A visitor told us, "They always give me a meal. It's lovely and I would recommend the food to anyone."

We observed the arrangements over lunchtime. The dining tables were very nicely set and laundered serviettes provided. We noted people could choose where they liked to eat. Meals served looked nutritious in content and portions served were generous. People could have as much as they wanted and were regularly asked if they wanted any more. People requiring support to eat their food such as meat cutting up were given this in a dignified way. During lunchtime staff were kind and attentive to people and the atmosphere was relaxed and unhurried.

We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We observed staff offering people drinks throughout the day and food and fluid intake charts were being completed as routine and any concern noted. This meant people assessed as being at some risk of poor nutritional intake were being monitored.

The home provided a very pleasant and homely environment for people. People told us the home was "home from home", "lovely", "very nice" and "suits me". They had arranged their rooms as they wished with personal possessions that they had brought with them. All areas were tastefully decorated and furnished to a high standard. There were landscaped gardens to the side and rear of the home which were accessible via ramps.

Is the service caring?

Our findings

All the people we spoke with told us the staff were very caring. They consistently described staff as going above and beyond their duty of care when providing their support. One person told us, "I love living here. The staff are very, very caring. Anything I need I get. I'd say they help me 110% and more." Another person commented, "The staff are lovely people, very obliging and they seem to know what you need, you only have to ask and it's done even during the night. If I can't sleep the staff will make me comfortable and make me a hot drink if I want one. They pop in to see how I am doing and ask me if I need anything. A first class service."

People we spoke with considered staff helped them maintain their dignity and were respectful to them. We asked them what this meant for them in their daily lives. We were given many very good examples such as "They speak kindly and will always knock on my door and wait to be invited in." "I get my clothes laundered very well and they help me choose what I want to wear. They help me put my few baubles on; well I do like to wear them." "I think it's nice that no matter how many times they help me to bathe, they don't become over familiar. I'm still given a towel to cover myself with, and I'm given privacy time in the bath." "I feel loved and I matter to them and this is my home. It's like being with family. The staff and (registered manager) are always respectful, not just to me but to my relatives and everyone here."

We could see people had a positive relationship with the staff. Staff we spoke with understood that moving into a home can represent a sense of loss for some people. Staff had an exceptional understanding of people's personal values and needs. They told us that in addition to people being cared for, they needed to feel they mattered, have a high esteem of themselves and supported to be self-determining in how they lived their lives. One staff member told us, "Everyone is different and it is important we respect that. We spend a lot of time getting to know people and find out what is really important to them. For example (person using the service) is very involved with the Salvation Army. We have them visit here on a regular basis and they are invited to our social events. Last Summer they played at our barbeque. It was a wonderful day." Another staff member told us, "People living here have a very good life. I love working here. They are valued and so are we. It's no wonder there is a waiting list of people wanting to live here. The manager has everyone's welfare at heart and shows it with everything she does."

The registered manager told us, "We care about everyone here and everything that matters to them. Every person is unique, with their life histories, interests and needs and are treated as such. There is a lot of love here. The staff are carefully selected and trained to a high standard and as a team we work very well together to ensure people are at the heart of service we provide."

Throughout our visit we saw that staff responded to people in a kind and patient manner and communicated very well with them. Relatives and visitors highly praised the level of the service people got. A relative said "I can't praise them high enough. Everything they do, they do very well. It doesn't matter what time you visit you find people looking well cared for, dressed nicely and happy. What more can you say." Relatives we spoke with also made comments such as 'A lovely atmosphere', "A lot of love shown to everyone including me", "exceptional staff", "couldn't get better anywhere" and "a real home from home." One relative told us, "I'm so pleased mum is here. The standards all round are extremely high. What I like

about this place is that mum is not lost in a sea of faces. The staff treat everyone as if they were their family and are not afraid to demonstrate their affection, respect and love. I'd stay here with no hesitation at all if I ever needed care. It's remarkable the standards they reach." Another relative told us, "They go beyond what they are paid to do. They treat mum like family. They operate like a family as well. When it's someone's birthday it is really celebrated very well. They have a birthday tea and a bigger party at weekend. Invitations are extended to all the residents' families and friends. They do that because often family members work during the week and everyone can relax and enjoy themselves better at weekend. On Valentine's day everyone was given a red rose, it was lovely to see." A visitor told us, "What impressed me was Christmas. I was staying here at the time. It was definitely a winter wonderland. I couldn't believe the gifts (registered manager) had bought. Everyone had a Christmas carrier bag full of lovely things including new tops, nightie, jumper, in fact you could tell a lot of care and thought had been put into the choice of gifts that would please each person. I've never seen anything like it. The meal was wonderful and staff working brought their family in and we all sat down together like a family for our meal. It was really nice to see children too. No expense was spared."

Care plans centred on people's views and wishes for their care and support. Attention to detail in care plans regarding what people wanted and needed meant staff were always sensitive to people's need to remain as independent as possible. We saw for example one person's mobility had deteriorated and staff had discussed the difficulties they were having with them. The person was asked for their view on using a hoist. They had declined the offer stating 'I want to remain as independent as possible', and this was respected. The decision making around care issues was being kept under review with the persons' involvement. We noted one person had reduced insight into their surroundings and frequently went out of the home for a walk. Staff told us they never prevented them as this was important for the person. They discreetly followed them to ensure their safety.

Staff spoke about people in a respectful, confidential and friendly way. Communication was seen to be very good. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. People's records were kept safe and secure and people had been informed in the service user guide how the service would respect their right to confidentiality and how this was achieved, including how to access their records. This meant people using the service could be confident their right to privacy was respected with their personal information kept confidential.

People were encouraged to express their views during daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We looked at the last meeting people using the service had. This was very interesting as people were involved in planning a 99th birthday, reminded of 'Shrove Tuesday', had a discussion about war time rationing and their experience during that time, asked for ideas for the menu and discussed previous types of food they had enjoyed, such as pigs trotters, steak and heel pie, tripe and onions, sweetbreads and black pudding. People were informed CQC would be carrying out an inspection at some point. In response to questions about this people were given reassurance about why observations would be made by an inspector. One person had commented, "We are given the best possible care and nobody would find a better home." We also noted people were told of pending improvements such as a new external door and redecoration of the hallway downstairs and asked for their views.

Information on advocacy services was provided. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

Staff had received end of life care training. The service had excellent links with the local hospice that provided the training on end of life care for staff. We were given very good examples of working with GP's, district nurse and family to ensure people at the end of their life received special care according to their wishes. Care plans were written to reflect people's wishes. This meant staff could approach a person's end of life care safe in the knowledge they were caring for the person according to their wishes, ensuring their dignity and their comfort, and treating them with respect.

We spoke with two health care professionals linked to the hospice who were visiting the service to attend to a person receiving end of life care. They told us "It is really fantastic here, a real home from home. People at the end of life care are looked after exceptionally well. They do advanced care planning with us and liaise well with the family. They definitely want the very best care for people who they treat with the utmost respect and dignity. They make sure everything they need is ready and will ring us if they have any worries." "The staff here have exceptional qualities. I think the manager leads by example. They are all compassionate and work well in ensuring people experience a dignified pain free death. We go into other places and would find it difficult to match the love and attention people here are given, not just when they are unwell but in everything they do."

One relative said, "I could not be happier with the home. (Relative) is not very well at the moment but the staff are fantastic even (registered manager). Many a time I've visited and either a member of staff or (registered manager) are sat with them. The attention they are getting is above and beyond the call of duty. I am really impressed." A visitor said, "(Registered manager) called in quite late one night as I was sat with (friend) who was not well and said "I was just passing, so I thought I'd call in and see how they are and if you need anything. It gave me a lot of reassurance knowing she cared so much, it meant a lot to me."

The registered manager told us everyone in the home celebrated people's lives and paid their respects at funerals. An acknowledgement from the home was written for the service and staff always attended and represented the home. We were also told if people had no relatives the registered manager and staff led the funeral service. We were given sight of a reading celebrating the life of a person who had recently died written by the registered manager. It was clear the person had been much loved by all. "Most of all we miss that lovely smile. He had us all wrapped around his little finger."

People using the service and staff were offered emotional support during and after bereavement. The last meeting was in February 2016 and had included in the agenda a discussion around the recent death of a service user and the impact this had on everyone.

We looked at acknowledgements from relatives received at the home. These included for example, "Thank you for the care and compassion given to our mother during the last few weeks of her life." "Thank you for birthday parties which extended family could attend." And "Thank you for the quality care given."

Is the service responsive?

Our findings

Throughout our visit people using the service and relatives and visitors described the service as "exceptional" and "very good". Everyone we spoke with were complementary to the staff regarding their willingness to help them. One person told us, "I get all the help I need. They (staff) have fitted into my routine very well. I can ring my buzzer at any time and they will come to see what I want." Another person told us, "They help me all the time. I never think about not getting help because it would never happen here. I please myself what I want to do and staff help me if I have any difficulties. I am really pleased with the help I get. It's just right." People told us they determined their own day. There were no rigid routines imposed on them that they were expected to follow. One person told us "We get up when we want and I like a cup of tea before I get going for the day. They never forget to bring me one. I get the paper to read and enjoy a peaceful morning. There are different things going on which I sometimes join in. I like the atmosphere, you never see the staff rushing people and making you feel uncomfortable. They seem to go with the flow and yet nothing is missed. They keep this home beautiful and it's very relaxing. I love it here."

We asked people about their experience of coming to live at the home and how this was managed for them. People told us they had been involved in the assessment process before they moved into the home. One person told us, "My daughter found this place for me. She told me all about it. I just couldn't manage at home. (Registered manager) visited me and we had a good chat about the problems I had staying on my own, what I wanted and how they could help me." Another person told us, "I had an accident and couldn't manage. I had heard excellent reports about the standards here. I prayed there would be a vacancy, anyway (registered manager) visited me and discussed everything I needed to know. I was asked what I needed help with and she explained what it was like living here. I was anxious at first but I haven't been disappointed." A relative told us, "They came to see mum after I had approached them. I met with (registered manager) Mum's assessment was very good. I was fully involved with the assessment. It was very thorough and everything was explained to us and mum was offered a trial stay. She has settled very well."

The registered manager told us that following the initial assessment an individual care plan record was drawn up detailing the care and support the person required. The assessment was discussed with staff which ensured they understood the level of personalised care people required. We looked at three care plans. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. We noted supporting information from relatives and any professionals involved in people's care was also considered.

We found evidence in care records that people had been involved in setting up their care and support plan. Care plans were person centred which meant people were cared for as an individual and their cultural diversity; values and beliefs, routines and preferences including their night care was managed very well. Care plans identified people's needs, actions required and the staff member responsible for carrying out the task. The care plans were easy to follow and read and were being reviewed on a regular basis. Where people's needs indicated other professional support such as with healthcare, care plans detailed care staff's supporting role in meeting this need and provided guidance on reporting changes to the right people.

Attention given to detail within the care plan also meant that difficulties people encountered with everyday tasks taken for granted, such as closing curtains, adjusting radiators and managing light switches, this was also written into the plan of care. A relative told us, "I 'couldn't have got a better place that delivers such high quality of care in a setting that hasn't removed people's sense of ownership of their lives and belonging. What they do is brilliant."

People's needs were supported by a series of risk assessments to establish the right level of support people needed and management of any identified risk. Where people's preferences could impact on their safety, for example mobility issues, this was managed very well. We saw two good examples where alternative solutions were found to enable people to remain independent safely. One example of this was to provide an alternative armchair for one person due to difficulties they experienced in using the control buttons with their riser/recliner chair they had brought with them, and was therefore able to retain their independence.

Staff told us care plans were easy to follow and people's care was discussed all the time. They were kept up to date with any changes. They told us, "We know everything we need to know about the people we care for. We often sit down and talk to people about the help they need. It's really important we listen to what they say" "If there have been changes to people's care we are told straight away. Sometimes people want to keep doing things for themselves even though we think they would benefit from some extra help. It's not about us though and providing people are safe we support their decision. We don't want to take over their lives but help them live it to the full."

Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. The registered manager told us they had signed up to the Age Concern 'The whole of me' Gay, Lesbian, Transgender, Transsexual care for older people initiative. This had helped staff understand equality and diversity issues within the service, reflect on their own attitudes and identify the type of support that older lesbians, gay men and people who are bisexual might need. This meant people could be confident they will receive a service that will embrace their identity and respect their diversity.

We saw that people were supported to follow their faith and this was respected by staff. Church services for people of different denominations were held at regular intervals and people were supported by staff to take part in worship services according to their individual beliefs. Gender issues were also considered such as dress, wearing jewellery, visits to the hairdresser, preferences for reading material and daily personal care.

People told us they were regularly involved in their care reviews. This meant the staff made sure they were kept up to date with people's needs which ensured their needs were being met. One person told us, "(Staff member) regularly discusses how I am and if I am getting the support I need. At the moment I'm quite happy with everything and I feel well in myself." A relative told us, "I am involved with my mums care reviews. I quite often speak with (registered manager). If there are any concerns she acts swiftly to make sure mum is all right. I'm contacted straight away and kept informed on what is happening." Another relative told us, "I'm very involved with mum's care. It's amazing here. They have her care off to a 'T'. When they contact me the first thing they say is "Now don't panic", and then they tell me what has been happening and what they did to help her. How they run the service gives me that confidence she is in good hands and gets the best possible care." A visitor told us, "They are always one step ahead in meeting his needs all the time. Despite being quite poorly at the moment, he is very, very happy and content."

A visiting health professional told us, "If they can make things better for people they will. The way this home is run stands out with the level of care people receive. There isn't anything they could do better and the care people get is given with love." Another health professional told us, "People have a really good quality of life. It is one of the best homes I have ever visited. Whatever we ask them to do; they follow it through and keep

us updated on how people are." Staff we spoke with told they had training in equality, diversity and human rights and followed care plans that placed people at the centre of their care and ensured they had good individualised care and support.

An outstanding feature of life at the home for people using the service was family involvement. People we spoke with and their relatives told us they 'felt' like family and that staff treated them as such. We were given many examples of what this meant such as sharing meals, sharing in activities and the relaxed atmosphere when visiting, joint decision making for décor and refurbishment plans, and being asked to make suggestions in how the service could improve in the quality of life experience for people using the service. One relative told us, "I don't think anything can be improved. It's outstanding here, but it is nice to be asked. I like to get involved"

There were very good evidence people's friends and family had been invited to join in with activities and entertainment. We spoke with one visitor who told us, "My (relative) died, but I still come back to join in the events. I can't keep away. I'll never forget their kindness and care." Another visitor told us, "They just won't take any payment for the meals I have here. They have a charity box so I put a donation in that. It's such a happy home." The registered manager told us people could use the telephone free of charge and one person spoke with their relative overseas every week. In addition to this the telephone had a loud speaker that helped people to have a private conversation with their relatives and friends in the privacy of their room without having to ask staff to hold a conversation for them. The service also provided an iPad for people's use. This meant that people had a facility they could use to keep in visual contact with relatives and friends using skype.

We saw that the service had very good links with the local community. This included links with the local hospice that people supported in practical ways such as fund raising and by using the hospice café. Staff made sure people were supported to take part in community fellowship within the local church by attending church services, events such as coffee mornings, afternoon tea and bingo. We were told a 'rescue' dog was sponsored by the service and donations made to two other charities and to the flower festival. It was clear the service took pride in helping others and acts like this meant people could be confident they had made a difference in society and their support was valued.

People told us they were satisfied with the activities provided in the home. One person told us, "I particularly liked the reflexology. I join in a lot of things, but if I want to be quiet I'm not disturbed. Staff are good like that." Another person told us, "They have plenty of activities going on, crafts, and art things like that. I love reminiscing. You can laugh at some of things we did or had to do." The registered manager told us activities were constantly being reviewed to ensure they were meeting people's individual needs and choices. People told us they enjoyed the organised events such as bonfire night and hot pot supper, Christmas and Easter celebrations and summer barbeques. They told us the celebrations were very well organised and immediate neighbours invited. Relatives we spoke with told us they enjoyed the activities and made comments such as "it's nice to do things together" and "it's a good seeing children visit and joining in the events, she loves seeing them. Staff are very generous that way. It makes everyone feel like family."

The registered manager told us "Our Activities Co-ordinator who is a holistic Reflexologist and Reiki therapist is innovative with the activities she provides. She usually starts her activities session with an individual hand massage and arranging activities which the residents have asked for, particularly music reminiscence and gentle exercises. Provision was made for people with sensory impairment and talking books were accessed. A free manicure session was provided by the home every two weeks. The people were supported by the local churches. An ecumenical service was held every Sunday morning and one person was collected by their local Priest and taken to a Mass service each week, and another person was collected by the Salvation Army

and taken to their service each week."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We looked at the complaints records and noted there had been no formal complaints received. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. The registered manager told us any concerns that residents or relatives had would be addressed immediately and a solution found.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "We've nothing to complain about. I can't recall ever being upset or have any concern. I definitely would say if I had. You hear such awful tales and see it on the TV. I'm glad I'm here." Another person told us, "(Registered Manager) knows I would say something if I wasn't happy. I'm not afraid to voice my opinion. That's how it should be." Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint. Relatives we spoke with were also aware of the complaints procedure. One relative told us, "I'm always asked when I visit 'is everything all right'. I am confident if I was concerned about anything at all, it would be handled very well like everything else in this home."

Is the service well-led?

Our findings

We asked people who lived in the home if they were asked about their experience of receiving care and support and their living conditions. For example during our visit we asked people if the registered manager spent time with them. One person said, "The manager is always about and will help the staff. She chats to us every day and asks us if how we are and if we need anything and she is very friendly." Another person told us, "She (registered manager) is wonderful. She works here most days and she is always interested in what we have to say."

All people, relatives and staff spoken with had nothing but praise for the management of the service. The registered manager was described as an excellent leader who placed people at the heart of everything they did. Staff described the ethos of the service was to ensure people's human rights to privacy, dignity, freedom of choice was embedded into the culture of the home and because of the leadership style of the registered manager, this was accomplished very well. There was strong evidence to show equality and diversity issues was given a high profile within the service and that this was reflected in the high standards of care people received.

The registered manager was qualified, competent and very experienced to manage the service effectively and had been registered as manager with the Commission. She has maintained her nursing and counselling qualifications. The registered manager was also a member of the Lancashire Care Association and regularly attended their conferences. "Being involved in the Association means I get a chance to discuss relevant issues with other providers, share experiences and learn." "I can reflect on our practice and consider what we need to do to accomplish this." "I am always able to see the 'wider picture' and see the home as an integral part of the community and remain passionately committed to providing high quality care to residents, staff and relatives. We have good relationships with other professional's, GP's, and District Nurses etc." The registered manager also told us she worked in partnership with other organisations to keep up to date with current practice and regularly received bulletins from health and social care organisations which she reviewed. She followed guidance from CQC and was also aware of the new requirements following the implementation of the Care Act 2014, for example the introduction of the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

The registered manager told us she promoted an open inclusive culture, (Quote from PIR) "Yes we don't always get it right but we learn and we learn from the people we care for and how we can improve. With a stable group of staff, who are well trained, experienced and committed to the ethos of the home, we are happy. The staff are well motivated and enjoy meeting the needs of the people we care for and taking responsibility for the smooth running of the home." We were able to relate to this comment from feedback we received from staff during our visit. They confirmed their experience was one of being 'valued' by the registered manager and of excellent team work. They received regular supervision and the registered manager met with them on an individual basis at least weekly to discuss any issues they may have and any suggestions they have for improving the home.

Staff we spoke with told us they were very happy in their work. They had a good understanding of the

expectations of the registered manager. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. We observed a good working relationship between the registered manager and staff that was described to us as one of 'mutual respect' for each other. One staff member told us "(Registered manager) has very high standards and is very supportive. She is always concerned about our welfare. If I had a problem I wouldn't hesitate to tell her. She is non-judgemental and I know whatever we talk about is kept confidential. We are never short of staff and we get good training. She will accompany us on training and we have supervision and appraisal to discuss our professional development." Another staff member told us, "I think we have a very good team of staff and we are treated very well by the manager who trusts us to deliver high standards of care. We are not bound by routines or told what to do and we are encouraged to use our own initiative and take the lead from people we care for." Staff told us the registered manager made them feel special and valued and they were very well rewarded and had a good work-life balance.

Communication was described as being "excellent", with regular staff meetings, 4-5 meetings for handover every day, a communication book and notice board. We looked at the minutes of a recent staff meeting. Topics discussed included forthcoming training in dementia care and safeguarding, decoration of bedrooms, preparation for a 100th birthday party, Valentine's day party, and food hygiene rating. A discussion took place around the loss of a person who had recently died. We were told when a person died the manager will contact staff to let them know of the event so that they were prepared before they returned to work and would thank them personally for the excellent care they provided for that person. A supervision session was then arranged to ensure staff's wellbeing.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. These had been reviewed regularly to make sure they were updated to reflect any necessary changes. People were actively encouraged to be involved in the running of the home. We saw meetings were held and minutes of recent meetings showed a range of issues had been discussed. These included for example refurbishment plans and improvements made, activities, food and forthcoming events. Staff meetings were used as opportunities to plan ahead.

There was an emphasis on continually striving to improve the service. This was evident in the outstanding standards of care we observed throughout this inspection. The provider monitored the effectiveness and quality of the service provided to people. This included feedback from people using the service, their relatives and from health and social care professionals in formal quality assurance questionnaires. Results of these surveys showed a very high satisfaction with the service, the facilities and the staff and manager.

Where improvements could be made these had been considered. For example we saw action was taken as a result of professional's feedback on how to evidence better outcomes for people using the service. We noted the following comment. "The only development opportunities identified here are to protect and sustain the excellent culture which has been so successfully established at Chestnut Grove and to evidence already robust and exemplary people practices." As a result of this all the staff received further enhanced training in person centred care. They had on-going mentoring by the registered manager in identifying and reporting evidence of good practice. The results of surveys were made available for people to read and discussed at their meetings. A suggestion box was also in place for people to raise any ideas or suggestions for improvements. The registered manager told us this was rarely used. To encourage people to use this she was considering having a pre-printed supply of questionnaires people can fill in easily to give their views and make suggestions.

There were systems in place to regularly assess and monitor the quality of the service. The registered

manager told us they monitored key areas of care delivery such as medication, health and safety, staff training records, care plans, the environment and catering requirements. We were given good examples of quality monitoring, for example monitoring falls and nutrition and action that had been taken to reduce the risk. Staff together with the registered manager and supported by training, took a lead role in all areas of quality monitoring such as infection control, medication, health and safety, safeguarding, falls and nutrition, and dignity. This helped to make sure there was constant oversight of the service. Other audits included regular daily, weekly, monthly and annual checks for health and safety matters such as cleanliness, fire fighting and fire detection equipment and water temperature monitoring. A business plan was in place that had been discussed with all interested parties.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC.

The registered provider had achieved the Investors In People (IIP) to a Silver Accreditation standard. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. The report dated November 2015 concluded, "Beyond the core standard, Chestnut Grove Rest Home has also been assessed against and has met an additional 108 evidence requirements, resulting in a total of 147 evidence requirements being met. Thus once again Chestnut Grove Rest Home comfortably meets the requirements for IIP Silver Accreditation".