

Chestnuts

Chestnuts Residential Home (Weymouth)

Inspection report

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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 (Weymouth) is registered to provide accommodation and personal care for up to 13 people in a residential area of Weymouth. At the time of our inspection there were 12 older people living in the home.

There was a registered manager in post at the time of our inspection. They had been managing the service for many years. 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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service mostly supported this practice. Some best interest decisions had been made but not recorded. The registered manager and senior staff began to address this during our inspection.

Deprivation of Liberty Safeguards had been applied for when people did not have the mental capacity to consent to living in the home to receive the care they needed.

People felt safe. They were protected from harm because staff understood the risks people faced and how to reduce these risks. They also knew how to identify and respond to abuse.

People had support and care when they needed it from staff who had been safely recruited. They told us they were engaged with activities that reflected their preferences, including individual and group activities. People also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to on going healthcare and health emergencies were met and recorded. People received their medicines as they were prescribed.

Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider. Where staff were due training this was scheduled.

Staff kept accurate records about the care they provided. These were not stored securely during our inspection. The owner assured us this would be rectified immediately.

Quality assurance had led to improvements being made and people, relatives and staff were invited to contribute their views to this process. Staff, relatives and people spoke positively about the management and staff team as a whole.

People were positive about the care they received from the home and told us the staff were kind and caring. Staff were cheerful and treated everyone with respect and kindness throughout our inspection.

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. There were enough staff to meet people's needs.

People felt safe and were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and spoke competently about how they managed these risks.

People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective. People who were able to consent told us they directed the care they received. Staff provided care in people's best interests when they could not consent. This was not always recorded as having been decided within the framework of the Mental Capacity Act 2005.

Deprivation of Liberty Safeguards (DoLS) had been applied for where people needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood the needs of people in the home and felt supported. Training was current or scheduled.

People had the food and drink they needed. Everyone told us the food was good.

People told us that they had good access to health professionals and that staff supported them to maintain their health.

Is the service caring?

Good 

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by staff and their

privacy was protected.

People felt listened to and were supported to make choices throughout the day.

Is the service responsive?

Good ●

The service was responsive. People received care that was responsive to their individual needs.

People, and relatives, were confident they were listened to.

There had not been any complaints received since our last inspection. There was a policy available that described how any complaints would be managed.

Is the service well-led?

Good ●

The home was well led.

People, families, professionals and staff had confidence in the management and spoke highly of the support people received.

There were some systems in place to monitor and improve quality including seeking the views of people and relatives.

Staff were committed to the ethos of the home and were able to share their views.

Chestnuts Residential Home (Weymouth)

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 the 12 and 16 May 2017 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had sent us a Provider Information Record (PIR). A PIR 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 our inspection we observed care practices, spoke with ten people living in the home, four visiting relatives and six members of staff, the registered manager and owner. We also looked at three people's care records, and reviewed records relating to the running of the service. This included staff files and training records; rotas; quality assurance survey responses; and accident and incident forms.

We also spoke with three visiting health professionals and a social care professional who had knowledge of the home.

Is the service safe?

Our findings

People told us they felt safe. One person said: "Nothing has ever made me feel uncomfortable." Another person told us: "I feel very safe. The staff are very thoughtful." People were relaxed with staff and confident when they spoke with them throughout our inspection.

People were at a reduced risk of harm because staff were able to describe confidently the measures they took to keep people safe. For example they described how they reduced risks relating to people's skin integrity, health and mobility. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, people were supervised in line with their care plans and were supported to use equipment to assist their mobility. A visiting health professional told us that they had always observed safe techniques used in the home when people were supported to move.

Staff were confident they would notice indications of abuse and knew where they would get the contact details to report any concerns they had. Staff told us they had received training on how to whistle blow and were confident to do so if needed.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example when people had fallen a range of actions had taken place including seeking input from health professionals. Staff understood these actions and described them consistently. This meant that people were at a reduced risk of reoccurring accidents.

There were enough staff to meet people's needs safely and these staff were recruited in a way that reduced the risk of people being cared for by people who were not suitable to work with vulnerable adults. People received care and support when they needed it and staff were able to spend time talking with people as well as responding to people's support needs. One person told us "I get help when I need it." Another person told us they sometimes waited short times but that staff would explain if they were busy. We discussed staffing levels with the registered manager and owner who told us they kept this under review. Staff also explained that staffing levels changed if people needed more support and gave examples of this happening.

People told us they received their medicines and creams as prescribed. Medicines were stored safely and we observed people receiving their medicines as prescribed. Staff kept accurate contemporaneous records of the medicines they administered. People were asked if they wanted pain relief that was prescribed if they needed it and records detailed how staff could tell if people would need medicines they did not take every day. Temperatures in medicines storage areas were recorded and monitored to ensure safe storage.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Most people living in the home were able to make decisions about their care and they did so throughout our inspection. Some people did not have the capacity to make decisions such as the decision to consent to their care plan or their capacity varied as a result of their dementia. Whilst people's capacity to consent to living in the home had been recorded as part of appropriate DoLS applications some best interest decisions had not been recorded appropriately. For example one person needed to wear a lap belt on their wheel chair for safety but sometimes did not understand the need for this and could put themselves at risk. It was clear from discussions with staff that the MCA principle of least restrictive interventions was being followed and that appropriate professionals and people who knew the person well had been consulted. It is important that these decisions are recorded alongside a decision specific mental capacity assessment to ensure that the decisions can be reviewed appropriately. We discussed this with the senior staff team and they started to work on this immediately. Care plans were written to support staff to promote people's ability to make decisions.

People told us the staff had the skills they needed to do their jobs. One person said: "The staff are good. I feel safe." Staff told us they felt supported to do their jobs by management and colleagues and described the ways they kept up to date with people's needs. During our inspection the majority of the staff team attended training around responding to behaviours that can challenge. This had been organised in response to changing needs of people living in the home and staff were fully engaged with this session using it to discuss how best to support each other and people.

The care certificate was available should new staff require it. The Care Certificate is a national induction programme for people working in health and social care who do not already have relevant training. We looked at the training records and saw that where staff were overdue training that was deemed essential for their roles by the provider, there was a plan in place to ensure they received this training. Staff told us they felt their training supported them to carry out their roles. We discussed the importance of formal reviews of competency with the registered manager and senior staff as this system was not in place for experienced, long serving staff members. Informal checks were carried out through day to day supervision, however the senior team agreed that this would be recorded to make the system more robust and therefore reduce the risk of any inappropriate practice developing.

People and staff all told us that the food was good. One person told us that the: "The food is good, I eat well." Another person told us: "They know what I like and don't like." Lunchtime was a calm and social event for those who chose to eat in the communal area. People who chose to eat in their rooms were able to do so and received their meals without delay. The menu offered a home cooked meal that reflected people's preferences and alternatives were made available if people did not want these on the day. People's weights and other indicators of adequate nutrition and hydration were monitored and there were systems in place to make sure that action would be taken if anyone became at risk.

People told us they were supported to maintain their health and that they saw health professionals whenever this was appropriate. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their well-being. Health professionals who visited the home regularly told us that they were confident in the decisions made by staff in the home. They observed that they were always informed of changes in people's health appropriately and that staff followed any guidance provided.

Is the service caring?

Our findings

People told us the staff were kind and that they felt cared for. One person told us, "It's very good all round. You feel cared about – they'll put themselves out." Another person said: "I think everyone is happy. They are good to you." Relatives and visiting professionals also commented on the caring nature of the staff. One relative told us: "They could not be kinder."

Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. They spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. Humour was prevalent but staff spoke respectfully to people living in the home and each other. Staff were attentive to people and were both familiar and respectful in their conversations. They sought to understand people as individuals and communicated with them in a way that reflected this. For example we heard some people and staff joking together throughout our inspection, other people were spoken with quietly.

People told us they were treated respectfully and that their privacy was respected. They told us staff never shared personal information about other people living in the home and they were confident their privacy and dignity was respected in the same manner.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. One person told us "I choose how I spend my time". Another person also described how they organised their life and that staff assisted as required. They told us how important this was in maintaining relationships with their family. This ethos of care ensured that people's independence was respected and promoted. Where people's ability to make choices and undertake tasks varied with their health they were supported to be as independent as possible. Staff spoke about the importance of supporting people to retain skills as part of promoting their well-being.

Is the service responsive?

Our findings

The staff kept accurate and respectful records which included references to personal care people had received; how they had spent their time and physical health indicators. These records were stored in a cupboard that was not secure and was sometimes left open. We spoke with the registered manager and owner about this and they assured us that this would be rectified after our inspection concluded.

People told us that they received the care they needed in ways that suited them. One person told us: "You ask and they do it." People told us they felt well cared for, one person told us: "I need a lot of help and they always get it right." Staff regularly discussed people's current care needs and this ensured that people experienced continuity of care. Staff knew people well and were able to describe their support needs, including recent changes, with confidence.

People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. People, who could make choices about their care, told us they were able to decide how and when they received care. Records showed that people's needs were usually reviewed monthly and reflected changes. For example one person was at an increased risk of skin damage and changes were made to their care plan immediately. Another person was identified as having lost weight and monitoring was introduced to assess the situation. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. Staff told us they encouraged people to direct their own care when possible and this enabled them to provide personalised and responsive care. Relatives told us they were kept informed and their knowledge about their relative was valued and sought out by staff.

Activities were planned for groups and individuals and delivered by an activities coordinator. People told us that they enjoyed these activities which include time spent in quiet chatting, games and entertainment. People took part in an inclusive and humour filled game of hang man during our inspection. All those involved, including visitors, shared stories and laughs as they guessed the words. Staff told us they had time to chat with people throughout the day and we saw that this happened frequently with staff joining people in communal areas or their rooms to chat.

People told us they felt listened to and were able to approach all the staff. One person gave an example of a personal issue they had raised a couple of days before that had been responded to quickly. People, and relatives, told us they would be comfortable raising any concerns and complaints but there had not been any formal complaints since our last inspection. There was, however, a complaints policy available that told people how complaints would be managed.

Is the service well-led?

Our findings

Chestnuts Residential Home was held in high esteem by the people living there, visiting professionals, relatives, and staff. People told us they thought the home was "excellent" and "lovely" and made comments like "It is the best home there is. I'm sure." Staff also said they loved it, one member of staff described it as being: "like a family". A visiting professional told us they would choose it as a place to live if they needed care themselves. Everyone identified the registered manager and owner as being important in the success of the home and reflected on their supportive nature and availability.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included checks on the safety of the building and care plan checks. These checks had been effective in ensuring that plans accurately reflected the current needs of people.

The registered manager, owner and senior staff worked closely to ensure on going improvement to the quality of care people received and the support available to staff. A visiting professional commented on the proactive approach taken by the registered manager in understanding the health needs of people living in the home. They told us the registered manager used this knowledge to inform discussions to ensure that people received appropriate and good quality care. The senior staff team also used feedback from people, relatives and staff to inform their quality assurance processes. Feedback was gathered formally by way of an annual survey that we saw reflected high satisfaction and informally with everyone commenting they felt able to share any minor concerns or ideas they had.

Where the inspection highlighted issues that need addressing the senior team were responsive and ensured immediate action was taken. For example we found that two notifications that are required by the Care Quality Commission had not been submitted. These were submitted immediately and the owner assured us that this statutory requirement would be met.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "We are a small home with a homely feel. Staff aren't here just because it is a job... our low staff turnover says a lot" They described both individual and a team commitment to ensuring that people felt at home. People's feedback during the inspection indicated that they were being successful in this aim. We observed staff discussions and these reflected a staff team who sought to improve the experience of people living in the home through team work. Staff, people, professionals and relatives told us that the management team were accessible and that they felt heard.