

Goldenpride Limited

Chestnut Court Care Home

Inspection report

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New Milton
Hampshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chestnut Court Care Home is a residential care home which was providing accommodation and personal care to 17 people at the time of the inspection. The service can support up to 25 people in one adapted building. The service had recently become registered to also provide services to people who have learning disabilities.

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

The registered manager had not ensured that suitable safety checks were in place. Records relating to these appeared from photographic evidence to have been photocopied fabricated to make it appear that checks were taking place when in fact they had not. Audits had not identified these records. This was a breach of regulations.

Some areas of the premises were in a poor state of repair and as a result could present an infection control risk.

Supervision records did not provide assurances that supervision had been delivered in such a way as to provide staff with an opportunity to raise concerns, learn and discuss performance and improve the quality of care. We have made a recommendation about this.

Staff were able to recognise safeguarding concerns and were confident the registered manager would deal appropriately with them. Recruitment was safe and there were sufficient staff deployed to meet people's needs in a timely way. An electronic medicines system was used to ensure medicines were safely managed.

People's needs were thoroughly assessed before their admission to the service and the registered manager ensured that current good practice was followed. People were supported to maintain a balanced diet and meals were appetising. Health and social care professionals provided regular support as needed and people and their relatives were happy with the healthcare they received. Staff completed an induction and training. 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 were friendly and supported people as they wanted to be supported. We saw lots of friendly and appropriate interactions. People were involved as much as possible with care planning and staff encouraged them to maintain their skills and independence. Staff were respectful of people and were discreet when offering support with personal care.

Care support, activities and care plans were person-centred and communication plans ensured that the most effective way of communicating was used with people. Staff were aware of what people liked and disliked and tailored activity sessions accordingly. Complaints had been dealt with in line with the

provider's policy and to the satisfaction of the complainant. End of life care was provided in partnership with healthcare professionals.

Relatives and staff were very positive about the registered manager, who they said was always available to talk and were very supportive. The registered manager tried to engage with the local community, inviting them in for fetes and offering support with shopping during periods of inclement weather.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of the full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chestnut Court Care 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

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

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications received from the service. Notifications are submitted to CQC by registered managers to tell us about significant events in the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior

care workers, care workers an activities officer.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policies and procedures supplied by the registered manager.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's care records held comprehensive risk assessments of their needs and health conditions. Actions were in place to minimise risks.
- Checks were carried out on safety equipment such as the fire alarm and firefighting equipment and regular checks took place to ensure the premises were safe for people to live in.
- However, some checks, such as those relating to the safety of water temperatures, had not been completed appropriately or contemporaneously, but the records relating to these had been falsified in order to make it appear that proper procedures were being followed. We compared records of water temperatures and noted that eight weeks of checks were identical with the exception of the date. We spoke with the registered manager who agreed the records had been photocopied but said they had checked some water temperatures.
- We also had similar concerns regarding the recording of checks made on the call bell system, pressure mats and infra-red sensors which enable people to either call for assistance or detect movements so that staff can provide support. We found that these records for an eight-week period were photocopies of previous records with only the dates changed.

Our findings meant we could not be assured that people were being protected from the risk of harm or receiving safe care.

The provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, safe care and treatment.

Preventing and controlling infection

- Improvements were needed to ensure the prevention and control of infection. On our second day of the inspection, we were informed after being on site for more than four hours that there was a person experiencing symptoms of a stomach upset. They had been isolated in their room however sharing information such as this with us is important as inspectors visit multiple people during an inspection and travel between services and need to be aware of possible infections that could be transferred.
- Some areas of the premises needed to be repaired as in their current state there was a risk they could harbour infection. For example, in some of the communal toilets, flooring had lifted at the sides of the room leaving hard to clean areas. In doorways we also saw a build-up of soiling on floors.
- We checked the kitchen area to ensure that good food hygiene practices were in place. We saw that cereal was left open in a cupboard and tea, coffee and sugar were open on a counter in a high traffic area by the entry door. One freezer had a spillage of food which had not been cleaned and cupboard doors and work surfaces were sticky to touch. We asked that the registered manager ensure these issues are addressed.

- We saw staff using appropriate personal protective equipment, (PPE) for tasks such as serving people with meals and supporting them with personal care. Staff understood that use of PPE could help minimise the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the signs and symptoms of abuse and would not hesitate to alert the registered manager of any concerns.
- Staff participated in training on safeguarding and had regular updates to ensure their knowledge was current and relevant.
- Staff understood the process of whistle-blowing and felt confident that the registered manager would act should they need to report concerns about a colleague for example.
- A relative told us, "I am confident they are safe and cared for here."

Staffing and recruitment

- Staff were safely recruited and all necessary pre-employment checks were completed before commencing in post.
- There were sufficient staff deployed to meet people's needs and provide support in a timely way.
- Staff vacancies were covered using contracted agency staff. Rather than covering individual shifts, the registered manager had contracted agency staff to cover whole posts in order to provide people with continuity in terms of staff working with them.
- We received positive feedback about staff. A relative told us, "The staff all go overboard. We have got to know them quite well. [Person] jokes around with the staff."

Using medicines safely

- Medicines were managed using an electronic system. The system maintained an accurate running total of medicines stock and of medicine administration.
- Medicines were stored safely in a trolley locked to the wall and a locked cabinet in a treatment room.
- Staff were trained in medicines administration and were checked for competency and shadowed until the registered manager was satisfied of their ability to give medicines safely.

Learning lessons when things go wrong

- The registered manager logged all accidents and incidents and reviewed them to look for themes and mitigate future risks. The reviews and incident reports were completed as they happened, we saw completed forms and reviews. From the record it was apparent that consideration had been given to reducing future similar incidents.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received training in relevant areas and were updated on a regular basis to ensure their knowledge was current.
- There was a thorough induction and staff completed shifts shadowing experienced colleagues before fully commencing duties.
- Staff participated in supervision meetings with the registered manager and had an annual appraisal. We saw that records had been retained of supervision meetings, however, these did not provide assurances that the supervision provided had been designed to provide staff with an opportunity to raise concerns, learn and discuss performance and improve the quality of care.

We recommend the provider considers current good practice guidance on staff supervision in a social care setting to ensure that staff receive appropriate support.

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

- Some areas of the home had been designed to meet people's needs. For example, there were sensory items in some areas of the home and one corridor had both sensory items to touch on the walls and a washing line with lots of socks on. People could interact with the displays which would also provide reminiscence opportunities.
- People had memory box displays on their bedroom doors which were dual purpose. They supported people to find their own rooms and offered staff and other people an insight into the person.
- Some areas of the home required maintenance or repair. Door frames and skirting boards were chipped, and door fittings had been changed but holes from the previous fittings not fully repaired.
- We found that a door at the top of the stairs slammed shut very quickly and could potentially knock a person over. We mentioned this to the registered manager who agreed to pass our concerns to the maintenance person when they were on site that week and has since confirmed it has been fixed.

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

- The registered manager met with people to complete a pre-admission assessment that was detailed and covered all aspects of their care needs and well-being. Information from these assessments was used to create relevant care plans and risk assessments.
- The provider stayed current with latest best practice and had for example, introduced the International Dysphagia Diet Standardisation Initiative (IDDSI). IDDSI is a global standard which defines texture modified foods and thickened liquids for people living with dysphagia (swallowing difficulties). There was information

about IDDSI available for staff and people using the service.

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

- Most people had their meals in the ground floor dining area. Staff supported people to have the meal of their choice and ensured it had been prepared to meet their needs. For example, some people needed their food to be cut up for them which was done before people received their meal.
- Meals looked and smelt appetising and people were supported to access drinks throughout the day. There was a drinks station with fruit squash available at all times and tea and coffee were served at intervals and when people requested it.

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

- Health and social care professionals were involved in people's care delivery. GP's, district nurses and a chiropodist provided regular support to people.
- Relatives told us they were happy with the health care support their family members received. They were kept informed about their relative and if a GP was called, they would be informed.
- Routine healthcare was also provided including seasonal flu vaccinations and medicines reviews.

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.

- The service worked within the principles of the MCA. Capacity was considered when decisions were made and if someone had a lasting power of attorney, (LPA), the registered manager had obtained a copy to help ensure that involved relevant people in decision making.
- Staff encouraged people to make day-to-day decisions offering choices about what to eat or what to wear.

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.

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

- We saw staff having respectful, friendly and appropriate chats with people. Staff knew people well and could start conversations that were relevant and meaningful to people.
- The provider had recently begun to support people living with learning disabilities. Staff were working hard to integrate these people into the service and to support their needs and wishes.

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

- People were encouraged to make day-to-day choices and we saw people being asked where they wanted to sit.
- People and their families provided information about needs and wishes at the pre-admission assessment and during care plan reviews.
- Reviews of care plans took place monthly and where possible people would be encouraged to contribute. Staff would also monitor and record observations of people which would be reviewed along with the care plan to ensure people's care was person centred and effective for them.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people and called them by their chosen name. Staff spoke to people kindly and when offering them personal care did so discreetly.
- People were encouraged to maintain their independence. Staff encouraged people to maintain their current skills and would support them rather than do for them.
- People chose whether they wanted to spend time in communal areas and when we visited there were two people who chose to spend most of their time in their rooms.

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's needs were met in their chosen way whenever possible. People could state their preferred gender of carer and what type of support they had, a bath or a shower for example.
- Care records had detailed life histories for people and staff told us this was useful as it gave them an insight into the person's life before they came to live at the service.

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.

- Care records included care plans which detailed how best to support people with their communication needs. Staff spoke clearly to people and gave them plenty of time to process questions and answer.
- Information was also available about any aids that people used such as hearing aids and spectacles and the support people needed to use them.
- Information was shared in different ways to suit people's different needs.
- Sensory displays had been introduced to the service to support people who were living with learning disabilities or dementia. These were interactive and colourful.

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

- Activities were run on a daily basis, including weekends. People could choose whether to join in the group activities and there was a planned programme of activities in place however this was flexible and people were able to choose freely what they wanted to do.
- We saw people joining in a 'Play your cards right', game, having nails polished and having one-to-one chats with staff. We also saw people being entertained by a singer who knew them and had targeted his performance to their likes.
- People who had chosen to remain in their rooms were visited by activities staff who would sit and chat with them or read to them.
- Staff took people out into the local area. The home was situated not far from the sea and close to the town centre so people could go for walks and shopping with ease.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure and the provider had followed these when dealing with concerns raised.
- There had been only two concerns raised since we last inspected, both of which had been resolved to the satisfaction of the complainant.

End of life care and support

- The provider worked with district nurses and GP's to support people at the end of life.
- The registered manager had worked with the provider to develop leaflets explaining what people could expect towards the end of life. The leaflets were informative and sympathetically written.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- As described elsewhere in this report, the registered manager had fabricated a range of records relating to health and safety checks in order to make it appear that proper procedures were being followed when in fact they were not. We discussed our findings with the registered manager who acknowledged that this had been the case and had been due to pressures within the service and the lack of maintenance staff.

The provider and registered manager failed to ensure that records were maintained accurately and audits of records did not detect the concerns we found. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance (1) (2).

- Notifications of significant events were submitted to CQC as required and risks were assessed and mitigated.
- The registered manager understood their responsibilities under the duty of candour.

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

- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence.
- We received positive feedback about the management team from relatives and staff. They were supportive of families throughout their contact with the service, relatives told us that the management team were always available should they wish to speak with them. Staff felt supported and told us they would not hesitate to speak with the management team whether for support or with concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Meetings were held with people, relatives and staff to ensure they were engaged in what was happening in the service and to ascertain their views
- The registered manager was supportive to people living in the local area. During periods of poor weather, they would visit neighbours who may need support to arrange to collect shopping or complete errands for them.

- An annual fete took place each summer and was open to the public. It was mainly attended by relatives of people living at Chestnut Court.
- Peoples equality characteristics were considered fully. Care plans and care delivered was person-centred and people's needs and preferences were met.

Continuous learning and improving care

- Audits of accidents and incidents took place and risk assessments and care plans were adjusted to mitigate additional risks and prevent future occurrences.
- The medicines electronic record system was an effective auditing tool. We checked several peoples medicine stocks and all were accurate. The system ensured that people medicines were safely managed.

Working in partnership with others

- The registered manager had forged positive working relationships with health and social care professionals. There were positive relationships with the local GP surgery and district nurses which benefitted people living in the service.
- The registered manager had a plan in place to improve community participation. Currently people accessed the community however the registered manager wanted to extend opportunities such as links with schools in order to enrich people's experiences in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of people using the service.</p> <p>The registered person had not ensured that the premises and equipment within it, were all safe for use.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that effective systems and processes were in place to assess, monitor and improve the service.</p> <p>Necessary records in relation to the regulated activity had not been maintained.</p>