

Goldenpride Limited

# Chestnut Court Care Home

## Inspection report

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Date of inspection visit:  
11 February 2021  
16 February 2021

Date of publication:  
13 April 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Chestnut Court Care Home is a residential care home providing personal care to people aged 65 and over. The service can support up to 25 people. When we inspected it was caring for 11 people.

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

People felt safe living at Chestnut Court Care Home, and they were very much at the heart of the service. We received positive feedback from people's relatives and professionals about the care provided.

Overall, improvements had been made to the management of risks to people and safety monitoring. The provider needed to implement safety measures for the safe management of water and these were already booked in to keep people safe.

There were plans in place for foreseeable emergencies. Staff were able to tell us how to keep people safe.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Medicines administration records (MARs) confirmed people had received their medicines as prescribed.

Staff received support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks.

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way.

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.

The provider's quality assurance system helped the management team implement improvements that would benefit people.

There were appropriate management arrangements in place and relatives were very positive about the management in the home.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 05 May 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chestnut Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service effective?**

**Good** ●

The service was effective.

Details are in our effective findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Chestnut Court Care Home 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.

#### Notice of inspection

This inspection was announced, we gave the provider 48 hours' notice. This was due to the COVID pandemic. This was to ensure safe systems were in place to protect everyone.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

Some people were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We reviewed a range of records. This included care records for two people and multiple medicine records. We looked at four staff files in relation to recruitment and observed a medicines round. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke to the registered manager, deputy manager, chef and four care staff.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We received feedback from six relatives and seven staff members. We also received feedback from four health and social care professionals.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we could not be assured that people were being protected from the risk of harm as safety checks were not always completed appropriately or contemporaneously. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements were needed to assess and identify risks relating to the management of legionella within the service. The registered manager informed us a new risk assessment had just been completed by a water management company. We received a copy of this report following the inspection. The report highlighted areas of concerns which needed immediate action to be taken to keep people safe. Responsible persons required additional training to ensure they understood their responsibilities in relation to water management in line with were knowledgeable about Health and Safety legislation. Water flushing was completed weekly as were water temperature checks. We spoke with the registered manager who ensured us the works were booked in to start within the week and that all the highlighted concerns would be addressed by the end of April 2021. We were also informed training was originally booked for January 2021 but had to be cancelled and that a new date was being arranged.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities. However, this had not been updated to include a contingency plan in case of another COVID-19 outbreak in the home.
- A health professional told us the service managed risks very well. They said, "From an outside perspective the team demonstrate safety and risk management well. From arrival and assessment of residents, the team have dealt with COVID-19 uncertainty, including risk managing health professionals visiting, accommodating virtual visits by video call to reduce risk, and prescribing has been shown to be safe and effective".
- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Staff informed us they had received fire safety training. Individual personal emergency evacuation plans (PEEPs) were in place to guide staff to keep people safe during an evacuation.

## Preventing and controlling infection

- The home had recently been through an outbreak of COVID-19. One relative told us, "I believe the service is safe, although there was a COVID-19 outbreak and my mother tested positive but thankfully was OK. Since COVID-19 the home has been very strict about visiting and unfortunately no visits are allowed for the time being. I have always seen the staff wearing appropriate PPE".
- The premises looked clean and there were no malodours. Cleaning schedules were in place for each room and communal areas with a list of monthly and daily tasks, including contact points. However, not all days were filled in, so the service couldn't evidence if cleaning had taken place that day. We spoke with the registered and deputy managers who informed us they would audit this on a daily basis, moving forward, to ensure these tasks were being completed.
- We observed some chairs and over bed tables were worn and could be an infection control risk as it would not have been possible to clean them properly. On the second day of our inspection the registered manager showed us an email to confirm replacements had been ordered.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

## Staffing and recruitment

- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- Relatives told us they thought staffing levels were sufficient. One relative said, "I believe that staff levels are adequate and have never heard an alarm bell ringing for a long period".
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

## Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members were kept safe at the service. One relative said, "We definitely consider the service to be safe and [person's name] our brother is looked after very well".
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them and knew how to whistle blow. Staff were required to complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.
- Staff informed us they were confident any concerns they raised would be dealt with appropriately by the management team.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.



### Using medicines safely

- Relatives told us they thought medicines were managed safely. One relative told us, "I am constantly kept informed of all the medication [person's name] receives and have also received calls from her GP to keep me up to date with any conditions she has and how they plan to treat them. It is extremely reassuring".
- Medicines were managed using an electronic system. The system maintained an accurate running total of medicines stock and of medicine administration.
- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were also effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- 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 had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends that might require further action.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- During our last inspection we observed some areas of the home needed redecoration. On the first day of our inspection we observed redecoration and painting had just started to take place. Following the inspection, we were sent a redecoration plan including timescales for new carpets to be fitted and the painting to be completed.
- A health professional told us, "My only concern would be about the state of the building itself. It can appear shabby in décor, but this is beyond the control of the local team and should perhaps be considered by the owners. It is however always very clean!"
- 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.

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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. One relative told us, "He was admitted speedily in August 2020 during the lockdown and has settled in extremely well. [Person's name] has grown in confidence since being admitted and socialises well with the other residents and carers. Special thanks to the manager who took on the role of key worker to [person's name] and helped him settle in quickly during a difficult period".
- People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role. One staff member told us, "I feel supported in my role because I get regular supervision and am encouraged to make use of the training opportunities available to me. The management team is very supportive and accommodating. I feel comfortable to approach them when I have problems or concerns".
- Staff were provided with E-learning and during the COVID-19 pandemic face to face training had not been offered. We received concerns from one staff member about poor manual handling we observed no concerns during the inspection and no other staff member raised any concerns. We spoke with the professional trainer who delivers manual handling training, they told us, "I have always found [registered and deputy managers name] to be on top of the staffs people moving skills. [Registered managers name] has

always embraced safe handling. If I have ever felt a staff members skills were not up to the high standards expected, [registered managers name] has always allowed me to give additional training to the staff member until I was happy they knew how to perform the tasks safely".

- Other staff were happy with the training. One staff member told us, "I receive continuous relevant training and updates at all times as and when required". Another staff member said, "The training I received it is suitable and I'm confident to take care of the residents because I have the knowledge to do the right thing for them".
- Staff received regular supervision. One staff member said, "The manager does carry out continuous supervision periodically and gives me feedback on my performance and any corrective measures that might need to be made to improve my performance".
- A senior member of staff told us, "I receive support and training to enable me to carry out all my duties well. I have regular supervisions and have been involved in many management trainings as well as all mandatory trainings. I am currently enrolled on a management training called 'Leading through challenging times'. This has been very beneficial to me given the COVID-19 outbreak we have recently been through".

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

- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with staff.
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- For people who were at risk of losing weight a health professional told us, "During discussions about residents when [registered managers name] or [deputy managers name] are concerned about a resident's weight loss and we discuss dietary options, they have always already commenced fortifying food/drinks, encouraging snacks between meals, finger foods".

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists.
- Relatives felt their family members were supported to maintain their health. One relative told us, "They do inform me very promptly when anything of significance happens, and I find that reassuring, especially in the difficult circumstances at present". Another relative said, "We are always kept informed if [person's name] is ill and consulted if the GP is called". Another relative said, "When my mother was poorly recently [registered managers name] telephoned me straight away to let me know and to tell me that the doctor had been requested to attend and she contacted me again with the outcome of the visit. I believe that the care provided is of a very high standard – Mum would soon tell me if it wasn't!".
- Health care professionals told us the service delivered high quality care. One health professional said, "Health care professionals are called in good time if they become unwell. Residents are supported with good communication, and from what we can see good health promotion, mobility around the home, entertainment and food to support diversity of life quality".
- Another health professional told us, "When we were vaccinating some of their residents I observed the staff encouraging their residents to engage in conversations, talking about previous achievements, one resident had a doll on her lap and they were talking about the baby, all residents that I saw on that day were calm and were engaging with either the staff or each other." As well as, "It is clear that [registered and deputy managers names] really care about their residents and want to do the best for them, from what I have witnessed so far they do get in touch with their GPs at an appropriate time for advice/medical review when needed".

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.

- Relatives told us staff took into account people's mental capacity and sought their consent for the care provided. One relative said, "The management at the home and the carers themselves seem to take this very seriously and always follow the correct protocols". Another relative said, "[Registered managers name] and the staff are very respectful of [person's name] views and always include [person's name] in discussions which affect him".
- The registered manager had ensured that DoLS authorisations had been applied for where necessary and were reviewed when required.
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care at any point.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider and registered manager had failed to ensure records were maintained accurately. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Maintenance records were now of a good standard and provided assurances that the premises were being maintained.
- People and their relatives were happy with the management. One relative told us, "The service delivers high quality care and [registered managers name] informs and updates us of all events affecting [person's name]. [Registered managers name] always answers any emails and queries, promptly and efficiently." A health professional told us, "The management team within the care home absolutely demonstrate recurrently that they have both skills and personal qualities to lead a committed team and also go above and beyond their duty to support their residents."
- There were processes in place to monitor the quality of people's care records and medicines and the registered manager carried out daily walks around the home.
- Staff felt supported by the management in the home. One staff member told us, "My manager is very approachable and accommodating. This makes me comfortable to approach her when I have a concern. My manager is fair and treats everyone equally." Another staff member said, "The management team is very supportive and accommodating. I feel comfortable to approach them when I have problems or concerns."

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

- All the relatives we spoke with felt the service provided high quality care. One relative told us, "[Person name] has been in care for 30 years and this is by far the happiest she has even been." Another relative said, "The staff are all very approachable and have been really supportive through what has been a very difficult time. When my mother was taken ill during the first lockdown and could no longer live in her own home, we had to take the risk on a care home which we couldn't go into. We believe we (and she) have been very lucky indeed that she is at Chestnut Court. I have personal experience over some years of working

in care homes and I believe Chestnut Court is one of the best run homes locally."

- Health professionals we spoke with felt the service achieved good outcomes for people. One health professional told us, "I would like to report how exceptionally well the clinical management team in the home have supported their residents. Their commitment has always gone way beyond that which they are paid for, and in my opinion the care homeowner should be very proud of the team, and grateful for their professionalism and commitment to caring for their residents. [Registered managers name] and her lead colleagues have been exceptional."
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence.

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

- The service worked closely with health and support services. A health professional told us, "[Registered managers name] and her team have demonstrated on many occasions their desire to work with us to deliver high quality care to residents. During the COVID-19 pandemic the home have been happy to support changes in normal practice of consulting and were one the first homes locally to accept and support the consultation by video call.
- The service was participating in the 'Access All Ages' project run by Alive Activities. We spoke with the project manager who told us they had been working with the home on this intergenerational project since 2019. The project has paired them up with pupils from a local junior school, who visit once a month for activity sessions together. Since the pandemic, sessions have moved online via Zoom. They said, "They have been really proactive and flexible throughout lockdown, working hard to ensure their residents still have access to interactions with the pupils they saw before the pandemic."
- Records showed a poem written by local school children which read, 'Chestnut court care home you are the best, so we wrote you a poem...there aren't that many chestnut courts as wonderful as you!!'
- People were involved in discussions about their care. We saw records that showed people were asked if any improvements could be made to their care. During mealtime we observed a staff member ensuring all the people were asked if they enjoyed their lunch and if any changes were needed.
- Families were updated by newsletters and we saw lots of compliments received by family members showing relatives were happy with the care.
- Staff were supported by meetings and daily handovers. Records showed staff were reminded about the importance of wearing face masks and if they got too hot, to take a break and refresh with a cold drink.
- Management felt supported by the provider. One senior member of staff told us, "Team meetings are held regularly, and I have supervisions and I have had my appraisal. Since the COVID-19 pandemic started I have also attended a weekly Zoom meeting with all the other managers/deputies involved in our group. This have been particularly helpful and very supportive".

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

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on duty of candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.