

# The Chestnuts Limited

# The Chestnuts

## Inspection report

14 St Helens Road  
Norbury  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

The Chestnuts is a care home which provides personal care. The Chestnuts accommodates up to five adults with a learning disability. Some people also had a physical disability and communication difficulties. At the time of the inspection, there were four people living at The Chestnuts which is located on a residential road in Norbury.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service did not have a registered manager. Staff were recruited safely. However they were not adequately supported by the provider through supervision and appraisal. There were systems in place to monitor the service and the quality of the care people received. However, when issues were identified they were not always put right promptly.

Staff knew people well and supported people in line with their preferences and wishes. Staff encouraged people to retain their independence. 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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were enough staff to meet people's needs and support them safely. The deputy manager and staff had worked at the service for many years and enjoyed working there. They communicated effectively with people. Interactions between people and staff were calm and warm. People were given immediate reassurance when they became anxious or distressed.

Medicines were managed and stored safely. People were supported to access healthcare services if needed. People were supported to have enough to eat and drink. People were supported to engage in activities they enjoyed and we saw the service promoted people accessing local community facilities and supporting them

to go on trips and holidays. People told us they knew how to make a complaint.

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 good (published January 2017).

#### Why we inspected

The inspection took place on 5 September 2019. This was a planned inspection based on the previous rating. We found that the provider needs to make improvements and we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the Effective and Well-led sections of this 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 request an action plan for the provider to understand what they will do to improve and maintain the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# The Chestnuts

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Chestnuts is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced. This meant the staff and provider did not know when we would be visiting.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with one person, two staff and the deputy manager. We looked at three people's care records,

three staff files as well as records relating to quality assurance and management of the service. We also observed interactions between people and staff.

After the inspection

We asked the deputy manager to send us information from a person's care plan but this was not received.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was safe. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at the service and being supported by staff. Our observations of people who could not speak to us were that they were comfortable with the staff members supporting them.
- The provider had effective safeguarding systems in place
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were specific to the needs of each person. The actions staff needed to take to reduce risks were clearly set out in people's care plans.
- The service assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- Staff understood their responsibility to record and report accidents and incidents involving people living in the home.
- The deputy manager told us there had been no accidents or incidents.

Staffing and recruitment

- There were enough staff to meet people's needs. People were able to access the community and were supported to carry out activities of their choice.
- Staff were quick to respond to people's needs.
- The provider had not recruited any staff since our last inspection. However, there continued to be a system in place to make sure that appropriate checks would be carried out before new staff began to work with people.

Using medicines safely

- People received their medicines when they were due and in the correct dosage.
- Appropriate risk assessments were conducted for people who managed their own medicines.
- Medicines were safely received, stored, administered and disposed of when no longer required.

Preventing and controlling infection

- People were protected against the risk and spread of infection.
- Staff followed the provider's infection control policies and procedures.
- Staff had enough personal protective equipment such as gloves and aprons to support people safely with personal care.

- The provider had systems in place to make sure that clinical and non-clinical waste was safely disposed of.



# 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

- The provider did not adequately support staff to make sure they provided effective care to people which met their needs.
- The provider did not make sure that staff received relevant training, regular supervision and performance reviews.
- The deputy manager told us that staff training was not up to date. Records showed that staff had not received training which was important to their role. One staff member had not received training in managing challenging behaviour. They had last received training in infection control and manual handling in 2016. Another staff member had not received training in managing challenging behaviour or medicine administration since 2016.
- The deputy manager told us that staff supervision was not up to date. There were no records of staff supervision for 2019.
- In the absence of a registered manager, the provider had not arranged for the deputy manager's performance to be reviewed. Other staff performance had been reviewed by the deputy manager yearly.
- The provider did not give staff the opportunity to undertake further study or training relevant to their role.
- The provider's failure to support staff through relevant training, supervision and appraisal meant there was a risk of people receiving care and treatment which was inconsistent or unsafe.

This amounts to a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- People's legal rights were protected and they were supported to have maximum choice and control of their lives because staff followed the principles of the MCA.
- We observed that staff asked for people's consent before providing care or support.
- Where people were assessed as being unable to make a specific decision, best interest meetings had been held. For example, we saw that a best interest meeting was held in relation to a person having hospital treatment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff carried out a detailed assessment of people's needs before they began to use the service. The assessment process continued after the person began to use the service.
- These assessments formed the basis of people's care plans. The care plans were thorough and reflected best practice guidance.
- People were supported by staff to keep healthy and well. People's care files set out how staff should support them to manage their health and medical conditions and access the services they needed.
- Staff referred people to external healthcare professionals promptly. They supported people to attend external healthcare appointments.
- Outcomes from people's healthcare appointments were noted and shared among the staff so that they were aware of any changes or updates to the support people needed.
- Staff followed the recommendations of external healthcare professionals involved in people's care. This helped to make sure people received appropriate and consistent care.

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

- People were protected from the risk of not having enough to eat and drink. They had a choice of healthy, well-presented, balanced meals.
- People told us they had enough to eat and drink. One person told us, "The food is amazing. It's very healthy. No junk. All cooked from scratch. They are such good cooks."
- Staff knew people's dietary needs and food preferences. The meals people received reflected this.

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

- The service met the full range of principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People with mobility difficulties had bedrooms on the ground floor and were able to move independently around the ground floor and communal areas .
- Bedrooms were personalised and contained items of each person's individual choice which reflected their age, gender and interests.

# 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 good. 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; supporting people to express their views.

- Staff treated people with warmth, compassion and kindness. One person told us, "Anything I need support for they are here for me."
- Staff showed respect for people's individuality and preferences.
- We observed that staff interaction with people was relaxed and respectful. It was evident from speaking to staff that they cared about the people they supported and had formed meaningful relationships with them. One person told us, "I think they are wonderful in what they do for us."
- People were as involved in the care planning process as they were able and involved in making day to day decisions about their care such as when they ate, when they went out and where they spent their time.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People who preferred to spend time alone had their wishes respected.
- We observed staff approached people discreetly when asking them if they required support. People were not rushed and were supported at the pace that suited them. Staff were constantly speaking to people while supporting them which helped people to feel at ease.
- Staff knocked the door and asked for permission to enter before going into people's rooms. All personal care was conducted behind closed doors. People were clean tidy and well-groomed. This was important as being well-groomed is known to help people maintain high self-esteem.
- People's independence was encouraged. One person who took their medicines without staff support told us, "I've self-medicated for the past few years and I'm very proud to be independent."

# 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 good. At this inspection this key question remains good. 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; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were satisfied with the quality of care they received and felt their wishes were listened to and acted on by staff.
- People's care plans detailed their needs and preferences. Care plans set out people's health care needs and also recorded information about people's background, family life and interests.
- People were supported by a consistent staff team who had worked at the service for many years. They knew people well and understood how they preferred their care to be provided. This helped staff to provide personalised care which met people's needs.
- People spent their time doing things of interest to them. One person had been out shopping on the morning of our inspection. They told us they liked to go shopping every day.
- Visitors were welcomed. People were supported to maintain relationships with their family and friends which helped to avoid them becoming socially isolated.

### Meeting people's communication needs

Since 2016, 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.

- We saw the provider was adhering to the AIS principles. The provider recorded details of people's communication difficulties and their preferred method of communication.
- Staff knew people's communication needs and communicated with them effectively.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave people and relatives details of how to raise a concern and how they could expect this to be dealt with.
- People told us they knew how to raise a complaint and felt their views would be listened to.
- The deputy manager told us no complaints had been received in the past 12 months but complaints would be recorded, and monitored so that trends could be identified and dealt with.

### End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care. The deputy manager told us a person's needs and care plan would be reviewed if a changes in their needs meant that end of life support became necessary.

## 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 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.

The service had not had a registered manager since March 2019. Managers are required to be registered with the CQC. This is so that people can be assured that they will receive appropriate care because the service is managed by a person who has been vetted by the CQC and is considered to be an appropriate person to manage the service. The lack of registered manager meant that the rating for well-led has to be limited to requires improvement.

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

- The service was not always well-managed because the service did not have a registered manager.
- The role of the deputy manager was not clearly defined. The deputy manager was managing the service as well as performing their role as a carer. The deputy manager had many years experience working in adult social care but was not adequately supported by the provider to carry out the management role. The provider did not make sure the deputy manager's training was up to date or that they had regular supervision and an annual review of their performance.
- The provider, deputy manager and staff were not clear about the type of service they were running. The deputy manager told us the service was a supported living service not a care home. They had been told this by the provider and this information was incorrect. This was important because it affected the way people's care and support was organised. For example, there had been a delay in submitting DoLs applications because the provider thought it was not necessary. This meant that for a period of time people's rights were not upheld.
- The deputy manager and staff conducted a variety of audits to check and monitor the quality of care people received. However, where issues were found, prompt action was not always taken to put the issues right. For example, audits had identified that staff supervision and training was not up to date but the provider did not have a plan in place to bring staff training and supervision up to date.
- People's records were not readily accessible or promptly located. The deputy manager was unable to find one person's care file during the inspection. After the inspection we asked the deputy manager to send us some information from the person's care file by secure email but it was not received.

These issues indicated a lack of good governance and amounts to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Engaging and involving people using the service, the

public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The deputy manager and staff understood their responsibility to be open and transparent when accidents or incidents occurred. The deputy manager knew that relevant notifications about incidents affecting people had to be submitted to the CQC without delay.
- Each person had an allocated staff member who they met with regularly and with who they could discuss any concerns. People felt able to approach any staff member for support.
- People were supported by experienced staff who worked well as a team and provided personalised care.
- Staff had developed and maintained good working relationships with healthcare professionals and liaised well with people's families. This helped people achieve good outcomes.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not establish or operate effective systems or processes to assess, monitor and improve the quality and safety of the service or maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (1) and (2) a and c Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure that staff received appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to perform or enable them to obtain further qualifications appropriate to the work they perform.</p> <p>Regulation 18 (2)a and b Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>