London Residential Healthcare Limited

# Chestnut House Nursing Home

## Inspection report

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Date of inspection visit:
31 October 2016
01 November 2016

Date of publication:
30 November 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

When we last inspected the service on 13 January 2016 we had concerns about how people's risks were managed and whether people were receiving foods which they could eat safely. We also had concerns about whether people's care records were kept confidential and about how accidents and incidents were reported and how this information was used. There were breaches in two regulations and we asked the provider to take action about these concerns. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the identified breaches and told us that they would be compliant with the regulations by June 2016. At this inspection we found that they were no longer in breach, but that there were still areas for improvement.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chestnut House on our website at www.cqc.org.uk

Chestnut House is registered to provide accommodation and nursing or personal care for up to 85 people. At the time of the inspection there were 75 people living at the home. It comprises of two main areas; people with nursing care needs are resident on the ground floor; people with enduring mental health needs live on the two upper floors. The second floor is allocated for the care of females only.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were not always clear risk assessments in place and although regular checks on people were made, areas of possible risk were not always identified.

Some people were at risk of developing sore skin, issues were highlighted promptly and treatment was appropriate and effective, however staff did not consistently record when people were being supported to move which meant that it was not clear that people were being protected from their skin becoming sore.

Audits were not always effective. There were some gaps in quality assurance audits which meant that some audits had not been completed as frequently as planned and there were some gaps in recording which had not been picked up by audits which had been completed.

People were supported by staff who were caring in their approach, however some language used by staff to describe people was not respectful.

There were systems in place to ensure people had enough to eat and drink. Where people needed particular

diets or support to eat and drink safely this was in place.

People were protected from harm because staff knew how to identify and respond to abuse and said they would be confident to do so.

There were enough staff to support people and we observed that staff used equipment safely and reassured people when they were assisting them to move.

People were supported to received their medicines as prescribed by staff who had received training and undertaken competencies to manage medicines safely.

People and staff spoke positively about the management of the home and told us that the registered manager was approachable. Staff gave us examples of ideas and suggestions they had made which had been listened to and acted upon.

People and relatives, staff and other professionals were asked for their views twice yearly using a survey and there were forms in the reception area to encourage people to make suggestions about the service.

Staff were clear and confident about their roles and there were systems in place to ensure that information was handed over at each shift and that team leaders updated management daily.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe

People's risks were identified but there were not always consistent plans and records in place to manage these.

People did not have to wait for support because there were enough staff.

People's confidential information was not stored securely, but this was rectified immediately by management.

Medicines were stored safely and given as prescribed

### Is the service well-led?

**Requires Improvement**

The service was not consistently well led

There were some gaps in quality assurance audits and gaps in recording had not been highlighted by audits

Staff used some language about and with people which was not respectful.

People, relatives and staff spoke positively about the management of the home and felt they were approachable.

# Chestnut House Nursing Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 31 October and 1 November 2016 and was unannounced. This inspection was planned to check that improvements to meet legal requirements had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well led?

The inspection was carried out by an inspector and a specialist advisor on the first day, and by an inspector and an expert by experience on the second day. The specialist advisor had a nursing background and knowledge and experience in general clinical skills. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They had a background of providing care for relatives and had experience of people with dementia.

The provider had not completed or returned a Provider Information Return(PIR) because we had not asked that they do so. The PIR is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We gathered this information during the inspection. In addition we reviewed notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also spoke with the local authority and Clinical Commissioning Group quality improvement teams to obtain their views about the service.

During the inspection we spoke with 15 people using the service, three relatives, and a healthcare professional who had knowledge about the service. We also spoke with nine members of staff, the registered manager, deputy manager and operations manager.

We looked around the service and observed care practices. We looked at the care files of 20 people and reviewed records relating to how the service was run. Other records we looked at included Medicine Administration Records (MAR), emergency evacuation plans and quality assurance audits.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection in January 2016 we had concerns about how people's risks were managed and whether people were receiving foods which they could eat safely. We found that there was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. We asked the provider to take action. At this inspection we found that a number of positive changes had been made, however this remained an area for improvement.

The service was not consistently safe. Some people living at the service had bed rails in place to make sure that they were safe in bed. We saw that assessments and plans for the use of these were not consistently recorded. For example, we saw that one person had a plan in place for how bed rails were to be used, but had not had an assessment to identify that bed rails were needed. For another person, their records included an assessment to show that bed rails were needed, but no plan about how these were to be used. Staff were able to tell us who needed bed rails and how these were used to support people to be safe in bed. This demonstrated that staff understood the risks that people faced, but were not completing records appropriately so that peoples risks could be accurately evidenced and managed.

Some people at the home were at risk of falling and we saw that there were sensor mats in place to alert staff if they started to move. Risk assessments were in place around the use of sensor mats, but we saw that for two people, the mats were not in the correct place in their rooms and would therefore not have alerted staff if they had wanted to stand and walk. This meant that these people could get up without staff being aware which increased their risk of falling.

The service had half hourly checks in place for some people to ensure that they were safe. A member of staff explained that when they completed the checks, they were checking the safety of the person and their environment. We saw that these checks had been completed as described, but that staff had not noted that sensor mats were not placed correctly as part of these checks. The registered manager said that they would speak with staff about the use of the regular checks to ensure that sensor mats were in the correct pace for people. This demonstrated that although risks had been identified, the service was not consistently doing all that was possible to keep people safe from falls.

People had daily checks completed by staff which included recording when staff had assisted someone to move in their bed or chair. Some people were at risk of developing sore areas because they were not able to move independently and we saw that people's records explained that staff would support them to change their position every three hours if they were in bed, or every two hours if they were in a chair. People's daily checks did not reflect that they were being supported to move regularly as described. For example, we looked at the record for one person at 4pm and it stated that they had last been supported to move in their chair at 8:30am. For another person, their record showed that they had last been supported to move in their chair at 11am. We saw that both people had been moved in this time but it was not clear whether they had been supported to change position as described. For example, a person's record would not have shown what position a person needed assistance to move to in order to relieve the pressure on their skin. This told us that the service was not doing all that was possible to protect people from the risk of skin breakdown.

We looked at pressure areas for people and saw that any areas of sore skin were reported quickly and treatment was appropriate and effective. Where people had wounds, appropriate health professional advice had been sought and records clearly showed what treatment was given. For example, one person had wounds which were being treated. Staff were able to explain what had caused the wound, what treatment measures had been taken and what actions were in place to prevent the situation from happening again. Records showed that appropriate health professional advice had been sought and the wounds were improving. Relative's felt their loved ones received the care they needed to protect them from harm. A relative explained "We find the staff very good and caring, we feel our loved one is in safe hands".

Some people needed special diets to ensure they were able to eat and drink safely. We spoke with the chef who was able to tell us what specific dietary requirements people had and how they catered for these. For example, for people who were at risk of malnutrition, the service provided fortified diets which included high calorie foods. People had access to snack boxes overnight so that they were able to access foods if they were hungry. Snack foods were easy to chew and digest and therefore reduced the risks of people choking. Where people had safe swallow plans, we saw that they were not provided with a snack box, but instead had soft snack items which were kept on each floor. We checked the saw that these items were available to people as described. Where people had been identified as being at risk of choking, we saw that appropriate referrals had been made to health professionals and there were safe swallow plans in place. Staff were able to explain which people had a safe swallow plan and what this meant. For example, a staff member explained that one person required a soft diet, we saw that their food was prepared in the way described and that this correlated with the safe swallow plan. This told us that there were systems in place to identify where people needed further assessments to ensure that they were able to eat and drink safely.

Staff understood the possible signs of abuse and how to report any concerns. One staff member told us about what signs they were aware of and looked for when they provided support to people, these included physical signs and changes in people's behaviours. Another explained that they would be confident to report and that they would make contact with the Local Authority or CQC if they felt their concerns were not being acted upon. Staff told us that they would be confident to whistle blow if they needed to and were aware of the policies in place for both whistleblowing and safeguarding.

There were enough staff available to support people. Many people at the service were not able to use call bells to request support, but we observed that when people did use the bells, these were answered promptly. Where people could not request support, regular half hourly checks were in place for staff to check on their safety. People's care plans identified whether they required the regular checks and we saw that these were taking place as described. The registered manager and deputy manager spoke with us about staffing levels and explained that a dependency tool was used to calculate how many staff were needed for each floor of the home. The deputy manager explained that once they had worked out the staffing levels, another member of staff was added for each floor in addition to the calculated staffing level. We observed a mealtime where there were sufficient staff to support people who needed assistance to eat safely. Kitchen staff assisted to serve up meals while care staff either supported people in the dining rooms, or sat with them in their own rooms if this was their preference. This demonstrated that the service had adequate staff to support people's identified needs.

Staff told us that they had the necessary equipment available to support the people living at the service. There were regular checks of equipment to make sure they were in good working order. We observed that people were supported and assisted to move safely. For example, we saw two staff members supporting someone to stand using a piece of equipment. They ensured that the person's arms were protected and explained and reassured the person while assisting them. One person had a fall during the inspection. Staff were responsive and checked the person for any injuries. They spoke with the person calmly and reassured

them. We saw that they provided verbal prompts to encourage the person to try to move to stand and when the person was unable to do this, they communicated with each other and agreed an appropriate piece of equipment to assist the person. Staff used the equipment to safely assist the person into a wheelchair and then supported them to their room to ensure they did not have any further injuries. This told us that there were enough staff to respond quickly and that staff were confident to use the appropriate equipment to assist the person safely.

People's information was stored on each floor of the home and we saw that doors to these areas were often left open. This meant that people's confidential information was not being stored securely. The registered managed ordered key pad entry systems for these areas on the first day of our inspection and we saw that these were fitted on the second day. The registered manager said that they would remind staff that the doors needed to be kept closed to ensure that information was secure. This demonstrated that the service had taken steps to make sure people's information was stored safely.

Medicines were stored safely and given as prescribed. We saw that people were supported by staff who had received appropriate training to administer medicines and that they followed safe procedures when giving people their medicines. Storage was safe and secure and medicines checked were in date. Some medicines required additional checks and we saw that these were carried out. Some people had medicines which were 'as required'. We saw that their care plans included details about why the medicines were needed and guidance about when they were to be used if people were unable to communicate their needs. We looked at the MAR (Medicine Administration Record) for people and found that the medicines correlated with the MAR in each case. Some people needed their medicines to be given covertly and we saw that there were clear protocols for this, GP approval was sought and there was guidance for staff about how the medicines were to be given to people. A health professional advised us that staff were prompt in seeking advice about medicines and were organised and communicated well. This told us that people received their medicines safely.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection in January 2016 we had concerns about whether people's care records were kept confidential and about how accidents and incidents were reported and how this information was used. We found that there was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. We asked the provider to take action. At this inspection we found that there was no longer a breach but this remained an area for improvement.

The service was not always well led. Quality assurance audits were not always completed and did not always highlight gaps or errors. We saw that the service completed a range of regular audits including monthly checks around infection control, falls and care plans. Audits were completed by the management team, however the staffing shortages had impacted on the completion of audits because the management team had been working shifts at the service to ensure people were safe. This meant that some audits had not been completed monthly as planned. We also saw that audits did not always highlight issues and were not accurate. For example, we saw that one audit identified that a person had a bed rails care plan in their record, which was not the case. Another identified that consent forms were in place for a person, however these were not signed. This told us that the systems in place did not always identify where changes needed to be made

We observed staff using language with each other, ourselves and people which was not respectful. Staff were kind and caring in their approach with people but there were some cultural habits which we addressed with the registered manager. For example, staff referred to 'feeding' people throughout our conversations with the exception of one staff member who explained that they "assisted people to eat". Staff used this language when speaking with us during the inspection and did not show an awareness that this was not respectful. The registered manager said that they would revisit the use of language with staff to ensure that communication was respectful and appropriate. The use of language is important in delivering person centred care. Terms such as 'feeder' have been found to have negative impacts on people and good practice uses language which focusses on the needs of the person and is more positive. For example, 'a person who needs help to eat.' This told us that the management team were not aware of the use of negative language and had not done all that was possible to ensure that staff spoke with people in a way that was respectful.

Staff told us that they communicated effectively with the management team and each other. One staff member said "we are a very good team and communicate well". Another said "communication is quite good in the team". We saw that there were staff meetings which were planned at times which were convenient for both day and night staff to attend. Minutes were given to staff if they could not attend and staff were encouraged to raise ideas and suggestions. The registered manager explained that they held general staff meetings for each floor of the service. In addition, there were other regular meetings for trained staff, kitchen staff and cleaning staff. One staff member told us that they received feedback that they were doing a good job in staff meetings. Staff also had handovers regularly and trained staff had short, informal meetings daily where they met with the management team and updated about any changes to people's needs or support.

The registered manager told us that they had some staffing vacancies and that recruitment was a challenge for the service. There had been several vacancies and shifts had been covered by the registered manager, deputy manager and head of care. The registered manager had recruited some trained nurses and had further interviews planned. This told us that management had taken steps to ensure that there were enough staff to support people safely.

Staff and people were generally positive about the management of the home. A staff member said "the registered manager and deputy manager know everything and are good, they speak nicely to people". We saw that the registered manager had received some written compliments from staff which stated that staff had thanked the management team for their "support and guidance". Another staff member said that the registered manager had "added their person touch which has improved the residents quality of life" and spoke about the opportunities they had been given to further their career. A visitor told us that they always felt welcomed by the management at the service. A health professional told us that they found the management of the home to be good and that they knew the relevant information about people. One person explained that they saw the registered manager regularly, however another person and a visitor said that they did not see the registered manager very often.

The registered manager explained that they had quarterly provider management meetings where they discussed ideas and practice and that information was shared from inspections and audits at other services. They explained that they attended regular cluster meetings around end of life care and were booked to attend an annual conference arranged by the Clinical Commissioning Group. Information gathered was then cascaded to staff in handovers or through the use of workbooks. The service also had link champion roles and these staff were also responsible for driving good practice and cascading information across the staff group. This demonstrated that the service was using a number of systems to drive improvements in practice.

Surveys were given to people and their relatives, staff and involved professionals twice yearly. We saw that information returned from the surveys had been used to highlight good practice and achievements as well as areas for improvement. Where improvements were required, there were actions planned to address these. For example, some responses highlighted odours and cleanliness of a section of carpet on the first floor of the service. There was an action that management were to speak with the provider about replacing this section of carpet. The service also had feedback forms available for people and visitors in the reception area of the home. The registered manager told us that feedback from a health professional had led to computers being installed in nurses' stations. This had improved links with the local GP surgery and assisted staff to maintain care plan recording. This demonstrated that management were using feedback to drive change and improve practice.

Staff were clear about their roles and responsibilities. A staff member explained the system used to allocate work daily and we saw that this was used as described. Staff supported different people but worked on one floor mainly. One member of staff said "we get on well and know what we need to do". This meant that staff were aware of people's needs and preferences and were confident in how the floor was managed and their role in this.

Staff were encouraged to raise ideas and suggestions and these were listened to. A staff member told us about a change they had suggested around menu choices for people. This was implemented and was working well for people and staff. The registered manager also explained that a member of staff had suggested that certain staff could offer support at mealtimes, this was in place and working well to ensure people had the support they needed. A member of staff told us that they had been encouraged to develop into a more senior role by the registered manager and that they had felt supported to do so.

Fire evacuation procedures were easily accessible. Each person had a person emergency evacuation plan (PEEP) which included details of what support they would need to evacuate the premises safely and any moving and assisting equipment which was required for people. The service had recently had a fire safety inspection by the local fire safety officer. Initial issues highlighted from this had been addressed by the service and we saw that the fire safety audit had confirmed the service was compliant. This demonstrated that the service had worked with other professionals and taken appropriate steps to address the shortfalls identified and ensure that people were supported in an environment which was safe.