

# The Chestnuts Retirement Home LLP

# Chestnuts Retirement Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Chestnuts Retirement Home is a residential care home providing personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

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

There were enough skilled, competent staff to keep people safe from avoidable harm and risk of abuse. People received their medicines on time and as prescribed.

Staff holistically assessed people's needs and provided appropriate care and support.

Staff consulted with people about their care. 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 caring and respected people as individuals. They helped people to maintain their independence.

People, staff and relatives told us the service was well-led. The registered manager had systems in place to monitor the quality of the service and made improvements where necessary.

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 23 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Chestnuts Retirement 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

Chestnuts Retirement Home 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 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 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. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager and two care assistants. We spent time observing a range of activities taking place within the home.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including maintenance and safety records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments and spoke with two relatives.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of neglect, abuse and ill-treatment. A relative told us, "I have no worries."
- Effective safeguarding systems were in place to address concerns. Staff had a good understanding and awareness of abuse and knew what to do to make sure people were kept safe.
- The registered manager understood their responsibilities to report any concerns in line with local safeguarding procedures.

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

- People were protected from avoidable harm. Staff had all the information they needed to care for people safely.
- People had access to the equipment and support they needed to move safely around the home. A relative told us, "[Name] uses their frame all the time. [They have] a frame downstairs with them and when they go up on the stair lift there is another frame there ready for them."
- Staff carried out regular safety checks to ensure equipment was regularly serviced and well maintained.
- The registered manager monitored and regularly reviewed incidents and acted to prevent reoccurrence. For example, staff rearranged furniture in one person's bathroom to prevent them from falling.

Staffing and recruitment

- Staff were recruited safely and there were enough, competent staff to care for people. One person told us staff were always available to support them. A relative told us, "[Staff are] there at all times of the day. I've never seen a time where residents weren't appropriately supported."
- The registered manager regularly reviewed staffing levels to meet people's changing needs.

Using medicines safely

- Medicines were safely managed. People received the medicines as prescribed. A relative told us, "Medication is spot-on."
- Medicines were stored correctly and disposed of safely. Staff kept accurate medicines records.

Preventing and controlling infection

- Staff followed good infection control practices to prevent the spread of healthcare related infections.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was planned and delivered following a thorough assessments of people's needs and preferences. This was regularly reviewed and updated to ensure people continued to receive the right care and support. A relative told us, ""They did an assessment, largely with [Name] and included me where appropriate."
- Staff applied their learning effectively and followed best practice which led to good outcomes for people. One person told us they were comfortable at the home and had everything they needed.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to care for people effectively.
- Staff completed a thorough induction before they started working at the home. They continued to receive training to meet people's needs.
- Staff were well-supported by the registered manager. They received regular supervision to review their practice and discuss any concerns.

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

- People had enough to eat and drink throughout the day and those with more complex needs received the support they needed. People told us they enjoyed the food and were given choice.
- The dining experience was pleasant. Some people ate together in the dining room and some people chose to eat in their bedrooms.

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

- Staff supported people to maintain good health and well-being. Where necessary staff made prompt referrals to other health professionals and followed their recommendations. A relative told us, "If [Name] is in pain they (staff) will normally ring the surgery and will get someone out to see them."

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

- People lived in a homely, clean environment. They had space to sit together and socialise and access to private areas where they could spend time with family and friends.
- People's bedrooms were personalised to meet their needs and preferences.

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 registered manager confirmed at the time of inspection that no person using the service had their rights or liberty deprived, lawfully or otherwise.
- Staff routinely asked people for their consent when they provided care and kept records of this in people's daily notes.



## 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

- Staff were kind and respectful. We received positive feedback about their caring approach. One person told us, "Staff are caring in their approach. They are extremely good from a caring perspective."
- Staff knew people well and had time to spend with people to provide person-centred care.

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

- Staff recognised people as individuals and respected the decisions they made. A relative told us, "If they take [Name] out anywhere, [Name] makes their own decisions."
- The provider made information available to people to support them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and confidentiality. Care records were stored securely, and staff supported people with personal care discreetly and compassionately.
- A relative told us, "[Name] dignity is well maintained. The fact staff have been able to take over personal care without complaint shows they have done that very well, discreetly and professionally for [Name]."
- People were supported to be as independent as possible.

# 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 were involved in writing their care and support plans, which focussed on the person's whole life as well as their immediate needs.
- Staff knew people well and used their knowledge to care for people in a way they preferred. A relative told us, "There is consistency of staffing – a real rapport between staff and [Name]. I don't think we could wish for anything better."

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.

- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

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 supported to engage in a variety of activities and to maintain friendships and relationships with those closest to them.
- We received positive feedback about the range of activities taking place within the home. Comments included, "They have bingo and other things, they did cake making the other day. They have music twice a week which [people] all enjoy - they play music people like. Someone comes and plays games. If you want to join in, you can and if you don't that's up to you" and "[Name] gets a good choice of what they want to do".
- Staff consulted with people in the planning of events and activities; a BBQ, garden party and afternoon tea had been held recently. A staff member told us, "They (people) really enjoyed it."

Improving care quality in response to complaints or concerns

- The provider welcomed and acted on feedback received by the home. Complaint investigations were thorough, lessons were learnt, and improvements were made where possible.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- People's care plans included their preferences for end of life care.

# 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.

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

- There was a warm, welcoming atmosphere in the home and people were positive about the care and support they received. Relatives commented, "Chestnuts is by far the best experience we have had" and "The support residents get seems to be excellent."

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; Continuous learning and improving care

- At our last inspection we found improvements in the providers quality checks were needed to ensure the premises and equipment was well maintained. At this inspection we found the provider had made improvements.
- People told us the service was well-led. A relative told us, "The management seem very well organised, they come forward to manage issues proactively. It is quite refreshing to not have to chase them."
- The registered manager understood their responsibility to ensure the service met legal requirements. They had systems in place to identify and manage risks to the quality of the service and used the information to make improvements.
- Staff were clear about their roles and responsibilities. They supported each other to make sure people experienced good healthcare outcomes and a good quality of life.

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

- The registered manager was a visible presence within the home and engaged openly with people, their families and staff.
- The service worked effectively with all partner agencies such as the NHS and local authority to coordinate the care and support people needed.
- There were good links with the community. A vicar from a local church regularly visited people in the home and representatives of The Royal British Legion attended the home for people who had served in the military. The registered manager told us, "We try to find out if people had any past interests and link with people who may be able to come to the home."

