

Chestnut Grove Rest Home Ltd

Chestnut Grove Rest 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

Chestnut Grove Rest Home is a small residential care home providing personal care to up to 12 people. The service provides support to older people. At the time of our inspection there were 12 people using the service. The home has a homely and welcoming atmosphere. It is set over 2 floors and there are comfortable communal areas for people and relatives to use.

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

Some improvements were required around the documenting of medicines, which we have made a recommendation about. Risks to people's health and wellbeing were assessed, and people were supported by enough staff who knew their needs well. People were protected from the risk of abuse and from the risk of mistakes being repeated, due to effective processes. People felt safe. One person said, "The staff give me lots of reassurance to help me feel secure." The home was clean and comfortable, with a homely atmosphere.

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.

People spoke highly of the home and enjoyed the food. A person said, "My food is very good and am always asked what I want. If I don't like what is on offer they will change it." People were supported to live healthy lives. Rooms were personalised and decorated to a high standard. Staff were well trained. One person said, "It's only small here, the staff know me well and I know them well."

Staff were kind and caring, and treated people with dignity and respect. A person said, "It doesn't get any better when it comes to caring about us all."

Care plans were person centred and took account of communication needs. There was a robust complaints policy although there had been no recent complaints. People were supported well when at the end of their lives. People took part in a range of activities and events. A person said, "Lots of people come to visit us, people from the church and children from the school."

People and relatives thought that the home was well run. The registered manager understood their responsibilities regarding risk and wider regulatory requirements. People and their relatives were asked for feedback and staff enjoyed their jobs. Further learning and training was encouraged to benefit the practice and outcomes at the home.

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

Rating at last inspection

The last rating for the service under the previous provider was outstanding, published on 19 July 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chestnut Grove Rest 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chestnut Grove Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chestnut Grove Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

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

We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who lived at the service and 7 relatives. We spoke with 7 members of staff including the registered manager and care staff.

We looked at a range of records including 4 care plans and medicine records, 2 staff recruitment files, and policies and procedures. We looked at audits, rotas and health and safety records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Improvements were required to make sure medicines processes were safe.
- Some people had medicines prescribed 'as and when required', however there was no guidance for staff about these.
- Staff did not always record what time some time specific medicines had been administered to make sure there was sufficient gap between each dose. The registered manager immediately addressed these concerns following our feedback.

We recommend the provider consider current guidance regarding documentation of medicines and change their practice accordingly.

- Staff completed medicines training and their competencies were checked.
- There was a medicines policy and senior staff completed medicines audits.
- Staff signed to say they administered medicines as prescribed and recorded the dates of opening of medicines.
- Medicines were stored securely, and staff monitored the room and fridge temperatures to make sure medicines were stored safely.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's personal health and wellbeing, and these were monitored and managed. Some actions were required to improve the safety of the environment.
- We observed some improvements were required to the environment, for example 2 window restrictors were broken on the first floor, and some items required replacing in the communal bathrooms. The registered manager immediately addressed this following our feedback.
- There were risk assessments and information to guide staff in people's care plans. The registered manager made sure health and safety testing was completed.
- Fire safety assessments had been completed and staff undertook regular fire drills.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a safeguarding policy and staff could access.
- Staff completed safeguarding training and knew what to do if they had concerns.
- People felt safe, and a relative told us, "My mum is kept warm and safe by diligent, caring staff."

Staffing and recruitment

- People were supported by enough staff who had been recruited safely.
- The registered manager recruited staff using safe processes. All necessary checks had been made including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- Staff completed regular cleaning schedules and the home appeared clean.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was supported in line with guidance.

Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- Staff completed incident records and monitored people following a fall on post fall observations checklist documents.
- The registered manager monitored incidents for themes and trends.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff that had the relevant skills and experience.
- Staff completed inductions and regular training. A member of staff told us, "I have completed all my online training, and we have face to face training planned."

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

- People were supported to eat and drink healthily.
- Staff prepared food on-site and there were alternative healthy options for people to choose.
- People enjoyed the food and mealtimes appeared a sociable event. A person told us, "I enjoy most of my meals and we are given lots of choice."
- Staff referred people to speech and language teams and dieticians where required.

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

- Staff worked with other agencies to provide effective care and supported people to live healthier lives.
- Staff worked alongside agencies such as the hospital avoidance team and falls teams, and health professionals regularly visited the home to monitor people's health needs.
- People were supported to access their health appointments and wider services to make sure all aspects of their health and wellbeing were assessed, monitored and accounted for.

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

- People could decorate their rooms according to their own preferences.
- Rooms were decorated to a high standard, and all rooms had an individual design. Spaces were homely and comfortable.

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 MCA 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). No one at the home was under a DoLS at the time of the inspection.

We checked whether the service was working within the principles of the MCA.

- Staff were trained and understood the principles of the MCA.
- We saw MCA assessments and consent forms in people's care plans.

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 our last inspection we rated this key question outstanding. The rating for this key question has changed to 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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people well and promoted their privacy and dignity.
- People spoke highly of the staff. One person told us, "The girls are really nice to me, and they help me when I need it." Another person said, "I can do most things myself, but if I need help I am treated with care and dignity."

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

- People were involved in decisions about their care. A person told us, "The home encourages me to be independent and make choices about my care. I don't know what I would do without the care of the staff here."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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

- Care was planned according to people's needs and people and their relatives were involved.
- People were involved in their care and decisions within the home. One person said, "When it comes to making decisions in the home and what we would like to do, we have little meetings with staff to arrange things."

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. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and made adaptations to make sure people could communicate effectively. Different methods were utilised such as using whiteboards and audible books.

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

- Staff supported people to take part in their interests and activities.
- There was an activities co-ordinator who could arrange and participate in activities of people's choice. One relative said, "The entertainment in the home is excellent; from trips out to parties. My [relative] really enjoys the days out. Residents are not just left to sit around."
- The service owned a minibus and people were regularly supported to visit local activities.

Improving care quality in response to complaints or concerns

- We saw that the service had a complaints policy and process, however there had been no recent complaints.

End of life care and support

- People were supported effectively when they were at the end of their life
- Staff completed relevant training and made referrals to outside agencies such as district nurses for appropriate support.
- People had detailed end of life care plans when needed and there was an end-of-life policy for staff to refer to.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- We found a positive culture within the home.
- People enjoyed living at the home. One person said, "I love it here, I landed on my feet coming here."
- Staff approaches to care were person centred and empowering. We observed staff interactions to be respectful, caring and motivating. Staff enjoyed their jobs and 1 member of staff said, "I love working here, I really love my job."

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

- The registered manager understood their responsibilities around the duty of candour.
- People and their relatives told us that any concerns or issues were communicated and dealt with quickly.

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

- The registered manager understood quality performance, risk, and regulatory requirements.
- Audits of the service were undertaken, and the registered manager dealt with performance issues appropriately.
- The registered manager notified different agencies of incidents, including CQC.
- The registered manager assessed and mitigated risk.

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

- The registered manager engaged well with people, their relatives and staff.
- People and relatives could fill in feedback forms and there were regular residents' meeting which relatives were invited to.
- There were regular staff meetings and staff said they had the opportunity to discuss issues in their 1-1 meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous learning to improve care.
- Further training was accessed, and the registered manager participated in events and forums to keep up

to date with best practice.

- There were good contacts with others including the local community, for example churches, garden centres and social clubs. The registered manager worked alongside the local authority and commissioners.