

London Residential Healthcare Limited

Chestnut House Nursing Home

Inspection report

Chestnut Road
Charlton Down
Dorchester
Dorset
DT2 9FN

Tel: 01305257254
Website: www.lrh-homes.com

Date of inspection visit:
28 September 2018
01 October 2018

Date of publication:
07 November 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 September 2018, and continued 1 October 2018.

Chestnut House Nursing 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.

Chestnut House Nursing accommodates 85 people across three separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of our inspection the service was providing residential and nursing care to 28 older people some of whom were living with a dementia.

The home had not had a registered manager in post since November 2017. 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. An interim manager had been in position since May 2018. A new deputy manager was in position to support the interim manager. Although the interim manager informed us they would be applying to the Care Quality Commission to become the registered manager, concerns remained with regard to the stability of the management of the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At the last inspection in May 2018, we found continued risk in regards people safe care and treatment. We took enforcement action and asked the provider to continue to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Caring, Responsive and Well-led to at least a 'good'.

At this inspection although improvements have been made to the key questions, effective, caring and responsive to 'good'. We found improvement are still required in the key questions, safe and well led. We will therefore continue with the imposed conditions and asked the provider to complete an action plan to show what they would do and by when to improve the key question safe and well led to at least 'good'.

Quality monitoring systems were not fully effective or robust as they did not monitor whether tasks or actions had been completed. Information was not always shared with regards to risks, and systems and processes for keeping records up to date were not always effective.

Regular checks were made to ensure people were given sufficient to drink and eat. Fluid charts were in place for people at risk of dehydration. Systems to monitor whether people had enough to drink were not always effective, as records were not always maintained.

People were at risk because Personal Emergency Evacuation Plans [PEEP] were not up to date. These are a guide for staff on the most appropriate way to support people to get out of the home safely in the event of an emergency such as a fire or flooding.

People, relatives and professionals told us that they had experienced improvements in the home since the last inspection. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities.

Lessons had been learnt when things went wrong. Incidents, accidents and safeguarding concerns were seen as a way to improve practice and action had been taken in a timely way when improvements had been identified. People were supported to remain safe. Improvements had been made to risk assessments and incidents and accidents were analysed for themes and trends.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. People had person centred risk assessments which identified the individual risks they faced and provided actions for staff to safely manage these. Medicines were administered and managed safely by trained staff.

Overall feedback from people, relatives and staff was that staffing levels had improved. The provider had procedures in place to ensure that suitable staff were recruited. Staff told us they received adequate training, supervision and support.

People were supported by staff who had the correct skills and knowledge to deliver effective care. A new training programme was in place to ensure that staff had the correct skills and knowledge to carry out their roles. New staff undertook shadow shifts with more senior staff to help ensure they were competent and safe to support people. Probationary review meetings were held to check new staff members' understanding and progress.

People living at Chestnut House had a variety of needs, with some people living with forms of cognitive impairments which could affect their ability to make decisions. Staff had received training in decision making and consent and were working within the legal guidance of the Mental Capacity Act 2005 (MCA). The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS).

People and their relatives spoke positively about the staff supporting them. Improvements had been made in how staff supported people in a way that promoted their privacy and dignity. Staff spoke positively about the people they supported and knew them well.

There were a range of activities on offer for people to take part in. People, their relatives and staff had the opportunity to provide feedback on the service. There was a complaints process in place which relatives told us they understood. The complaints procedure was displayed in the entrance to the home. People and their relatives told us they would be confident to raise a complaint.

Where required, the service was able to provide end of life care to people and received support from specialists to do this.

There were systems in place to ensure people were protected from the risk of the spread of infection. There were a range of checks in place to ensure the environment and equipment in the home was safe. The premises were well maintained and safe. There were plans to improve the exterior of the home to make it safer for people to access.

During our inspection we found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

People remained at risk in the event of an emergency evacuation as records were not up to date.

Medicines were managed safely and administered by nurses or medicine administrators who had received training.

Accidents and incidents were analysed to reduce risks.

People were protected from the risk of infection.

There were enough safely recruited staff to meet people's needs. Staff were appropriately deployed to meet peoples' individual needs.

People with certain conditions may be at risk, as information was not always shared with all staff.

Staff understood the signs of abuse and how to raise concerns. When concerns were raised these were not always responded to.

People were supported in an environment which was kept clean and safe with regular monitoring checks and cleaning.

Is the service effective?

Good 

The service was effective.

People could choose what to eat from a choice of freshly prepared food.

People were supported to drink some had fluid charts in place. Records were not always maintained in regards recommended targets.

People's rights were respected under the Mental Capacity Act 2005.

People were supported by staff who felt supported and received regular supervisions.

People were supported by staff who had had training to ensure they had the correct competency and skills to support them.

People had access to external healthcare professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were able to see visitors at any time and family and friends were always made welcome.

People and their relatives spoke highly of the staff supporting them and told us they knew staff well.

Is the service responsive?

Good ●

The service was responsive.

People were not always provided with information or formats that helped them to communicate their needs.

People received care as outlined in their care plans.

People had access to activities which met their preferences or their needs.

People and their relatives told us they knew how to make a complaint and would feel comfortable making complaints.

People and families were involved in reviewing their care and support.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was not a registered manager in post. Although the interim manager had applied to become the registered manager.

Records were not always kept up to date and monitoring systems did not always check if actions or tasks had been completed.

Improvements had been made and people, professionals' and relatives' feedback was positive about the changes.

Leadership was visible and the management promoted an open-door approach.

Lessons were learnt and shared amongst the team.

The service worked in partnership with other agencies to provide positive outcomes for people.

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 28 September 2018 and was unannounced. The inspection continued 1 October 2018 and was announced. The inspection was carried out by two inspectors, accompanied by a specialist advisor with nursing experience and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by two inspectors and the specialist advisor

We did not request that the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, tell us what the service does well and the improvements they planned to make. We requested this information during the inspection. We reviewed the information that we had about the service including safeguarding records, complaints, whistleblowing information and statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

Some people in the service were living with a dementia and were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with 13 people who used the service and nine people's relatives or visitors. We also spoke with 12 members of staff. This included the regional manager, the interim manager, the deputy manager, clinical lead, administrator, kitchen staff, housekeeping staff, nursing staff and care staff.

During the inspection, we looked at 12 people's care and support records, and 11 medicine records. We also

reviewed records associated with people's care provision such as medicine records and daily care records relating to food and fluid consumption. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

At the last inspection in May 2018 we asked the provider to take action to make improvements in regards staffing levels, risk management, fire safety measures, medicines and incident reporting. At this inspection we found improvements were still required in some areas.

There was a risk that people might not be evacuated in a timely way in the event of an emergency. There were continued concerns about Personal Emergency Evacuation Plans [PEEP]. These are a guide for staff on the most appropriate way to support people to get out of the home safely in the event of an emergency such as a fire or flooding. Seven people's room numbers did not correspond with the information held on the residents list. There were also staff living at the home who were not identified on the list. This meant there was a risk to the emergency services and people living at the service in the event of an evacuation. We raised this concern with a senior member of staff, who updated the records with immediate effect.

Information about the risks people faced were not always shared. Two people had allergies to certain foods. Some staff were unaware of the risk to particular foods. We spoke with kitchen staff, and some care staff who were unaware of any people living at the service with food allergies. One person was allergic to orange juice. We observed numerous jugs of orange juice available in communal areas. We discussed our concern with senior managers who took action to ensure the information about risks was known to all staff.

People had diabetic care plans in place, and staff were following the instructions within the care plan from GPs. However, one person's insulin dose had been altered verbally by their GP. Although nurses told us they were clear on the instructions and had ensured two nurses signed to acknowledge the changes, there were no written instructions following the changes from the GP within the person's records. This meant there was a risk that staff who were not as familiar with the person support, such as agency nurses, may not understand the correct dose of insulin. Nurses acknowledged they needed to ensure all instructions were followed up in regards changes to prescribed medicines from health professionals when taking verbal instructions over the phone.

Lessons had been learnt when things went wrong. Incidents, accidents and safeguarding concerns were seen as a way to improve practice and action had been taken in a timely way when improvements had been identified. An example was the monitoring of falls. A monthly analysis of falls was in place which identified any trends. If a person had more than two falls per month, additional control measures were in place to highlight the risk. A relative told us, "We know there is a high risk of falls, but they [staff] monitor more closely now. They discuss concerns with us and keep us informed of any additional support they need." They told us their relatives falls had reduced.

Accidents and incidents were recorded and reviewed by the manager. Records showed us that when required actions had been identified they happened in a timely manner. Actions included reporting incidents to safeguarding, involving other professionals such as commissioners and GP's, changes to care plans and additional supervision or training for staff.

People were supported to remain safe. For example, people were encouraged to wear suitable footwear which had reduced their level of falls. One member of staff told us, "We check all the time now that people have the correct shoes, socks or slippers on, so they are safer now". A relative told us, "Things have improved, my [relative's name] is now clean and washed properly and wearing shoes and socks... didn't always". We observed on both days of the inspection people wearing the correct footwear.

At the previous inspection we observed that people were supported to sit out in the sun but were not given protection for example sunblock or sun hats. Since the last inspection staff had received specific training and guidance in regards keeping people safe.

People were supported to transfer safely. Staff had received additional training in moving and assisting and each person had their own personal equipment such as slings. Care plans contained risk assessments which identified the correct position people should be in before they were supported to transfer. Staff were observed assisting people to move correctly with the appropriate equipment in line with their care plans. Relatives informed us they felt their relatives were transferred safely.

There were clear procedures in place for giving medicines covertly in line with the Mental Capacity Act (MCA). Best interest decisions were in place. Medicine Administration Records (MAR) showed that people were receiving their medicines when they required them. All staff administering medicines had received the appropriate training and competency checks.

Arrangements were in place for the safe storage of medicines including those that require temperature controlled storage and those that require additional security. The service had arrangements in place to use homely remedies. These are medicines that can be bought over the counter for the treatment of minor illnesses. These medicines were available to be used and there were clear records when they had been used.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references, employment histories and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

The home had enough staff to meet people's identified needs. The manager told us they had sufficient staff to ensure people remained safe. People and their relatives confirmed they felt there was enough staff. When needed the home used agency workers, and ensured they used those more familiar with the home and people living there. We spoke to one agency worker who said, "For me it's a good home. The staff are very helpful. It's a team. If I raise something, within five minutes I have help from the nurses. I like coming here."

Staff had received training in how to safeguard adults and demonstrated a good understanding of what signs and symptoms could indicate that people were experiencing harm or abuse. They knew what to do to raise concerns both internally and externally. Staff told us they would feel confident to raise any concerns.

Staff were clear on their responsibilities in regards infection control. Cleaning schedules were in place, and there were ample hand washing facilities throughout the building. Staff informed us they had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene.

Is the service effective?

Our findings

At the inspection in May 2018 we found consent to care and treatment was not consistently sought in line with current legislation and guidance. The principles of the Mental Capacity Act 2005 (MCA) were not always being followed. At this inspection we found improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of mental capacity and how it could fluctuate. Where people had a Lasting Power of Attorney (LPA) for health and welfare decisions records showed that people's LPAs were now included in these meetings. For example, people that had moved rooms since the previous inspection had their consent sought and best interest's decision meetings had taken place.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Two people had been granted DoLS with conditions attached. These conditions were detailed in their care plans and were known to staff. Daily activity records showed that staff were meeting the conditions in place.

There was a risk that people may not always receive effective support in regards their hydration needs. For example, we looked at six fluid charts, five of the charts did not have the correct information recorded in regards people's recommended targets. This meant there was a risk that people may not be having sufficient to drink. We discussed our concerns with the nurses who took immediate action to ensure records were totalled at the end of the day.

People were supported to eat a balanced and healthy diet. People could choose what to eat from a choice of freshly prepared food. Menus were up around the home and picture cards were available to support people to make informed choices about what they ate and drank. In addition, we observed staff showing people plated food at meal times to make it easier for them to understand what they could choose from. By being supported to see and smell the food they were more able to make decisions about what they would like and preferred. There were positive comments about the food. These included, "The food is good here", "The food is lovely, we get a choice....it's hot and tasty most of the time", and "I often have lunch with [relative], the food is very good here". People had access to drinks outside of the arranged refreshment rounds. Juice machines were available for people to have drinks. A coffee and tea machine was available in the lobby of the home.

People had pre-assessments which supported their move to the home. This included information about their background, health needs, abilities, preferences and those important to them. Staff understood the

importance of consistently offering people meaningful choice. For example, one staff member told us that they showed a person clothes from their wardrobe so that they could make an informed choice of what they wanted to wear that day. Staff told us they were given time to read people's care plans so that they could get to know and support them as individuals.

People told us that staff had the correct skills and knowledge to support them effectively. Staff told us that following the previous inspection they had received additional training. The manager said they had implemented a new training programme to ensure that staff had the correct skills and knowledge to carry out their roles. Senior staff told us they had completed leadership courses which had changed their practice. They told us they felt fully supported and had recently completed a management course that had helped them with delegation and understanding the Care Quality Commission reports.

The home had a training matrix which was audited to identify any gaps in the training staff had received and required. The matrix detailed the completion rates for each course. The overall completion rate for the staff team was 97%.

People were supported by staff who had received an induction. This meant that staff were supported to help them adjust to their new roles and familiarise themselves with the home environment and colleagues. New staff undertook shadow shifts with more senior staff to help ensure they were competent and safe to support people. Probationary review meetings were held to check new staff members' understanding and progress.

Staff told us they felt supported and said they had received regular supervision. A new supervision matrix that the home had introduced confirmed this. The matrix detailed lines of responsibility with regards to delivering supervision across the team. Supervision included opportunity for staff to reflect on their practice and discuss development opportunities. A staff member told us, "They always ask if I want any help with professional development or extra qualifications".

Care records contained evidence of staff working closely with a range of health care professionals to maintain and promote people's health. These included GP's, district nurses and social workers and where people were able to manage their healthcare independently or with support from their relatives. Where people's needs had changed, staff had contacted the relevant health professionals for advice and guidance. For example, for a person prone to cold sores, staff had contacted the person's GP and medicines were prescribed the same day.

The home was purpose built and provided room for people to move around. Improvements had been made that ensured people had enough room in communal areas where they could sit and relax and hold meaningful conversations with each other. People who were living with dementia has areas around the home that had sensory items to guide them, or offer stimulation if required. People and their relatives told us they felt the garden area needed "Work". The manager told us the outside area had been neglected but hoped to make it an area of enjoyment for all. They informed us they were looking for local people to volunteer to help redevelop the garden and surrounding areas.

Is the service caring?

Our findings

At our last inspection in May 2018 we identified people were not consistently treated in a respectful way and care provided was task led. At this inspection we found improvements had been made.

People told us their privacy was respected, and their personal possessions protected. The provider told us they had taken action to ensure that people's personal possessions were protected. One relative told us, "Before we could not bring personal items in as residents used to walk into people's rooms and remove things. That seems to have stopped". Staff knocked on people's doors before entering their rooms, however we did notice staff knocking and entering rooms when other staff were supporting with personal care.

People were treated in a respectful way. The manager told us attitudes were different since the previous inspection. They told us they believed, "Staff attitude had changed and standards of care were higher". They told us staff had received additional monitoring and training in regards delivering person centred care. One member of staff told us, "The residents seem happier, they are friendlier with us now." A relative told us, "It's nicer to come here now, the residents seem calmer. The carers seem to know what they are doing now." Another relative said, "This is now a good place to be, everyone is so much happier and I feel welcome here".

Staff spent time with people and were able to respond to their needs as and when required. People were seen to respond well to staff and appeared happy in their care. We heard numerous positive and natural conversations between staff and people which demonstrated how well they knew them and the rapport they had developed. A relative told us, "It's been really bad here at times but I feel it's a lot better now for residents and staff alike".

Staff were able to discuss people and their needs with us and any support that would be available to them. People told us they were able to choose if they wished to have showers or baths. One member of staff told us, "We try to encourage people to have personal care. There are more guidelines in place now and it seems easier now to support people".

Sensitive and personal information remained confidential. Although care records were held in people's rooms staff understood the importance of ensuring that no personal information was on display in people's rooms.

People were given time and space to spend private and uninterrupted time with their family and friends. Relatives told us that they could visit at any time and were always made welcome. One relative said, "Everybody speaks to me and makes me feel welcome. Another relative told us, "I come in often. From what I see this place has improved a lot recently". One person told us, "I can go out when I want to, or staff come with me to the shops. I choose what I want to do".

Is the service responsive?

Our findings

At the last inspection in May 2018 we found people did not always receive person centred care that took into consideration their communication needs and meaningful activities. At this inspection we found some improvements were still required in regards supporting people to understand their care plans.

People communication needs were identified in their care plans, and they were supported by staff who understood and met their individual communication needs. People had visual aids and laminated pictures to support them to identify things such as food, rooms, and facilities.

This was in line with the Accessible Information Standard (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Care plans held information about people's past histories, likes and dislikes. Staff told us they were aware of people's individual likes and dislikes. However, we noted people who were unable to communicate or remained in their rooms all had the same radio station playing. One person's record identified a love of classical music. We discussed our concerns with senior staff who agreed individual choices needed to be addressed. We later heard classical music playing for the person.

People's rooms were personalised with involvement from relatives in helping to personalise the decoration and bedding. This demonstrated a good understanding of equality and diversity. One relative told us, "It has got so much better now, staff seem to respond more quickly to people these days. I often see staff walking with people and guiding them to different activities".

Memory boxes had been developed and placed outside each person's room with input from relatives. These held objects that served as reference points to what the person's interests were and what they had achieved and enjoyed so far in their life. These were person centred and supported staff to have positive interactions about topics which were relevant for people. Relatives told us that they had been involved in care plans and subsequent reviews. One relative told us, "Yes, I have been involved in [loved ones] care plan and I get told about anything out of the ordinary, falls, cold sores, that type of thing".

Activity coordinators supported people throughout the week. People were encouraged to be involved in social activities within the service and within their local community. During the inspection a coffee morning was held where members of the local community came along. On the second day of the inspection a local toddlers group came to spend time with people at the home. This was their first visit and had been introduced as an idea at a recent team meeting.

During the visit we observed people being supported to interact with the toddlers and babies. People were seen to engage with the babies in a positive way. People said they wanted this to become a regular activity. In the afternoon people enjoyed their regular visit from a local pet therapy dog. These activities were an example of the improved range of activities available for people and the way staff and activity coordinators

worked together. It was also in line with the home's new activity culture statement.

Monthly activity forums were taking place to encourage and follow up on ideas such as 'spare chair Sunday', where the home was planning to invite people in from the community who would benefit from company. These forums and staff were helping to increase the profile, accessibility, and importance of activities within the home. One activity coordinator told us that management "give activities 100% support." People living on the first floor spent time with activity coordinators. Activities were seen to be done in a calm way and reflected individual choices such as colouring, reading or playing with soft balls.

People were encouraged to be involved with daily tasks around the home such as brass cleaning, folding sheets, and filing. This, along with the rummage boxes and brightly decorated corridors, was helping to stimulate people. Two people had agreed to help. One person had chosen to help staff with the laundry and another person was helping lay the tables for meals. This gave these people a sense of purpose and self-worth. The person who laid the tables had been supplied with an 'activities' badge which they said had made them feel part of the activities team.

People were supported with end of life care and preferences were recognised, recorded and respected. The service had an end of life care policy, guidance and procedure in place. At the time of our inspection staff told us there were no people with end of life care support needs. Care plans included advance care planning noting when people had expressed a wish not to be resuscitated.

People and their relatives told us they knew how to complain and would not hesitate to do so. The home had a complaints policy and procedure that was on display in the entrance to the home. Two complaints had been received since the previous inspection. Both had been investigated and resolved in line with the provider's complaints policy.

Is the service well-led?

Our findings

At the inspection in May 2018 we identified the systems to assess, monitor and improve the quality of service provided were not always operating effectively. During this inspection, whilst we found there were improvements to the provider's governance systems, these still needed some further improvements to enable them to be fully effective.

The service had not had a registered manager in place since October 2017. 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. An interim manager took up position in May 2018. They informed us they were in the process of applying to the Care Quality Commission to become the registered manager.

Quality assurance systems were not always effective. Monthly audits were completed by the management team which enabled them to identify where quality and safety was being compromised, for example, checks of care plans. Following the audits action plans and objectives were set. We looked at three month's audits from June to August 2018. Action had not been taken to make any improvements recommended/identified in the audits. This meant there was a risk that the people would not receive the improvements in care that had been identified. We discussed our concerns with the regional manager who told us, "I have not checked that the actions have been completed. This is an oversight on my part and I will ensure the actions in future are always followed up within the set target dates".

Systems and processes were not always effective in ensuring records were kept up to date and information was shared. For example, although daily handover meetings and weekly clinical meetings were held, information relating to shortfalls in people's hydrations needs not being met was not being shared in these meetings. The amount people had been drinking against their recommended hydration targets had not been recorded or reported either within the care plans or handover sheets clinical meetings.

The service continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality of communication forums within the home was variable. For example, although what the home referred to as '10@10 meetings' were held each morning we observed a significant variation in the duration and depth of information shared between staff at the two meetings we observed. Both were well attended with representation from heads of departments or senior staff. The first meeting gave minimal input from staff and was over within five minutes. The second meeting was chaired by the interim manager and was detailed in the areas it covered.

Competency assessments had taken place in areas including medicines, moving and assisting, and the application of creams, ointment and lotions. On an occasion where a staff member had failed a competency check an action plan was put in place to support them to make changes to their practice. Records showed

that this staff member had then passed the subsequent competency assessment.

The management team remained focused and positive about moving the service forward. The manager told us, "There was a lack of standards being set for staff to follow. Since the last inspection I believe we have set standards, and staff are now following these, and aspiring to change. Staff are now working to provide person centred care, they can see this has made a change and residents are much calmer and happier here". The regional manager told us, "Lessons have been learnt, if one of our services need support we have a compliance team which has ensured there are structures in place to maintain standards". They told us Chestnut House was on a journey of continuous improvement. One health professional told us, "We have seen lots of improvements within the service. We will continue to do our own monitoring but are hopeful the improvements will continue".

People and their relatives told us they felt improvement had taken place in regards the management of the service. One relative told us, "It has improved. This management team seem to know what they are doing. I think the carers are happier and better at their jobs". Comments from staff included, "The management are friendly and attentive. They are more communicative. Things have got better since the [interim manager] came". "I think the changes have made this place much better to work in".

The provider sought input from external agencies and organisations to try and drive improvements in service delivery Following the last inspection they had worked closely with the local authority. The recent block on admissions to the service by the local authority had been amended to a caution. This meant the provider would be able to admit people referred from the local authority. They stated in their admission plan, 'We have to ensure that any new residents to the home complement our current residents and that their needs can be met.'

The service was meeting its registration requirement to submit action plans to CQC on a monthly basis to update us on how they were implementing improvements and progress being made, including submitting statutory notifications. The management demonstrated a good understanding of when they were required to notify CQC of particular events or incidents, for example a police incident or allegation of abuse. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were shortfalls in record keeping and the governance systems at the home.

The enforcement action we took:

To continue with conditions