

Parkside Care Limited

# The Chesters Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: The Chesters Care Home is a residential care home offering accommodation and personal care for up to 29 people. Care is primarily provided to older people many of whom have a dementia. At the time of this inspection 28 people were using the service.

People's experience of using this service: The provider had safeguarding systems and processes in place. However, we found a number of incidents had not been investigated and the service did not record their decision making and conclusion. The registered manager took immediate action to address this matter during our inspection. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy living at the Chesters Care Home. People told us staff were kind and caring. People appeared relaxed and comfortable in the company of staff. Staff clearly knew people and their families well. The provider had a complaints process and procedure in place. People we spoke with told us they did not have any complaints.

Medicines were managed safely. People were supported to access health professionals when required. A thorough recruitment process was in place ensuring the service employed staff with the right skills, experience and were suitable to support people.

People took part in a range of meaningful activities and were supported to access the wider community. Staff supported people to maintain relationships important to them.

The service encouraged people and their families to be involved in developing their care plans. Care records were personalised and outlined people's preferred support. These were reviewed regularly and reflected people's current needs.

The service recognised the importance of hydration and people were promoted to have fluids and a balanced diet.

The environment had been adapted to support people living with a dementia. Regular health and safety checks were conducted for equipment and the premises. The home was clean and tidy throughout and infection control procedures were followed.

The service had an open and transparent culture. The provider constantly reflected on its performance and used information from a range of sources to drive improvement.

Staff were aware of their roles and responsibilities. A well-established team of experienced staff were in place. Training was up to date and staff told us they received supervisions and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people to be involved in all aspects of decision making about their care and treatment. People were encouraged to be as independent as possible.

The provider actively offered opportunities for people, relatives and staff to provide feedback about the home. This information was used to improve the service.

Rating at last inspection: At our last inspection we rated this service as Good (report published 08 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safeguarding. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

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

Inspection team: One adult social care inspector.

Service and service type: The Chesters Care Home is a care home. People in care homes receive accommodation and personal care. 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 the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with five people living at the service. We also spoke with the registered manager, four care staff, the chef and a visiting healthcare professional.

We reviewed two people's care records and two staff files including recruitment, supervision and training information. We reviewed medicine records, as well as records relating to the management of the service.

We looked around the premises and spent time in the communal areas. We used the Short Observational

Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems and processes in place. However, we found a number of incidents had not been investigated and the service did not record their decision making and conclusion. This meant people were placed at risk of harm. We discussed our findings with the registered manager who addressed the matter during the inspection.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a business continuity plan in place to ensure people would continue to receive care following an emergency.

Assessing risk, safety monitoring and management

- Environmental and individual risks were identified and mitigated against. We noted falls and manual handling risk assessments were general and contained the same information with a number of risk assessments which only gave general guidance for staff to support people to remain safe.
- People were supported to take positive risks. One person had expressed a wish to support on the tea round. The service created a specific positive risk assessment to enable them to achieve their goal.
- Health and safety checks for the premises and equipment were conducted regularly. Staff had completed training in fire safety.

Staffing and recruitment

- People told us there was enough staff to meet their needs. We observed staff readily available to support people. The service used a dependency tool to calculate the staffing levels which it regularly reviewed.
- Potential new staff were introduced to people and their feedback was sought as part of the interview process.
- The service had a robust recruitment process ensuring applicants had the right skills, experience and were suitable to support people.

Using medicines safely

- People told us they were happy with the support they received when taking their medicines. One person said, "They let me take my time and don't rush me."
- People told us they received their medicines as their preferred. Medicines were safely received, stored, administered and disposed of when no longer needed.
- Staff responsible for administering medicines had completed medicines training and their competency

was regularly reviewed.

#### Preventing and controlling infection

- The registered manager was proactive in ensuring people were protected from infections and liaised with the local infection control nurse to deliver additional training to staff.
- The premises were clean and tidy. The service had infection control processes in place and staff had access to personal protection equipment (PPE).

#### Learning lessons when things go wrong

- Accidents and incidents and safeguarding concerns were analysed to recognise trends and patterns.
- Issues were discussed at the provider's health and safety meetings which involved analysing information from all of its services. Lessons learnt were cascaded to all the provider's services.
- The service had a 'You said, we did' scheme which responded to comments received from staff, people and relatives and outlined the actions the provider was going to take.



# 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.

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.

- People and families took part in a full assessment prior to people moving to the service to ensure suitably trained and skilled staff and appropriate equipment were available to meet their needs.
- Where a support need was identified a care plan was developed setting out how it could be met.

Staff support: induction, training, skills and experience.

- People we spoke with told us they felt staff were well trained. One person said, "They know what they are doing."
- The service reviewed and monitored staff training ensuring staff had the right skills and knowledge to support people. New staff completed an induction combined with a shadowing period working with experienced staff members.
- Staff told us they received regular supervisions and an annual appraisal.

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

- People we spoke with told us they enjoyed the meals at the service. One person told us, "If I don't like what is on offer they make me something else." Another person said, "The meals are lovely."
- The service recognised the importance of hydration and informative posters and leaflets were available throughout the home. People had access to drinks and snacks throughout the day.
- Staff were attentive to people's needs during lunch time and responded quickly when people required assistance. Staff offered people the two selections on offer and gave them time to make their choice.
- Equipment was available to support people to remain as independent as possible.

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

- People's changing needs were identified and the service made timely referrals to a range of external healthcare professionals ensuring people received ongoing care.
- Guidance from healthcare professionals was adopted into people's care records.
- The registered manager had developed strong links with NHS providers and had taken part in training in pressure care, tissue viability and infection control. They told us they had a good relationship with the local GP.

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

- The service consulted with people and relatives about the environment, including decoration and furnishings. People were supported to personalise their own rooms.
- Dementia friendly signage was available to support people living with dementia to orientate independently

around the home.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service had systems to monitor DoLS applications ensuring people were not unlawfully restricted. Applications were made in a timely manner and monitored whilst waiting for an outcome by the local authority.
- MCA assessments were completed prior to applications and best interest decisions were present in people's care records. People were supported and encouraged to make decisions when possible.
- We observed staff sought consent from people prior to supporting them.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. Comments included, "They are very kind," and, "They do a lot for me and never complain."
- Staff had completed equality and diversity training. The service was aware of its responsibilities under equality legislation for staff to understand and respond to the diverse needs of residents.
- Staff clearly knew people well and had a good understanding of people's support needs and preferences.
- People were supported to maintain relationships important to them. Staff supported people to use an electronic tablet to access Skype and communicate with relatives and friends who could not attend the service.

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

- The service held regular 'resident and family' meetings to gather feedback about the service. People and relatives were encouraged to be involved in all aspects of the service. People and their relatives took part in regular reviews of their care plans.
- Staff we spoke with told us they supported people daily to make decisions. One staff member told us, "We always encourage residents to make choices and we get to know what people like by speaking to them and their family."

Respecting and promoting people's privacy, dignity and independence.

- People told us staff treated them with dignity and respect. We observed staff knock on doors and sought permission before entering. Staff responded quickly to people's needs and were discrete and respectful when supporting people.
- People were promoted to be as independent as possible, staff were always at hand to provide support. Information about advocacy services was readily available and people were supported to access an advocate when needed.
- People's confidential information was held securely and was only accessible by staff members who required the information to perform their role.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans we looked at contained personalised information.
- Specific care plans were designed for each person's individual needs. These outlined people's support needs and re-enforced the need to involve people in decisions about their care and to promote their independence.
- People and relatives were encouraged to complete people's life story books. The information was used as a foundation to support staff to develop person centred care. The life story books were also used as a tool for reminiscence with people.
- Care plans were reviewed monthly to ensure they remained accurate and reflected people's current needs.
- People's care records included information about communication needs and how best to support them.
- A range of daily activities were available including quizzes, flower arranging and sing-alongs. Relatives were invited to join in and attend social events. People were encouraged to access the community with trips out shopping and to get fish and chips at a local seaside.
- The service ensured all activities were inclusive and sourced activities to support people living with dementia, including virtual reality seaside and pony therapy visit.
- People were supported to maintain their religious beliefs with representatives visiting to give holy communion.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. People we spoke with told us they had no complaints about the service and knew who to address if they had any issues.
- ☐ Complaints were logged and fully investigated with the complainant receiving a written conclusion.

End of life care and support

- ☐ No one was receiving end of life care during our inspection. Staff had completed end of life training and the service had systems to support people when they wished to discuss their end of life wishes.

# 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.

Some regulations were not being met.

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

- The registered manager had not always recognised safeguarding concerns and taken appropriate action ensuring all remained safe. This failure had not been identified via the provider's quality assurance processes. As a result, the matters were not notified to the Care Quality Commission.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us the service was managed well. They told us the registered manager was approachable.
- The service had a well-established team of staff who had worked together for a number of years. All staff we spoke with were happy working at the service.
- Team work was evident throughout our inspection. One staff member told us, "Everyone gets on well, we depend on each other."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People we spoke with told us they were happy with the quality of care and support received.
- The provider was open and transparent and constantly reflecting on the care and support provided. They listened to people, relatives and staff and responded to issues directly producing actions with a clear timeline.
- Equality and diversity was promoted throughout the service and diversity and inclusion was supported within its workforce.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider regularly sought feedback from people, relatives and staff. Staff told us the provider had consulted with all staff prior to the change to staffing shifts.
- The provider had a number of systems in place to assess and monitor the quality of the service. The provider conducted comprehensive visits which involved capturing people, relatives and staff feedback.
- A quality questionnaire for 'relatives and residents' was completed in August 2018 with a 100% response of 'very' or 'extremely' satisfied with the whole service provided. An action plan was produced with a number of key actions for improvements based on results and suggestions received.

Working in partnership with others

- The service had developed links with the local community and schools.
- The service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support.
- The provider attended provider forum groups to exchange learning points and best practise. The service was taking part in an initiative relating the safe transfer between care settings.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The service did not have effective systems to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. Regulation 13(3)