

St. Cloud Care Limited

Chestnut View Care Home

Inspection report

Lion Green
Haslemere
Surrey
GU27 1LD

Tel: 01428652622
Website: www.stcloudcare.co.uk

Date of inspection visit:
07 December 2021

Date of publication:
29 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chestnut View is a care home providing nursing and personal care for a maximum of 60 older people, some of whom may be living with dementia and/or a physical disability. The home accommodated people across three floors, one of which was for people with nursing care needs and one of which specialised in providing care to people living with dementia. At the time of our inspection the service was providing care to 33 people.

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

There were sufficient staff at the service to support people with the needs. Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. People received their medicines when needed. People were supported with hydration and people fed back they could have baths and showers when they wanted.

The leadership team had a strong, visible person-centred culture and were making positive steps to help people to live their lives to the fullest. Staff were valued and told us they felt supported and listened to. There was a robust system in place to assess the quality of care provided. People and relatives knew how to complain and were confident their complaints would be listened to. People, relatives and staff thought the leadership of the service was effective. The management team were open in relation to feedback and made improvements as soon as they were raised by us.

Rating at last inspection

The last rating for this service was Inadequate (published 26 July 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 11 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staff levels and oversight and audits of the service.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. There are still outstanding breaches which we will follow up on in due course.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous five domain inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chestnut View Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Chestnut View 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Our inspection was completed by three inspectors.

Service and service type

Chestnut View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means the Provider is legally responsible for how the service is run and for the quality and safety of the care provided. On the day of the inspection we were supported by the interim manager (manager) and the regional manager.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We also spoke with one visiting health care professional. We also observed care and interaction between people and staff. We spoke with 10 members of staff including the interim manager (manager), regional manager, nurses, care staff and ancillary staff.

We reviewed a range of records including six care plans, multiple medication records, safeguarding records and incident and accidents. We reviewed a variety of records relating to the management of the service including audits, and resident and staff meeting minutes.

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 Inadequate. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection of the service, we found the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there had been sufficient improvements and the provider was no longer in breach of regulation 18.

- Since the last inspection the provider had increased staff levels and reviewed how staff were deployed around the service. People fed back the increase of staff was having an impact of the care they received. Comments included, "There's always staff here. I don't have to wait now" and "They've got enough staff here."
- At the previous inspection people were not being supported with baths and showers. On this inspection this had improved, and people had baths and showers when they wanted. A member of staff told us, "We have a system now, a seven-day folder where you fill in when someone had a bath, people can choose when they want it."
- We observed staff responded in a timely way to people when they needed them, and falls had decreased since the last inspection as staff had better oversight of people who were at risk.
- The regional manager told us they had used agency staff to fill any gaps but ensured they used the same agency staff for consistency. They also told us they were actively recruiting for more staff.
- Staff told us staff levels had improved and this was having a positive outcome for people. One told us, "The pressure is now off, we are not running around, and we have more opportunity to speak to people. We have time to sit and talk."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff have a criminal record or are barred from working with people.

Assessing risk, safety monitoring and management

At our last inspection of the service, we found the provider had failed to ensure people were protected from the risk of unsafe care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there had been sufficient improvements and the provider was no longer in breach of regulation 12.

- The provider and leadership team had put measures in place to address the concerns around risks to

people since the last inspection. We observed that people were able to use their call bells as these were now placed within their reach. For people who were not able to use a call bell staff checked on people frequently. One member of staff told us, "It's definitely better now with call bells. They don't wait so long. We all go when we hear it ringing. [Manager] is very good. If the bell rings, she's there very quickly."

- Assessments had been undertaken and identified risks to people to protect them from harm. These included risks related to people's mobility, dehydration and malnutrition and choking. One member of staff told us, "They're pretty good with the fluids. We check who is on thickener."

- At the previous inspection we found people were not being supported sufficiently with hydration. We found this had improved with one person telling us, "They always make sure I have a drink. They come around every day. They'll bring me tea if I ask for it." Another said, "There's always a drink available. We're well looked after." At the last inspection there had been a high level of urine infections which may have been caused by the lack of hydration, however, at this inspection this had reduced. At the time of the inspection no people had a urine infection.

- Risk assessments provided guidance to staff about the risks, action to take to minimise the risks and how to support people. For example, one person was at risk of developing a pressure sore. The care plan stated the person needed to lay on a pressure mattress and be repositioned when in bed and we saw this was taking place. The person told us, "The mattress keeps me safe [from pressure sores]." Staff were knowledgeable around people's risks with one telling us, "He [person] needs a frame to walk. I make sure there's someone with him before I leave him."

- Where clinical risks had been identified, appropriate management plans had been developed to reduce the likelihood of them occurring, including around wound care, diabetes care and other health care concerns. Where wounds had been identified, regular photos were taken of the wound to track the progress. We identified that pressure sores were healing as a result of the interventions from the staff.

- There were Personal Emergency Evacuation Plans (PEEPS) in place for people with details around how they needed to be supported in the event of an emergency. One member of staff told us, "Gather downstairs to the fire point. Then we go up to the car park." There was a 'business continuity plan' that detailed what staff needed to do in the event of an emergency, such as a flood or a fire.

Learning lessons when things go wrong

- Incidents and accidents were recorded with actions taken to reduce further occurrences. The manager told us they discussed all incidents with staff at clinical governance meetings. They said, "We have clinical meetings and we discuss things at handover in the mornings."

- We reviewed the incident and accident reports and found steps had been taken to reduce the risks. For example, one person started to cough whilst eating. The person's food consistency was reviewed, the kitchen staff notified, and their care plan updated to reflect this risk. We saw this was also discussed with staff during a handover meeting.

Using medicines safely

People told us they received their medicines when needed. Comments included, "I always get them from the nurse. They're on top of that" and "We have a lot of pills and medication and a lot of people to look after us. They bring the medication like in a doctor's surgery."

- There were appropriate systems in place to ensure the safe storage and administration of medicines. People's medicines were recorded with a dated photograph of the person and details of allergies, and other appropriate information, for example if the person had swallowing difficulties.

- There were medicines prescribed on an 'as required' (PRN) basis and these had protocols for their use. Where people required time critical medicines, we saw this was given at the right time each day. The staff set timers on their phones and on the medication record, it was highlighted when people needed this medicine.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. Comments included, "At the moment I feel safe. So far, they've [staff] been very nice. They're kind", "I feel safe. It's a very friendly family here."
- Staff understood what they needed to do if they suspected abuse and if they had concerns, they would raise them. One member of staff said, "People are safe. I would report any concerns to the manager or go higher. Social Services deal with safeguarding." Another told us, "I go straight to [manager] if she's in the building. I could go to any senior carer. Abuse could be physical and emotional."
- Staff had received safeguarding training and there was a whistleblowing policy staff could access. Staff told us they would not hesitate to raise concerns.
- We saw where there were concerns raised, the manager had referred this to the Local Authority and undertaken a full investigation.

Preventing and controlling infections

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership was not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection of the service, we found the provider had not ensured there was ongoing and robust management oversight as needed to ensure changes and standards were maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had been sufficient improvements around this, and the provider was no longer in breach of regulation 17.

- Since the last inspection there had been several changes in the leadership team. The service was still in the process of recruiting a registered manager. During this period, the service was being supported by an interim manager and regional manager. People we spoke with were complimentary of the leadership team. Comments included, "The managers do talk to me. One came this morning. She asked me how I felt" and "The manager is available, but all of the staff look after us."
- The organisation's values and ethos were clearer and had been effectively translated from the senior management team to all staff who worked there. During the inspection, all staff including the leadership team interrupted discussions with us to ensure people were supported. The manager told us, "We focused on what the person can't do, it's not around what they can't do but more about what we can do to help them do things." A member of staff told us, "Main things are to focus on resident's needs and if any concerns, we give care."
- There was a clear staffing structure in the home. Staff knew who to report to and could approach management and get advice any time. One member of staff told us, "There is team work here on the top floor. Now we are doing good teamwork. We are helping and supporting each other." One person said, "They work reasonably well together. "Everybody is happy here including the staff."
- The manager and the senior management team led by example and this influenced staff's attitude to work in a positive way. Throughout the inspection the management team took time to speak and engage with people. Staff were positive about the leadership team. One told us, "The manager is good. We work together." Another said, "If I have any problem or see something wrong, I tell the manager and it would get sorted." A third told us, "When I first started it was chaotic, since [manager] has been here it is much more positive, and it has changed."
- The provider and the management team had undertaken audits to review the quality of care provided. These had included audits of skin integrity, falls, infection control, catering, activities and health and safety.

Actions plans had been recorded and followed up on.

- One audit had identified a lack of updated moving and handling risk assessments for people. As a result, the assessments had been updated and where people required new moving and handling equipment this had been put in place.

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

- People and relatives had been involved in how they wanted the home to be run. Regular meetings took place with people and relatives and they were asked to provide feedback. One person told us, "I think they would listen if I wasn't happy. I would let the manager know."
- Staff had attended meetings and had been invited to contribute to the running of the service. One member of staff told us, "When I see the hoist is abandoned, I will tell the manager. If I can't find enough towels, I will tell the housekeeper. After the meetings, I can see the problem is solved."
- Staff told us they felt supported and valued in their role. Comments included, "We get a lot of praise. [Manager] and [regional manager] are very good. They always say thank you for all your hard work", "[Manager] understands how we are working here. She says, 'good morning'. It means she has respect for my job" and "I feel supported. I feel comfortable to raise the concerns."

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; Working in partnership with others

- Records showed relatives had been contacted where there had been an incident with their family member. The manager told us, "If we do make a mistake and we are responsible we are open about this."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events in the service. The provider had informed the CQC of significant events including incidents and safeguarding concerns.
- The provider and manager had worked with external organisations to drive improvements in care quality. The manager told us, "I think we have started a very good job as we have more professionals coming in. We access training from them. A charity is booked to come here and sing Christmas Carols. It's a small community and reputations has improved."
- Health and social care professionals were complimentary about way they had worked together with the service. A health care professional told us, "It's improving. I am here because of some choking incidents. I am following up on them. I don't have any concerns in relation to it at current. They are following all protocols."

Continuous learning and improving care

- The leadership team and staff wanted to drive improvements at the service. The manager told us, "I am not shy to challenge poor practice. When I identify poor practice, I don't just focus on that, why did you do that, what was the reason? Is it that you are tired? Frustrated? The way I am accountable - everyone else needs to be accountable."
- Where shortfalls had been identified actions were taken to address and learn from them. One member of staff told us if there was a medicine error they would, "Do an incident report, photocopy the medicines record and give to management." They told us this would then be discussed at handover and clinical meetings.