

Heritage Care Limited

The Chestnuts

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service.

The Chestnuts is a purpose-built care home set in its own grounds and provides care and accommodation for up to 64 people including those living with dementia. At the time of our inspection 42 people were using the service.

People's experience of using this service.

Medicines were not managed effectively. We found several people had not received their medicines as the prescriber intended.

Staff did not always receive regular supervisions to support them in their role.

We found two people were being deprived of their liberty. The provider had not re-applied to renew these applications until two months after the expiry date.

Audits were undertaken by the provider. However, the audits had not identified the issues we found in relation to medicines, supervisions and DoLS applications.

People reported they felt safe and were treated in a dignified manner.

People told us they enjoyed the food at the service. Where people were at risk of malnutrition appropriate steps were taken.

Activities were available for people to avoid social isolation. Complaints were recorded and responded to appropriately. CQC notifications were sent where appropriate.

Rating at last inspection.

At the last inspection the service was rated Good (the report was published on 16 September 2016).

Why we inspected.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up.

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 Chestnuts

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.

Our inspection was completed by an adult social care inspector, an inspection manager 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. Our expert by experience had knowledge about personal care of adults using this type of service.

Service and service type.

This service is a care home that provides personal care for older adults some of whom may be living with dementia.

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.

Our inspection was unannounced on the first day. The inspection took place on 29 and 30 April 2019.

What we did.

Our inspection was informed by information we held about the service including notifications that the service sent us. We asked the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the registered manager, the deputy manager, a visiting professional, five care staff including the domestic member of staff. In addition, we spoke with 13 people who used the service and two visiting relatives.

We reviewed each person's medicine chart, 15 people's care plans and additional records specific to their care needs. We viewed audits and other records relating to the way the service was managed.

Is the service safe?

Our findings

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

Requires improvement: 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. Regulations may or may not have been met.

Using medicines safely:

- We found medicines were not always managed safely. For example, a total of 13 people who used the service had not received their medicines due to lack of stock. The medicines were for various conditions including treatment for depression, pain management and managing symptoms of dementia. We discussed the management of medicines with the registered manager who said the pharmacy do not always deliver when an item was required. However, we found some items had been out of stock for several days, one person had not received their ear treatment for eight days.
- We discussed with the registered manager that it was the responsibility of the provider to ensure people received their medicines as prescribed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse:

- Staff we spoke with told us they had received safeguarding training and were able to tell us what action they would take in response to witnessing abuse. People told us they felt safe. "There is always someone around, yes no worries." A relative reported they felt their family member was 'in good hands'.

Assessing risk, safety monitoring and management:

- Initial assessments were completed prior to people moving into the service. This ensured the service was able to meet people's individual needs. Files we viewed contained assessments relating to moving and handling, falls, malnutrition and dehydration. Information was stored on the services' computer systems as well as some paper files.
- Records demonstrated that fire equipment such as fire extinguishers and alarms were tested regularly to ensure they were in good working order.
- Each person had a personal emergency evacuation procedure (PEEP) in place in the event of a fire.

Staffing and recruitment:

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting references and checks with the Disclosure and Barring Service (DBS). Staff gave us mixed views about the level of staffing to meet people's needs. Some staff said staffing was an issue whilst others reported staffing was not a problem.

One member of staff reported that, "We bust a gut to make sure people's needs are met." Another member

of staff commented, "I have to direct agency staff when they have never been here before, it puts us under pressure."

The provider did not use a system to identify the level of support people required and to confirm the level of staffing required at the time of our inspection. However, we were told this is something that the provider will be introducing in the future.

- People reported there were enough staff, "There is always someone about" and "They (staff) are always handy when I need help." We saw that three members of staff were on a unit supporting 12 people, on another unit there were three members of staff supporting 14 people and the other unit had two members of staff who supported 15 people. We were told the deputy manager will help on the floor when required. We saw staffing levels were adequate during our inspection.

Preventing and controlling infection:

- We saw the premises were clean and free from odour. Domestic staff were carrying out their duties to high standards on both days of our inspection. We spoke with the member of staff responsible for cleaning duties and they told us that they did not have a cleaning schedule but 'just knew' what needed doing. The member of staff had worked at the service for many years. They told us "If something specific needs doing like a deep clean I am told by the senior on duty." Staff received infection control training and had access to personal protective equipment including gloves and aprons.

Learning lessons when things go wrong:

- Incidents and accidents were recorded, and investigations carried out when an incident or accident occurred.

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw the service had applied for and were awaiting the outcome of DoLS applications for people who required an application to be made. However, we discussed during the inspection, the outstanding issue relating to Standard Authorisations for two people. One person's DoLS expired on 27 July 2018 and had not been reapplied for until September 2018. Another person's DoLS expired on 17 July 2018 and had not been reapplied for until 9 September 2018. This resulted in an unlawful deprivation of liberty despite the supervisory body having informed the service in both instances that the Standard Authorisations were due to expire. Staff obtained consent for people's care and support.

Depriving people of their liberty for the purpose of receiving care or treatment without lawful authority was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. When people could not make a decision, staff completed a mental capacity assessment and best interest decision making process was followed and documented.

Staff support: induction, training, skills and experience:

- Staff received induction training which included the Care Certificate and refresher training when required. We checked the training matrix and found that staff had access to a wide range of training including moving

and handling and infection control.

- Staff reported that they did not always receive regular supervisions. One member of staff told us they had a supervision "sometime last year". We discussed this with the registered manager who told us supervisions were not always carried out in line with the provider's policy. The policy stated, 'Formal supervisions should be held on a monthly basis' and 'the absolute minimum should not be less than six in one year'.
- However, all staff we spoke with told us they could always approach the management to discuss any concerns or worries they had.

We recommend the provider ensure staff receive regular supervisions to enable them to carry out the duties they are employed to perform.

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

- Information about people's choices and needs had been obtained through pre-assessments. This was to ensure that they knew the service could meet their needs before they moved in. The pre-assessments included information about their medical history, communication, social, physical and personal care needs. This included what support people needed with their care. Information from the pre-assessment was then used to develop care plans.

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

- People told us the food was good and they were offered a choice. We observed lunch on one unit we saw some people were sitting in the dining room ready for lunch whilst others were asleep in an adjoining lounge. Staff worked skilfully to encourage these people to either come to a table to eat with others, or where some people did not wish to do this, then to serve food to them in the lounge.
- People were given a choice between two meals. Where people did not/were unable to make a clear choice between the two meals, they were shown the meals on separate plates and were asked to indicate which they would prefer.
- The atmosphere was calm and unhurried. One table with four people on had more interactions between people, although unfortunately this came predominantly from one person who was being rude to his fellow diners. However, staff intervened to re direct and distract him.
- We saw one person who had been asleep in the lounge but who came to the table with encouragement, then got up to leave the table and appeared to be quite confused. Staff ensured she was safe (she mobilised with a wheeled walker) and gently encouraged her back to the table. Their perseverance payed dividends as the person eventually ate two full courses of the meal.
- We saw that where people required their food to be monitored due to poor food intake and low weight, food and fluid charts were in place. In addition, external advice was sought for people who had difficulty swallowing food. For example, Speech and Language Therapists (SALT).

Staff working with other agencies to provide consistent, effective, timely care:

- People were referred to other agencies if additional healthcare was required. We spoke with a visiting healthcare professional who told us "They are 'on the ball' I have no concerns and hold a weekly clinic here. Communication is good, and they are very approachable."

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

- The environment was designed to meet the needs of people who lived there. We saw the dining room was decorated to remind people of a garden. Some specific resources were available including twiddle muffs and therapy dolls. People's bedrooms were personalised to reflect people's preferences and choices. Communal areas were free from clutter to avoid the risk of people tripping.

Supporting people to live healthier lives, access healthcare services and support:

- People told us they received healthcare support when required. Records seen indicated that people had access to healthcare services and professionals such as GPs, opticians, hospital specialists and district nurses.

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

Good: 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:

- The service promoted care practices in a non-discriminatory way where all people were valued as individuals regardless of disability, race, gender, or religious beliefs. We saw that people were given a choice of a male or female member of staff to support them.
- People told us staff were caring and kind. "Most are...there was an odd one at the beginning, when I first came here who seemed very short and sharp... but is better now." People told us their relatives were made to feel welcome. However, one relative reported they could not visit at meal times. We noted the service had protected meal times to ensure people could enjoy their meal without interruptions. However, families could book in advance to join their relative for a meal.
- During our inspection we observed good caring interactions between staff and people.

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

- We saw that staff involved people in decisions around their day on a daily basis. For example, asking people if they wanted to join in activities or where they preferred to have their lunch. We saw reviews took place and relatives were invited to attend where appropriate.

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

- People told us they were treated with dignity and respect. We observed staff knocking on bedroom doors before entering. All personal care was delivered with doors closed.
- Staff we spoke with showed concern for people and ensured people were offered choice to spend time as they chose and where they wanted.
- People's right to privacy and confidentiality was respected.

Is the service responsive?

Our findings

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

Good: 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 recorded the communication aids people required such as glasses and hearing aids. Some people had more complex needs, and staff recognised the need for alternative methods of communication with them.
- Staff demonstrated they knew people's likes and dislikes and used this knowledge to support people in the way they wanted.
- People told us they were encouraged to be as independent as they could. One person told us, "They encourage me to walk up and down the corridor twice a day." One relative we spoke with told us, "They monitor her weight, she had stopped eating and they were weighing her every week. Now they only have to weigh her every two weeks. They also check her legs."
- We received positive comments from people and their families about the activities and social events people were able to participate in.
- The service received visits from the local churches. A local play group also visited the home every two weeks with their parents from the play group, they joined people in activities such as painting, colouring and jigsaws. The service took people out to the local garden centre, farm, and into Aylesbury town for shopping in addition to visiting the local pub for lunch.

Improving care quality in response to complaints or concerns:

- People told us they would make a complaint if they had to. We saw complaints were responded to in a timely manner. There were no open complaints at the time of our inspection.

End of life care and support:

- People were consulted about their wishes at the end of their life. This included the views of people that were important to them. Staff were aware of good practice and guidance in end of life care, which included respecting people's religious beliefs and preferences.
- We were told the service supported people at the end of their life with support from the community nurses. The service had recently cared for a person during the end of their life. We were told the person passed away peacefully. At the time of our inspection there was no one receiving end of life support.

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Audits completed at the service did not capture all of the issues we identified as part of our inspection. Supervisions were not always completed in line with the provider's policy. Some people did not have an up to date Deprivation of Liberty authorisation in place. Lack of stock of medication meant some people had not received their medicines as the provider intended.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We did not see that regular meetings were held with families to enable any views on the running of the service to be shared. We spoke with the registered manager about this and they told us there was always a poor response to invites to relatives' meetings, so the service had stopped sending out the invitations to families. However, this was something they planned to promote again in the future. A comments box was in the main foyer to enable anyone to leave feedback.
- Heritage annual survey was completed in January 2019 which enabled residents, relatives and families to share their views thoughts and ideas about the service. We observed the local nursery visiting together with friends and families who were engaged in activities together. We discussed with the registered manager the wide range of activities where friends and family engage with the local community.
- Staff meetings were held on a regular basis this included night staff and domestic staff.

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

- We received positive responses from people and relatives about the management of the service. Most people told us they knew who the manager was, one relative told us "[Registered manager] would give us a ring if my relative needed anything or if anything changed." Staff told us they felt they could speak up with management if they need to. Meetings were held with staff to identify any issues or concerns.

Continuous learning and improving care:

- Incidents and accidents were recorded and information relating to the incident was followed up and what

steps had been taken following the incident were recorded.

- Handovers at the start of each shift meant staff could be updated on any changes to people's care.

Working in partnership with others:

- We saw the service worked in partnership with other agencies to provide healthcare support for people. The community nursing team and the local GP attended the service on a regular basis to support people. We spoke with the district nurse during our visit and they told us they had excellent partnership working with the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure sufficient quantities of medicines were available to ensure the safety of service users and to meet their needs.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were being deprived of their liberty for the purpose of receiving care or treatment without lawful authority.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service.