

Fieldhouse Care Ltd

The Chestnuts Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Chestnuts Care Home is a residential care home providing personal care to up to 41 people. At the time of our inspection there were 36 people using the service. Some people were living with dementia.

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

Risks associated with people's care were identified and managed safely. Staff were knowledgeable about safeguarding and knew what action to take if they suspected abuse. Accidents and incidents were monitored and evaluated to ensure trends and patterns were identified and actions taken to mitigate risks.

The provider had identified some concerns regarding medicine management and had begun to take action prior to our inspection.

People were protected from the risk and spread of infection and the home was clean and well maintained. The provider recruited staff safely. There were sufficient staff available to respond to people's needs in a timely way.

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

Staff were caring and considerate and people told us they liked living at the home.

Audits had been completed and actions identified. On occasions, some actions had not been resolved in a timely way. We have made a recommendation that governance systems are further embedding into practice.

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

Rating at last inspection

The last rating for this service was good (published 28 March 2018).

Why we inspected

We undertook a focused inspection to review the key questions of safe, caring and well-led only.

For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Chestnuts 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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 6 relatives to gain their experience of the care provided. We spoke with 6 members of staff including the manager, care team leaders, care workers and ancillary staff. We reviewed a range of records, including people's care records and medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Staff received training in safeguarding and knew what actions to take if they suspected abuse.
- People told us they felt safe living at the home. One person said, "I feel safe here. People are nice to me."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments in place guided staff to support people in line with their current needs. Some risk assessments required further information, and this was addressed immediately by the provider.
- Staff we spoke with knew people well and understood the risks involved in their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People felt there were enough staff. One person said, "Yes, there are enough staff. Some of them are the same staff and some are new ones." Another person said, "If I want anything, I will ask for assistance, and they [staff] come when they can. They come in a few minutes."
- The provider operated safe recruitment processes.

Using medicines safely

- Prior to our inspection the provider and registered manager had identified some concerns with medicine management and had taken action to resolve the concerns.

- During our inspection we found some concerns were still apparent. The provider took immediate action to carry out a full audit to ensure people were receiving their medicines as prescribed.
- We received full assurance from the provider and was sent a robust action plan, which is being closely monitored by the provider. We have commented on this further in the well led section of this report.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were monitored, and trends and patterns identified. This helped mitigate future occurrences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported well and staff treated people with respect.
- People were complimentary about the care they received saying, "Yes, they [staff] are all very nice, there are no problems with anyone," and "Staff are pleasant, kind and helpful."

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

- People were supported to express their views and be involved in decisions about their care.
- Staff included people in their care. We observed staff asking people where they would like to sit and giving options at lunch time. People's choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People felt respected. One person said, "They [staff] are respectful and consider my dignity when they are helping me." Another person said, "I like my door shut and most of them [staff] know that and shut it."
- We observed staff respecting people by closing doors and curtains and by knocking on doors prior to entering.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had not consistently created a learning culture at the service which meant people's care did not always improve.
- The provider had several audits in place to monitor the quality of the service and most of these had been robust in identifying concerns. However, the management team had not always followed guidance from the provider and therefore issues had not always been resolved in a timely way. These concerns were limited to medication management.

We recommend the provider and management team ensure systems and processes are embedded into practice to ensure concerns are responded to and actioned in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The provider and registered manager were open and honest with people when things went wrong and learned lessons to improve the service.
- The provider was clear about their roles and responsibilities. However, the management team required further development to ensure concerns were addressed and systems embedded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People's bedrooms were personalised, and staff had supported people and their relatives to present their room in the way they chose.

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

- The provider had systems in place to engage with people and used their comments to develop the service.
- People and relatives felt involved in the service. One relative said, "We feel involved in the care home. We talk to staff and they make us feel part of it. We visit regularly."

Working in partnership with others

- The home worked with other agencies such as healthcare professionals.
- Recommendations and advice from healthcare professionals were followed, although not always clearly documented. This helped to make sure the care and support provided was up to date with current practice.