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The Chestnuts Residential Care Home

Inspection report

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Wisbech
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Chestnuts Residential Care Home is located in Wisbech close to the town centre. The home is registered to provide accommodation, support and non-nursing care for up to 23 people. At the time of our inspection there were 23 people living at the home accommodated in single occupancy rooms and one double room and is on two floors. People are free to access all areas of the home and gardens.

This unannounced inspection took place on 12 March 2015.

At our previous inspection on 29 April 2013 the provider was meeting all of the regulations that we assessed.

The home had a registered manager in post. They had been registered with the Care Quality Commission (CQC) since 2010. A registered manager is a person who has registered with the CQC to manage the service. Like

Summary of findings

registered managers, 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.

The registered manager had a robust recruitment process in place. This helped ensure that only staff of the right calibre and with suitable qualifications were offered employment. There was a sufficient number of suitable qualified and experienced staff working at the home.

Staff had been trained in medicines administration and safeguarding people from harm and were knowledgeable about how to ensure people's safety. People were supported with their prescribed medicines by staff whose competency to safely administer these has been assessed regularly.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and staff were knowledgeable about when a request for a DoLS would be required. We found that no applications to lawfully deprive people of their liberty were required but the registered manager was aware of the action to take if this was needed. People's ability to make decisions based on their best interests had been clearly documented to demonstrate which decisions they could make.

Staff always respected people's dignity and privacy at all times. People's care was provided with compassion and in a way which people really appreciated. People's requests for assistance were responded to promptly.

People's care records were up-to-date, held securely and were in a format which involved people as much as possible. People were supported with their hobbies and interests on a wide range of subjects.

People were supported to access a range of health care professionals. This included their allocated GP, optician, chiropodist and community nursing services. Risks to people's health were assessed and promptly acted upon according to each person's needs.

People were able to choose the meals they preferred. Diets appropriate to each person's needs were provided and included soft food options, low sugar content and vegetarian meals for people who required specialist diets. There was a sufficient quantity of food and drinks available for people.

People, relatives and staff were provided with information on how to make a complaint and staff knew how to respond to any reported concerns or suggestions. Action was taken to address people's concerns and to prevent any potential for recurrence. People were supported to access Independent Mental Capacity Advocacy (IMCA) services if they requested these services.

The registered manager had quality assurance processes and procedures, such as audits and meetings, in place to improve, if needed, the quality and safety of people's support and care. People were supported to raise concerns or comment on the quality of their care.

Summary of findings

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 safe.

A sufficient number of trained staff were employed at the service. This was after appropriate pre-employment checks had been satisfactorily completed.

Staff had been trained in safeguarding people from harm, were knowledgeable about reporting any suspected abuse and this supported people's safety.

Medicines were administered safely by staff whose competency had been assessed.

Good



Is the service effective?

The service was effective.

People could choose what and where they wanted to eat and were supported by staff to eat and drink sufficient quantities of a healthy balanced diet.

Staff were supported with their development and training to gain additional qualifications in care related subjects.

Support was provided by a range of health care professionals to meet people's health care needs.

Good



Is the service caring?

The service was caring.

Staff offered and provided people's care and support with sincerity and compassion.

People were able to see their friends, families and other visitors whenever they wanted.

People's care records were held securely and people were assured that their personal information was treated with confidentiality.

Good



Is the service responsive?

The service was responsive.

A wide range of social stimulation including hobbies and interests were provided to people and they were supported to take part in these as much as possible.

People were supported in a way which prevented a concern becoming a complaint.

Regular reviews of people's care took place and prompt action was taken, or plans were put in place, to prevent any potential for recurrence.

Good



Is the service well-led?

The service was well-led.

The registered manager spent a significant proportion of their time around the home seeking people's views and acting on their suggestions.

Good



Summary of findings

Improvements made to the home, including a building extension and landscaped gardens, had led to a better quality of life for everyone who lived there.

The registered manager and senior staff completed checks and audits to help drive improvement. Staff were consistently supported to maintain an open and honest culture within the home.

The Chestnuts Residential Care 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 registered manager 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 unannounced inspection took place on 12 March 2015 and was completed by one inspector.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which

the registered manager is required to tell us about by law. We also spoke with the service's commissioners, the local safeguarding authority and received information from a visiting community nursing staff.

During the inspection we spoke with eight people living in the home, four relatives, the registered manager, the home's deputy manager, four care staff and the chef. We also observed people's care to assist us in understanding the quality of care people received.

We looked at four people's care records, relatives' and staff meeting minutes and medicine administration records. We looked at records in relation to the management of the service. We also looked at staff recruitment, supervision and appraisal processes and training, complaints and quality assurance records.

Is the service safe?

Our findings

People told us they always felt safe living at the home. One person said this was because, “There are always plenty of staff around and they come whenever you ask them to.” Another person said, “I feel as safe as houses here. They lock the door and we can watch for visitors at the front door on a channel on our TV.” Two relatives told us that the main reason they liked the home was because it was so friendly and that whenever they visited there was always staff available who they could speak with.

We found that medicines were stored securely and medicines administration was completed at the prescribed time intervals. This helped ensure that there was a safe interval in between each time a person was supported with their medicines. Staff had been trained on medicines administration by the local authority. They told us that they found this training was good as it was based on current best practice. Staff’s competency to administer people’s medicines was assessed regularly to ensure a consistent and safe standard was adhered to. Records of the quantities of medicines held matched the records we looked at and people’s records had been completed. Guidance, including that for homely remedies, allergies and medicines that had to be taken at a particular time of day was clear and available to staff.

The registered manager told us how staffing ratios were determined following an assessment of people’s needs. One person told us, “I feel safe because the staff are never far away.” A relative said, “One of the main reasons I chose this home with [family member] was because every time we visited there were always enough staff around helping people.” Staff told us that enough staff were always available to meet people’s needs. They also said, “Agency staff were not used which meant that it was much easier to ensure people received safe consistent care.” We found that people did not have to wait long for their request for assistance to be responded to. Call bells were answered in less than two minutes. Another person said, “It is refreshing to be assured that if I need help that staff are there for me.

We found that staff had completed risk assessments to ensure that equipment was suitable and safe for the person’s use. Accidents and incidents were recorded by the registered manager [provider] and monitored for trends and we saw that action was taken to prevent recurrence. People told us that they were supported to take risks

including going into the garden independently, walking around the home with walking frames and using wheelchairs. We saw that measures had been put in place to support people’s safety. This included equipment such as pressure sore prevention mattresses and cushions to ensure people were safe. A visiting community nurse told us that they had no concerns about people’s safety and that whenever they visited, as far as they were aware, there did not appear to be any shortages of staff.

Another person said, “Staff take me out into town in my wheelchair and always ensure it is safe and I am safely seated.” One relative said, “[Family member] has only been here a few months but in that time I have never had any concerns.”

All staff we spoke with, including non care staff, had received safeguarding training and demonstrated a good understanding of what protecting people from harm meant. They were able to tell us about the signs of potential abuse and who they could report these to. Access to information about protecting people from harm was displayed in the home for people and staff to access if required. Staff were confident that if they had to report poor care (Whistle-Blow) they would not hesitate. This showed us that the registered manager took steps to help ensure people were kept as safe as possible.

Staff told us about their recruitment which included an interview and documentary evidence they had to supply to prove their good character. Records showed there was an effective recruitment process in place. Checks included references from staff’s previous employers, explanations for any gaps in employment history and evidence of photographic identity. This was to ensure that the registered manager only offered staff permanent employment after appropriate checks had been satisfactorily completed.

Where people exhibited health risks and had been identified as being at an increased risk we found appropriate steps had been taken. Examples included the introduction of pressure sore prevention equipment and monitoring of people’s fluid intake and output. Intervention charts and weight checks had been completed to help staff recognise if a person was at risk of dehydration or malnutrition. This was to help ensure that people’s health risks were effectively and safely managed.

Is the service safe?

We looked at the records for checks on the home's utility systems and equipment including lifting equipment, environmental health and fire safety. These showed us that regular inspections and checks had been completed to help ensure people were as far as practicable, safely cared

for in a place that was safe to live, work in or visit. Staff told us about various fire alarm tests which were completed. People were assured that the registered manager had appropriate checks to help ensure their safety.

Is the service effective?

Our findings

All of the people we spoke with told us that staff knew them ever so well. One person said, “Wherever staff provide my care and support they know what they are doing. This can be in the lounge, my room, or other areas of the home. Another said, “They are all so good at recognising when I am well, eating enough, or if I am not my usual self.”

Staff training records showed us that staff kept up-to-date with current practice and that training was planned to ensure people’s needs were met. This included training on diabetes awareness and epilepsy to help staff recognise symptoms of high or low blood sugar levels or seizures and then alert the most appropriate health care professional. One care staff said, “We do a combination of face to face and on-line training which I find really helpful” and “We sometimes go to the provider’s other home where we can share ideas. It also ensures that the local authority keeps us aware of any changes in care techniques or developments in best practice.” In addition, the assistant manager was the nutritional link person with the Cambridgeshire dietetics service. This was to attend training and meetings to cascade any best practice to the service provided at the home.

We found that the registered manager had a comprehensive understanding of changes in the law regarding where consideration for lawfully depriving people of their liberty could be required. This helped ensure people were cared for in a safe way and that people would only have restrictions imposed on their freedom if it was lawful or in their best interests. Care staff knew when to report changes in people’s capacity to make informed decisions and who to report these to. We found that no one living at the home lacked mental capacity as staff respected people’s choices. This showed us that staff, appropriate to their role, had a good understanding about what the implications of the MCA and DoLS meant for each person.

We saw that people’s care plans included advanced decisions for end of life care including do not attempt cardio pulmonary resuscitation (DNACPR) records. These had been correctly completed and the reasons behind people’s decisions agreed by a health care professional.

Staff told us and explained when this decision was to be respected. This showed us that staff were fully aware of when to implement a person’s wishes regarding their DNACPR.

The chef told us, and we saw, that two alternative meal options were provided. One person said, “I am a vegetarian and I can’t eat meats. They offer me lovely options and not just the same things. I am enjoying these fish fingers and vegetables. Another person said, “I have to avoid some foods and they make sure I never get the ones I can’t have.” Diets appropriate to each person’s needs were provided and included soft food options and low sugar content for people who required specialist diets. We saw and people told us that they had snacks and drinks during the day and that they never had to ask for drinks as staff regularly offered these.

During our observations at breakfast and lunch time we saw that people were supported to eat at a relaxed pace in the dining area, in their room or a place of their choice. One person said, “I like to eat in the lounge with [name of person] as it encourages them to eat, offers them some company and I can watch TV too.” A relative said, “[Family member] is not a fussy eater but the food always looks hot, well prepared and they always use fresh options as much as possible. The tables are nicely laid with condiments, tablecloths and napkins. It’s like home should be.”

We saw that a variety of drinks were offered including those for people living with diabetes. One person said, “The portion of my chicken pie was ample so I left some pastry. The food here is very nice and there is always a choice. If I want some soup or anything they get it for me.”

The registered manager showed us how staff’s support, supervision and annual appraisals were conducted. At each supervision the registered manager covered different subjects to ensure staff were as competent as possible in areas such as hygiene standards and accurate medicines administration. Staff confirmed to us that they had regular contact and support from management. One person told us, “The staff know what they are doing and meet. We are just like an extended family and I rarely have to tell them what to do or not do.” We saw, and were told by staff, that they had a comprehensive induction to the home, were supported well and that they had access to on-going training for their development. Another member of staff

Is the service effective?

told us, “I have just done medicines administration, safeguarding and moving and handling training.” The registered manager told us that they also regularly provided day to day support and mentoring to staff.

We found that people’s requests for care and support were attended to promptly with all calls responded to in less than two minutes. We saw that staff understood people’s needs well. This was by ensuring they always received a verbal, written or implied consent from each person before providing any care or support.

People told us, and we saw, that access to a range of health care professionals including visiting community nurses or their allocated GP was available and provided when needed. One person said, “I had to go into hospital for checks and staff helped me throughout, took me there and brought me back.” A visiting community nurse said, “They [staff] are good at following and adhering to our advice.”

The monitoring of people’s health conditions helped ensure that where support was required we saw that referrals to the most appropriate health care professional was made promptly.

We found that people were kept informed about their health care needs and information was passed to relatives if people wanted this. One person said, “It doesn’t matter what support I need the staff access this for me.” A relative said, “I only want my [family member] to be supported properly with their health and that happens.” Another relative said, “I’m happy with the home, some staff are excellent.” We saw and found that where people had been identified as being at risk of malnutrition that timely health care professional advice had been sought and implemented. This meant that people, their relatives and staff were involved in their care and any treatment options and outcomes.

Is the service caring?

Our findings

We saw that people were supported with all their care needs by staff who knew people's needs and how to meet them. Staff were seen to support people in a way that people wanted whilst respecting people's rights to independence. One example was a staff member asking a person if they wanted any sauce with their meal and then sought the person's agreement on the quantity and where they wanted their sauce.

One person told us, "All the staff are kind, spend time sitting with us and having a laugh. It's good to talk with them and share our life's experience. They lend a sympathetic ear and always support me with what I want." We saw that staff respected people's privacy and dignity. Staff knocked on people's doors, sought permission and the person's agreement before offering any care or support. Another person said, "They wash and bath me and always reassure me. I like the new bath."

People's care plans were detailed and included the guidance staff needed to provide, and meet, people's assessed needs. We saw these plans had been regularly reviewed. This was to ensure that people's care was based upon their most up-to-date care needs. One person said, "They went through all the things that are important to me and then I signed my care plan to confirm I had seen it."

A visiting community nurse told us that staff were caring and made every effort to meet people's needs. We saw that throughout the day of our inspection that staff respected people's right to confidentiality by only discussing people's

care in private or closing people's doors when offering assistance. We sat in on a shift change handover. During the course of this staff referred to people by their preferred name and it was clear that all staff knew what people liked and what their preferences were. For example, if they wanted breakfast in bed, what they liked to wear or what they wanted to do each day. This was based upon how each person felt, and if their plans changed, staff responded to this in a compassionate way to support the person.

Information in people's care plans was also provided in a way people could understand more easily. Examples included easy read format or large print to aid those people with visual impairments. The registered manager told us that the team leaders and deputy manager were responsible for ensuring people's care plan were up to date. We found these had been completed and updated to regularly or more urgently where this had been required. One relative said, "[Family member's] needs change but one thing that is consistent is the care staff always provide."

Relatives told us that visiting their family member was always possible and that no matter what time of day it was they were made welcome. One person said, "I have several children and relatives and some visit and some don't but the times for this are never restricted."

The registered manager told us that advocacy services and their contact details were available if required but at the moment they had such a good relationship with people and their families this had not been requested.

Is the service responsive?

Our findings

Prior to people living at the home the registered manager considered each person's needs and whether they were able to meet these needs. One person said, "I have not lived here long and I wasn't sure if I would like it. The staff are always checking with me if I am alright. I have settled in ever so well." A relative told us, "[Name of registered manager] came to visit [family member] and we went through all the things they could possibly need to know. Now that [family member] is here it is clear we made the right choice. All their needs are met."

People we spoke with were very complimentary about the activities and hobbies available to people. One person said, "I used to do some chores such as dusting and tidying but I am too tired now." Another person described, with enthusiasm, how much they loved the fish and other pets the home had or had had in the past. They also said, "We get a singer, a lady who does gentle seated exercise classes, newspapers and impersonators. It's pretty busy."

People's care plans contained a very detailed record of people's life history, preferences and what was important to the person. This helped staff and families identify the things that were important to people. Examples of the implementation of people's hobbies were the provision of accessible gardens including borders and raised beds, tools, raised fish tanks and visiting pets for 'pet therapy'.

One person said, "There is never a dull moment. I can watch TV, take part in card or board games [Snakes & Ladders] or have a snooze. It's up to me." Another person said, "The staff encourage me to take part, which I do on most occasions. I can go out and will do when it's warmer." People told us that they went into town with staff and extra staff were used to ensure people could take part in the things that really were important to them.

A complaints procedure and policies were in place and displayed where people could access these. We found from talking with people, relatives and staff that people were supported to discuss or raise concerns before they turned into a complaint. One person said, "If I had any concerns, which I don't, I would speak with staff or the [registered] manager. The [name of registered manager] is always around and asking for comments. A relative said, "As soon as we ask for something it is provided." Examples of this included the refurbishment of the car park, bathroom and the introduction of dining tables for wheelchair access. Records viewed showed us that the registered manager considered all suggestions and comments from people, staff meetings and an anonymised suggestions scheme to help identify as many views as possible. People told us that they felt totally at home in The Chestnuts Residential Care Home and that they were comfortable to raise anything with the provider at any time. This showed us that views of people who use the service were sought regularly.

Is the service well-led?

Our findings

People told us that the provider, as the registered manager, was always to be seen around the home talking with people. One relative told us, “We asked if [name of registered manager] could get a chair to meet [family member’s] needs. He went off, researched this, considered all options and then bought this chair and showed [family member] how to use it.” One person said, “I wasn’t sure if I would settle in but the registered manager and staff have been amazing at making me feel at home.”

The registered manager had recently implemented changes to the way the staff team were supported. These was by creating the new posts of team leaders and deputising arrangements when managers were on leave. This had empowered staff to be able to make key decisions around people’s care. A visiting community nurse told us, “Since October 2014 it has been much, much easier to get information about people’s health care needs as staff are all kept informed especially the new team leaders.” The registered manager also told us that staff were supported to deputise in his absence and other staff then stepped up to cover deputy manager and team leader posts. This provided a seamless support arrangement for people and limited the risk for any potential gaps in management.

People were regularly asked if there was anything at all that could be improved about the quality of care. This was by a variety of methods including a suggestions and comments facility, but mainly on a one to one basis. Improvements made to the home, including improvements to the building, facilities and landscaped gardens had led to a better quality of life for everyone who lived there. The registered manager told us that he got a much clearer idea of what people’s wishes and concerns were by talking with them. A visiting relative said, “The registered manager gave us their contact details which we can call at any time, day or night.”

We saw and staff told us that they maintained links with the local community including schools who visited at key festive occasions including Easter. One person said, “I love to hear the children sing and talk. It is refreshing to have another type of entertainment.” A relative said, “It was a big decision placing [family member] here but I have no regrets whatsoever. The owner has been like an extension to our

family.” Another said, “Whenever we visit we are made ever so welcome. They (staff) offer us a cup of tea or drink, ask how we are and then tell us about all the hobbies and things [family member] has done.”

Staff told us that were able to talk and discuss anything at all with the registered manager, that they were only ever at most, a phone call away and that the support they received was very good. One member of staff said, “I have worked in Wisbech for other services but the reason I like it here so much is that everyone works as a team, helps each other. [Name of register manager] is so supportive if there is anything that has the potential for change, as long as it’s financially viable, they make changes and improvements” One example of this was the recent five bedroom extension and areas for relaxation including accessible gardens with plants, fish tanks, shrubs and paths where people were able to spend time relaxing. One person said, “It’s Spring soon and I can’t wait to get back in the garden.” This also helped people living with dementia with sensory stimulation and fresh air in a safe way.

The registered manager had notified the CQC of all events that they are, by law, required to do so. We found that they had done this correctly. There had not been any untoward incidents which affected people’s safety or had resulted in any harm. This was confirmed by people, staff and records we looked at.

The registered manager had introduced a passive infra-red monitoring system which alerted them and staff to people’s movements especially at night. The system logged any requests by people for help or support and the registered manager could review the response times. It also recorded what action staff had taken such as calling an ambulance or simply offering the person reassurance as they woke during the night. Staff told us that this was much better than pressure mats which people moved or did not always walk on. This showed us that the registered manager put people first in everything they did to improve the quality and safety of their lives at the home.

The deputy manager told us that the registered manager was very supportive and open to suggestions. They said that, “The new management arrangements made it a real joy to come to work at the home.” They went on to say that agency staff were never used. Additional staff were

Is the service well-led?

recruited to cover when there were any absences and these staff often then joined the permanent staff team. One person said, "If I had anything worrying me I would speak to any of the staff as they are all so good at what they do."

Team leader, managers and staff meetings were held regularly where the registered manager took the opportunity to remind staff of the key values of the home of

putting people first, maintaining a high standard of care and ensuring any issues were nipped in the bud before they became a complaint. One staff member said, "The meetings are a good opportunity to say how we feel and if any other support or equipment is need." And, "I can't think of anywhere else I'd rather work. It is such a happy team and it's all down to [name of registered manager]."