

London Residential Healthcare Limited

Chestnut House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chestnut House Nursing Home is a residential care home providing personal and nursing care up to 85 people. At the time of the inspection there were eight people living at the service, the majority of whom were older people living with dementia.

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

We saw improvements in several areas and three previous breaches had been met in relation to safe care and treatment; staffing and person-centred care. However, continued improvements and the embedding of robust governance systems was still needed.

The provider had introduced new governance checks following the last inspection. These required further time to embed effectively. We found no evidence people had been harmed but we identified systems did not always ensure risks in relation to environmental factors were reduced. For example, the provider and manager's checks and audits had not identified risks and outstanding actions in relation to hot water temperatures and fire safety issues.

The service had not had a registered manager since August 2019. Following the last inspection, a new manager was appointed. Following this inspection, they submitted an application to be registered with CQC. This is in progress.

People using the service, relatives, staff and professionals expressed their confidence in the new manager and deputy manager. People said there had been significant improvements at the service. Comments included, "Excellent care with the new manager in there; she has really turned it around" and "I am feeling confident with new management arrangements; they are approachable..."

There was improved oversight in the management of risk associated with people's health needs and conditions. People said they felt safe at the service. Comments included; "I am very well looked after here" and "It's a happy life here". Comments from professionals and relatives included, "Excellent care with the new manager in there. I have no worries" and "We have been fairly impressed with them (staff)".

There were enough suitably skilled and experienced staff on duty to meet the needs of people currently living at the service. People said staff came quickly when needed. Staff were sensitive in the way they responded to people. Their positive approach and presence reinforced a positive, social atmosphere. People looked relaxed and well cared for.

People were protected from the risk of abuse and harm. Staff understood their role to report potential abuse or harm. They had confidence concerns would be acted on by the manager. Medicines were safely managed.

Where mistakes were made, staff were supported to learn lessons and improve practice through further training, support and by sharing information.

Risks relating to infection prevention and control (IPC), including in relation to the COVID-19 pandemic were assessed and managed. Staff followed recommended IPC practices. Safe visiting was supported.

Improvements meant people received personalised care and support. People had increased access to meaningful activities, occupation and stimulation they needed to live fulfilled lives. There was an activities programme for group and individual activities. Care plans were personalised and provided up to date information to staff about how to support people and meet their health care needs.

People and their relatives felt confident to raise any concerns and felt listened to.

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.

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

Rating at last inspection and update - The last rating for this service was Inadequate (published 07 January 2021). The provider had conditions of registration varied and they were required to submit to the commission a monthly improvement plan based on the audits they completed. At this inspection we found improvements had been made in most areas, however the provider remained in breach of one regulation.

This service has now been rated either requires improvement or inadequate for seven of the eight inspections since 2016.

This service has been in Special Measures since January 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 undertook this focused inspection to check whether the service was meeting legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

Our report is based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective and Caring key questions were not looked at on this occasion.

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 overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led domains of this report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to regulation 17 Good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Chestnut House Nursing 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

The inspection team consisted of two inspectors.

Service and service type

Chestnut House Nursing Home 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 that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and following the site visit an application to register with CQC was submitted.

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, including a monthly improvement plan submitted as part of imposed conditions on the provider's registration. We received feedback from the local authority and commissioners who work with the service. We used all of this information to plan our inspection.

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 met with all of the people living at the service and spoke with two people in detail. Not all people could speak with us about their experience of living at the service. 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.

We spoke with the manager, deputy manager and nominated individual as well as five care staff, the activities co-ordinator and maintenance person. We reviewed a range of records. This included four people's care records and four people's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from six professionals who work with the service and received feedback from three. We received feedback from three relatives.

We continued to review the information we received from the service and feedback from relatives and professionals until 14 June 2021.

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 now improved to Requires Improvement. This meant 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.

Assessing risk, safety monitoring and management

At the last inspection risks to people's health and wellbeing were not consistently assessed and managed. Risk assessments and associated care plans were not in place for some people. At this inspection we found improvements had been made in relation to personal risk management. However, risks to people as a result of environmental factors had not been acted on in a timely way.

- The provider carried out risk assessments and regular health and safety checks. However, we identified areas where they had not identified risks.
- Although there were thermostatic mixing valves (TMVs) on the sinks at the service, there was no clear system in place to monitor them. Hot water temperatures were undertaken from taps in people's rooms each month. The recorded temperatures exceeded the Health and Safety Executive (HSE) recommended temperatures.
- There was no guidance for staff undertaking the temperature checks and the manager had signed the monthly oversight audit even though temperatures were above those recommended by the HSE. This presented a risk of scalds for people who lived at the service.
- Fire safety was generally well managed. However, recommendations within the fire risk assessment in relation to some fire doors had not been actioned. The nominated individual took immediate action to address this. Following the inspection site visit, they confirmed this work was being addressed as a matter of urgency.
- There was no evidence of harm experienced by the people at the service as a result of the shortfalls identified. However, the risk remained. The provider responded quickly to rectify concerns raised on inspection.
- There was improved oversight in the management of risk associated with people's health needs and conditions.
- People said they felt safe at the service. Comments included; "I am very well looked after here. Staff are very good and do just what we want" and "It's a happy life here". Comments from professionals and relatives included, "Excellent care with the new manager in there. I have no worries" and "We have been fairly impressed with them (staff)".
- People had risk assessments and associated care plans in place. Assessments were carried out to identify risks to people's health and safety and care plans were in place detailing how these could be reduced. These were completed for issues such as risk of falls, choking, the use of bed rails, moving and handling, nutrition, and skin integrity.

- Care plans were developed following these assessments to help prevent or minimise the risk of harm to people using the service. For example, where one person was assessed as at risk of choking, a care plan and a nutritional care needs chart was completed and detailed the consistency of diet required and level of assistance required.
- Where people required food and fluid records to ensure they had adequate intake, these were completed and tallied to ensure concerns were highlighted and shared with staff. A GP reported that they were always contacted if staff had concerns about people's health, including weight loss. They added, "We don't feel they (staff) are missing important issues. They are over cautious if anything and we trust them to know what is going on".
- Where people required the use of bed rails a risk assessment had been completed to minimise the risk of entrapment or injury. Monitoring checks were undertaken to ensure they were safe to use.
- People who were at risk of developing pressure damage had pressure relieving equipment in place and staff ensured they had regular position changes.
- Staff were aware of people's individual risks and supported them in accordance with their assessments and their needs. Staff told us the care records were more detailed and they had time to read them. They said communication within the team was good and they had regular handovers to ensure they had up to date information about people's needs.

Staffing and recruitment

At our last inspection, the shortfalls in staffing and staff skills and knowledge were a breach of regulation. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- There were enough suitably skilled and experienced staff on duty to meet the needs of people currently living at the service. People said staff came quickly when needed. Comments included, "They are here when I need them. They wait on me hand and foot..." and "They come pretty quickly. They don't rush me".
- The number of people living at the service had reduced since our last inspection. Staffing levels had also changed, with several staff on furlough. There were three care staff and a registered nurse on duty in the mornings to provide care and support to eight people. Staffing reduced in the afternoon to two care staff and one registered nurse. The team were supported by the manager, activities co-ordinator and ancillary staff, including catering and domestic staff.
- At the last inspection, staff did not have enough time to deliver activities, emotional care and support to people. At this inspection staff reported improvements. The activities co-ordinator said, "I have time to do my job...I can focus on activities now". Another staff member reported, "We were task orientated before...it is more personalised now".
- Staff received training to be able to deliver safe, responsive care. Staff completed training in relation to safe working practices as well as specific training to enable them to understand and meet people's needs. A staff member said, "Support, training and supervision is great".
- People and relatives felt staff had good knowledge and expressed confidence in their abilities. Comments included, "They (staff) know what they are doing" and "The staff are very kind and considerate, they try so hard. We have absolutely no concerns".
- The provider followed safe procedures for the recruitment of staff and all appropriate checks had been completed before new staff were employed in the home.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, improvements were needed to ensure all staff had confidence in the management team to take action and keep people safe. At this inspection improvements had been made.

- People were protected from the risk of abuse and harm. No concerns were raised with us during the inspection. People said they felt safe and well cared for. One person said, "Staff are so friendly and kind"; another said, "I am safe and happy here".
- The provider had safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns. They were confident the manager would act on any concerns. Staff were aware of external organisations they could contact should they have concerns which had not been acted upon.

Using medicines safely

- Medicines were safely managed. There were suitable arrangements for receiving, storing and disposal of medicines, including medicines requiring extra security.
- The Medicine Administration Records (MAR) had been completed and there were no missed signatures which meant we were assured medicines had been administered.
- People had clear instruction to guide staff how they liked to take their medicines.
- There were protocols in place for administering PRN (as required) medicines.
- Medicines were audited regularly with action taken to follow up any areas for improvement.

Learning lessons when things go wrong

- Staff completed accident/incident forms, which were monitored by the manager to ensure all necessary actions had been taken to reduce risk. For example, in relation to falls.
- The manager audited accidents and incidents monthly to check for any themes or trends that needed further action. For example, related to the environment.
- Where mistakes were made, staff were supported to learn lessons and improve practice through further training, support and by sharing information.

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 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 responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection the shortfalls in the planning and delivery of person-centred care was a breach of regulation. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Improvements made meant that people received personalised care and support. People had increased access to meaningful activities, occupation and stimulation they needed to live fulfilled lives.
- People's social and family histories, interests and what was important to them was recorded and used to provide personalised care and support. For example, one person had been a pilot. He showed us two large prints hanging on their wall of world war 2 fighter planes, which had been given to him by the manager from her own collection. The person was very pleased with the prints and spoke about their time as a pilot with enthusiasm and pride.
- Another person gained comfort and pleasure from looking after and comforting dolls. They had a large pram in their room to help fulfil this need. A person who enjoyed being outside told us, "I get into the garden a lot now and love looking at the flowers..."
- Improvements had been made to the deployment of the activity staff time. For a more personalised approach, a tea trolley was no longer taken around. This freed up the activity staff to undertake and support people with activities.
- There was an activities programme for group and individual activities. On the day of our visit people had enjoyed making jam tarts, using pom poms to music and arts and crafts.
- The activity organiser said, "Now we are able to spend time with people. I speak to all of the residents monthly to ask what they would like on the activity planner". People had a copy of the activities in their room, so they were aware of what was planned.
- Care plans were personalised and provided up to date information to staff about how to support people and meet their health care needs. They included details of who was important to the person and what they enjoyed doing.
- People were supported to have choice and freedom around their care and were able to maintain a personal routine that suited them. For example, one person said they were an early riser but like to stay up late; they added "They (staff) always work to my routine. They are respectful..."
- There was a person-centred approach in the service and each person was treated as an individual. Staff interacted with people in a positive manner and were focused on doing their best for the people they

supported.

- We observed staff comforting or supporting people at various times during the day. When one person became anxious, staff gave one to one reassurance and spent time with them until they felt better. We observed staff on their knees when speaking with people to ensure good eye contact and communication was maintained.
- Relatives said there was good communication with the manager and deputy manager at the service. They confirmed in person visits were being arranged to suit them. One told us, "I visit every week. They (staff) are very good and I feel safe when I visit. They take every precaution." Another relative said, "I am very happy with the care there. Mum has always received good care".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans provided information about people's sensory or hearing impairment. For example, whether they needed a hearing aid or glasses to improve communication.
- Staff knew how to communicate with people. We observed they gave people time to respond and they listened to and acted on people's requests.
- Information was available in different formats to help people understand.
- Relatives said staff supported people to keep in touch with them.

Improving care quality in response to complaints or concerns

- Records of any complaints received were recorded along with what action had been taken and the outcome. There had been two complaints raised with the manager since the last inspection. Both complaints had been investigated and responded to and people were happy with the outcome.
- Records showed, actions or learning from complaints was shared with staff.
- People and their relatives felt confident to raise any concerns and felt listened to.

End of life care and support

- No one was receiving end of life care when we visited. However, some people were frail and had anticipatory medicines prescribed for pain management and other symptoms should they require end of life care.
- People and their families had the opportunity to identify their wishes for their end-of-life care. This included what was important to them in the event of their health deteriorating. It captured their views about resuscitation and any funeral arrangements.
- The staff team had received thank you cards and letters for their dedication and care. Comments included, "We just wanted to say thank for all the love, care and attention you gave..."

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 now improved 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.

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

At our last inspection the provider had failed to ensure that oversight was effective in improving the safety and quality of the care people received. This was a continued breach of regulation. At this inspection, although a number of breaches had been met, there were still areas for improvement.

- CQC has taken enforcement action and imposed and varied conditions of registration on the provider for the last three inspections. These conditions included providing CQC with monthly improvement plans.
- The provider had introduced new governance checks following the last inspection. These required further time to embed effectively. For example, the provider and manager's checks and audits had not identified risks and outstanding actions in relation to hot water temperatures and fire safety issues.
- The provider responded to these concerns immediately during the inspection. Contractors' quotes were being obtained for the remedial repairs required for the fire doors and this work was to be given priority. The hot water thermometer was being re-calibrated, and the manager had added more regular checks to the service improvement plan to ensure closer monitoring.
- We saw improvements in several areas and three previous breaches had been met. However, continued improvements and the embedding of robust governance systems was still needed.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was the sixth consecutive inspection where there was a continued breach of regulation 17

- The service had not had a registered manager since August 2019. Following the last inspection, a new manager was appointed. Following this inspection, they submitted an application to be registered with CQC. This is in progress.
- People using the service, relatives, staff and professionals expressed their confidence in the new manager and deputy manager. People said there had been significant improvements at the service. Comments included, "Excellent care with the new manager in there; she has really turned it around. She has the right attitude for people with dementia"; "I am feeling confident with the new management arrangements; they are approachable, and they are on it. The deputy rang and introduced herself, which was a nice thing to do and put my mind at rest" and "I know the new deputy and manager and have confidence in them. They need

encouragement and support now to continue with the improvements".

- Staff felt equally positive about the new management arrangements. There had been significant management and staffing changes prior to and since our last inspection. This had impacted on staff morale and service consistency. However, care staff felt things had improved over recent months and told us they felt supported. Comments included, "I have seen a lot of changes; seen it at its best and worst. With (new manager and deputy manager) things have improved 100% - they are amazing; they listen and act..."; "Things are much improved since last inspection. We have more time for people. The manager and deputy work with staff and listen to us. Things feel much better" and "It so lovely now and I am smiling again".
- Staff had a good understanding of their role and were committed to providing a good standard of care. One professional explained, "Staff there are caring and competent, but we would like them to be more confident". The professional said registered nurses seemed anxious about making decisions and "paralysed by doing the wrong thing". They felt this was a result of the level of scrutiny and criticism of the service. They added, "We have never seen systemic failure with our patients at Chestnut House".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were skilled and sensitive in the way they responded to people. Their positive approach and presence reinforced a positive, social atmosphere. People looked relaxed and well cared for.
- We saw staff took time to involve people in decisions about their day to day life and to promote people's well-being. This included spending time celebrating important dates and supporting people's preferred routines and activities.
- People were consulted about their views and experiences of the service. Satisfaction surveys were distributed to people using the service and their relatives just prior to the inspection. The manager planned to review and collate the results and add any suggested improvements to the overall service improvement plan.
- The activities coordinator and chef met with people regularly to talk about the activities programme and menus. One person told us, "I know the chef well. You can ask for something else if you don't like the menu". They said following a recent conversation with the chef they were regularly having their favourite dish.
- Relatives said they were involved in aspects of their family member's care and were kept up to date about any changes in their health needs. One relative said, "Communication is very good. They always let me know what is going" and "They are very good and contact me if any changes. We are always informed". One relative felt communication could be improved when a person needed supplies of toiletries. They said they would speak with the deputy about this.
- Staff said communication at the service had improved greatly. They attended regular handover meeting to ensure they were updated on any changes.
- Staff were positive about the support they received from the manager and other senior staff. Staff said they had opportunities to meet regularly with the manager to talk about their work and any training needs they had.
- Surveys had been sent to staff to obtain their feedback. We reviewed those returned, which showed a good level of satisfaction.

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 service was open and honest with people and relatives when things went wrong. Where any concerns about staff attitudes or performance were identified, these were dealt with in accordance with the provider's

policies and procedures. We saw apologies were given where complaints were up-held.

- Information was appropriately shared with the local authority safeguarding team and CQC.
- The rating from the last inspection was displayed at the service and on the provider's website.

Continuous learning and improving care

- Overall, we saw improvements since the last inspection in respect of the delivery of person-centred care. The new management team and staff were committed to continued improvement. One staff member said, "We have discussed with (the manager and deputy) how to keep that personalised service when we are full again. We are going in the right direction". This showed staff and the management team were considering how to ensure the improvements made were sustained.
- Managers and staff had completed training and kept up to date with the law and current good practice guidance, including that relating to the COVID-19 pandemic to update their knowledge and learning.

Working in partnership with others

- The service had links with health and social professionals and worked in partnership with them to make sure people received the care and support they needed. This included GPs; commissioners and social services staff.
- Professionals confirmed referrals to them were appropriate and staff followed any instructions they were given. One professional said, "We have been doing some training with them and they are keen for that". Another said, "We have no concerns about the level of care for our patients".

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 17 HSCA RA Regulations 2014 Good governance There were shortfalls in assessing and monitoring the quality and safety of the service. This is a continued breach of regulation.