Care Quality Commission

Chestnut Care Limited

Savile House

Inspection report

25 Savile Road
Halifax
West Yorkshire
HX1 2BA

Tel: 01422359649

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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

Summary of findings

Overall summary

About the service: Savile House is a residential care home that was providing personal care to 14 people aged 65 and over at the time of the inspection.

People's experience of using this service:
People and relatives were happy with the care provided at Savile House. They told us staff were good and kind and treated them with respect. People were given choices and able to make decisions about their daily lives. People received personalised care and this was reflected in their care records.

There were enough staff to meet people's needs and keep them safe. Recruitment processes ensured staff were suitable to work in the care service. Staff were well trained and supported by a registered manager who worked with them providing direction and guidance.

Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse. People's health care needs were well managed and they received their medicines when they needed them.

Activities were available and people were supported to go out in the community. People's dietary needs were met although there was mixed feedback about the food. The registered manager was working with the chef to make improvements.

The home was clean and well maintained. Many areas of the home had been decorated and refurbished and this process was ongoing.

A complaints procedure was displayed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

People, relatives and staff praised the management of the home and spoke highly of the registered manager. The registered manager was committed to making the service the best it could be for the people who lived there. Effective audits and checks helped them in this process.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 5 February 2018).

Why we inspected: This was a planned inspection based on the rating awarded at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
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 well-led Details are in our Well-Led findings below.	**Good**

Care Quality Commission

Savile House

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: The inspection was carried out by one inspector.

Service and service type: Savile House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection in January 2018. This included details about incidents the provider must notify us about. We also sought feedback from the local authority and Healthwatch. The provider completed a Provider Information Return (PIR). This is information providers must send us at least annually to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection we spoke with five people living in the home and three relatives to gain their views on the care provided. We spoke with the cook, three care staff, the registered manager and the provider.

We reviewed a range of records. These included two people's care records and four people's medication records. We also looked at two staff files around staff recruitment, training and supervision. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe in the home.
• Staff had received safeguarding training. They understood how to recognise abuse and protect people from the risk of abuse.
• A system was in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management
• Systems were in place to identify and reduce risks to people and staff understood how to keep people safe.
• People's care records included risk assessments for areas such as falls, nutrition, mobility and skin integrity with guidance for staff on how to manage the risks.
• Technology and equipment was used appropriately. For example, one person who was at high risk of falling, had an adjustable height bed, sensor mat and crash mat in place to reduce the risks of injury.
• Equipment and the environment was safe and well maintained.
• Staff had received fire safety training and taken part in fire drills so they knew how to respond in the event of a fire. Evacuation plans were in place to ensure people received the support they needed in an emergency situation.

Staffing and recruitment
• There were sufficient staff to meet people's needs. People said, "Always seem to be enough [staff] around" and "I can get up when I want and go to bed when I want."
• Staffing levels were calculated according to people's dependencies and the registered manager kept this under review.
• Morning staffing levels had increased recently in response to people's preferences and a rise in occupancy. Staff worked well together as a team to ensure people's needs were met.
• Staff were recruited safely with all required checks completed before they started in post.

Using medicines safely
• Medicines were ordered, stored, administered and disposed of safely.
• People told us they received their medicines when they needed them and this was confirmed in the medicine records we reviewed.
• Staff followed guidance when administering 'as required' medicines, ensuring people received these appropriately.
• Safe protocols were in place to support one person in administering their own medicines.
• Staff had completed training in medicines administration and the registered manager assessed their

competency annually.
• The registered manager completed regular medicine audits; any issues identified were dealt with promptly.

Preventing and controlling infection
• Infection control was managed well.
• Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately
• The home was clean and odour free.

Learning lessons when things go wrong
• The registered manager reviewed all accident and incident reports. We saw the registered manager had taken action to reduce any risks and prevent re-occurrences.
• A monthly analysis o accidents and incidents considered any themes or trends and any lessons to be learned were shared with staff.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
• People were supported by staff who had ongoing training. Training was monitored by the registered manager to ensure staff were kept up to date.
• Staff confirmed they received regular supervision and said they felt well supported by the registered manager. Annual appraisals were scheduled.
• Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. One new staff member told us their induction had been thorough and had included a period of shadowing a senior staff member.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager assessed people's needs before they moved into the home to ensure the service had the resources and skills to meet individual requirements.
• People's needs were continually reviewed to ensure the care they received met their choices and preferences. Care was managed and delivered with reference to lawful guidance and standards.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us there was always a choice available but gave mixed feedback about the food. Comments included; "The food must be alright cos I eat it" and "The food's not very good. I don't think it's cooked right. I used to do all my own cooking. It's not what I'm used to." Relatives told us, "The food's okay. There's a new chef and I think [they're] still finding [their] feet" and "[Family member] is a very fussy eater but [they] seem to enjoy the food here."
• People had breakfast as they got up throughout the morning and were asked what they would like to eat and drink. However, lunch in the dining room was not as well organised. People were seated for some time before the meal was served. People who were sat together did not receive their meals at the same time. Staff checked with some people what they wanted to eat but others were just presented with the meal they had chosen earlier in the day. We discussed this with the registered manager who had already identified improvements were needed through their audits and observations and was working with the chef and staff to make improvements.
• Details of people's dietary needs and preferences were displayed in the kitchen to inform the chef. Menus rotated on a fortnightly basis and showed a choice and variety of meals. Drinks and snacks were provided throughout the day.
• The kitchen had been inspected the day before our inspection and achieved a food hygiene rating of five (the highest level).
• Staff monitored people's weight for any changes. Records showed where people were low weight or had lost weight, appropriate action had been taken. This included referrals to health care professionals and

fortified meals and snacks to boost nutritional intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

• Staff worked with other organisations to deliver effective care and support to people. Care records showed input from health professionals such as the GP, care home liaison team and district nurses.
• The registered manager told us of the difficulties they had experienced in arranging routine dental care for people who required home visits. We saw letters they had sent to people's GPs requesting a referral to community dental practices.
• Staff worked together as a team to provide consistent care to people. Handover meetings between shifts gave staff opportunities to discuss people's care and informed them of any changes.
• People were supported to live healthier lives. The chef and registered manager had recently attended Food for Life training which is part of a national project looking at improving the nutrition and well-being of older people. The cook and registered manager had discussed improvements they could make as a result of this learning.

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

• The provider had an ongoing redecoration and refurbishment programme and we noted improvements since the last inspection.
• Many areas had been redecorated and new flooring had been fitted in communal areas, corridors and some bedrooms. There was a new wet room with an assisted shower and the bathroom on the first floor was being redesigned and upgraded.
• People had been involved in decisions about the décor and furnishings. For example, choosing new chairs for the lounge, bed linen for their rooms and the type of flooring they wanted.
• Some environmental adaptations had been made to help people living with dementia find their way around. Daylight bulbs provided additional light in corridors which made it easier for people to see. Bedroom doors had been painted different colours and had people's names and photograph on them so they were easier to locate.
• In the dining room pictorial menus were displayed and an orientation board showed the date, time and weather.

Ensuring consent to care and treatment in line with law and guidance

• The Mental Capacity Act (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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The service was working within the principles of the MCA.
• The registered manager had systems in place to monitor and keep track of DoLS applications and authorisations. Five people had DoLS authorisations and there were no conditions in place.
• Staff were aware of and had completed training in the MCA and DoLS.
• Where people lacked capacity to make a particular decision, capacity assessments and best interest decisions had been taken appropriately.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People told us they liked living in the home and were well treated. Comments included; "Staff are good here. We all get on well" and "I like them and they like me." When we asked one person what they thought about the staff they gave us a big smile and a thumbs up.
• Relatives spoke positively about the staff and the care provided. They said, "Staff here are all very good, they look after [family member] well"; "Staff here are lovely, [family member] always looks well cared for and is well dressed" and "We looked at other places but they weren't as friendly as they are here."
• Staff were gentle, patient and kind with people and were attentive to their needs.
• People were comfortable with staff, chatting and laughing together.
• Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care
• People were involved in making decisions about their care and daily lives. The registered manager described sitting with individuals discussing their care needs and preferences to make sure this was fully reflected in their care plans.
• Relatives told us the service kept them well informed. One relative said, "They always let me know what's happening [with family member]. They're good like that."
• We heard staff offering people choices such as where they would like to sit and whether they wanted to join in with activities. Some people chose to spend time in their rooms, while others liked to sit in communal areas.

Respecting and promoting people's privacy, dignity and independence
• We saw staff treated people with respect and maintained their privacy and dignity.
• Staff understood how to maintain confidentiality and asked people discretely if they needed any support.
• Staff enabled people to maintain relationships with friends and relatives. One relative said, "I can visit at anytime and I'm always made welcome. That's different to other places [family member's] been in, as there were times I wasn't allowed in.

Good

Is the service responsive?

Our findings

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

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
• Our discussions with staff and observations of care showed people received personalised care from staff who knew them well.
• Care records had improved and reflected people's care needs and preferences.
• Staff understood people's communication needs. These were identified, assessed and recorded in people's care plans and shared appropriately with other professionals involved in their care.
• Care staff provided activities for people on a daily basis and details of these were displayed in the home. We saw people enjoyed listening to music in the lounge with some singing along and others tapping their feet and hands. In the afternoon some people took part in a game of indoor skittles while others were happy to watch. One person was doing a jigsaw puzzle and told us how much they enjoyed doing jigsaws.
• We saw photographs of activities that had taken place over the last six months. These included a summer fayre, Body Shop pamper day, making Remembrance Day poppies and a Hallowe'en party. A local radio station had visited in December 2018 and interviewed people who chose their favourite songs. On Christmas Day people gathered together to listen to their songs being played and dedicated to them.
• People had also started going out. One person had enjoyed a trip to the Piece Hall in Halifax, another person had attended a summer party at another care home.
• Although activities had improved since the last inspection, some people told us they were bored. One person said, "There's not much to do. I just sit here." The registered manager recognised more could be done and was striving to make activities more individualised to meet people's preferences and interests.

Improving care quality in response to complaints or concerns
• The complaints procedure was displayed in the home.
• People and relatives said they had no complaints but were confident if they raised any issues these would be dealt with appropriately. One relative said, "I've no worries or concerns, I'd speak to [registered manager] if I did. I know she'd sort it."
• Complaints and minor concerns were logged. Records showed these had been investigated and the complainants informed of the outcome.

End of life care and support
• The registered manager told us there was no one currently receiving end of life care.
• The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The service had a registered manager who provided effective leadership; working alongside staff providing guidance and support and ensuring standards were maintained.
• People and relatives all knew the registered manager and spoke positively of the improvements they had made to the service. One relative said, "{Registered manager] is very good. You can go to her with anything, she knows people really well and seems to really care about them." Another relative had sent a letter thanking the home for care provided to their family member and had written, "Since Paula has been promoted to manager the home has become even better."
• Staff said they enjoyed working at the home and gave positive feedback about the management of the service. One staff member said, "Paula's a really good manager. There's been a lot of change and things are better. People [who live in the home] are happier and there's a lot of laughter."
• Quality assurance systems were effective. Audits we reviewed identified areas for improvement and action plans showed these were acted upon.
• The provider visited the service regularly and carried out monthly visits to assess the quality of service provision. We saw visit reports were thorough and identified any actions required.

Working in partnership with others
• The provider and registered manager continued to work in close partnership with other agencies, such as the local authority, to secure improvements for people living in the home. Links had also been forged with visiting health and social care professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider held regular meetings with people and relatives to keep them informed of any developments and to gain their feedback on all aspects of the service.
• A quarterly newsletter had been introduced giving people information and updates about the home.
• Surveys were sent out annually to people, relatives and health and social care professionals to gain their views of the service.
• The registered manager held regular staff meetings and minutes showed the focus was on improving the quality of care for people.

Continuous learning and improving care

• The registered manager was committed to finding ways to improving the service for people and understood their legal requirements. They were open to change and keen to listen to other professionals and seek advice when necessary.
• The registered manager demonstrated an open and positive approach to learning and development. They had recently completed a leadership course with Calderdale Council for leaders in the health and social care sector. They spoke passionately about how this had helped develop them as a leader, given them confidence in their role and provided a network for the sharing of knowledge, practice and ideas to improve care.