Nazdak Limited

Chestnut Residential Care Home

Inspection report

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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

The inspection took place on the 21 November 2016 and was unannounced. The home was last inspected on the 28th April 2016 in response to information we received. Before that the home received a comprehensive inspection on 27 November 2015.

Chestnut Residential Care Home provides care and accommodation for up to five older people. At the time of our inspection visit there were five people staying at the care home.

We heard positive comments about the service and people and their representatives clearly appreciated the atmosphere of a small care home.

Chestnut Residential Care home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

People were protected from the risk of being cared for by unsuitable staff because robust recruitment practices were operated. Medicines were well managed. People were supported by sufficient numbers of staff who received appropriate training to carry out their role. People were protected from the risk of abuse by staff who understood safeguarding procedures.

People received personalised care, and they were treated with kindness. People's privacy and dignity was respected and they were supported to maintain their independence. Activities had been developed to include a wider range of activities including music and movement and lunch trips.

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.

People were safeguarded from the risk of abuse because management and staff understood how to protect them.

People were protected against the appointment of unsuitable staff because robust recruitment practices were operated.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their role.

People were supported to eat a varied diet.

People's rights were protected by the use of the Mental Capacity Act (2005).

People were supported to meet their healthcare needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness.

People had developed positive relationships with the staff team.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received individualised care and they and their representatives were consulted to gain their views about the care

they received.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good

The service was well-led.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and safety of the home.

Chestnut 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 provider 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 inspection took place on 21 November 2016 and was unannounced. The inspection was carried out by one inspector. We spoke the registered manager, the nominated individual, two people using the service and two members of staff. We carried out a tour of the premises, and reviewed records for five people using the service. We also looked at four staff recruitment files. We checked the medicine administration records (MAR) for people using the service and records relating to the management of the care home. Following the inspection we spoke on the telephone with two relatives of people using the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available. People using the service and their relatives told us Chestnut Residential Care Home was a safe place to be. People were protected from financial abuse because there were appropriate systems in place to support people to manage their money safely.

People were protected against identified risks. For example there were risk assessments for falls, pressure area care and nutritional risks. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People were protected from risks associated with fire, legionella, scalding and electrical systems through regular checks and management of identified risks. The testing of portable electrical appliances (last completed in October 2015) had been booked for the Thursday following our inspection visit. Cleaning materials were safely stored and information was available about cleaning products in line with the Control of Substances Hazardous to Health regulations (COSHH).

When we visited we found the care home was warm and clean. A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal fire evacuation plans held in a folder for easy staff access. One person on respite care did not have a plan in place we discussed this with the registered manager who confirmed this was in place following our inspection visit. Laundry ready for washing was appropriately and safely stored. The latest inspection of food hygiene by the local authority in July 2015 had had resulted in the highest score possible.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. One person told us they received enough help from staff for their needs. A call system was in place in all individual rooms, bathrooms and toilets. One person told us they had never had a need to use the call system. Staff also felt staffing levels were sufficient for peoples' needs, One member of staff acknowledged tea time was busy, another member of staff said staffing levels were "just right".

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. We discussed with the registered manager that during periods of hot weather more frequent temperature monitoring may be useful. Medicine keys were stored in line with the registered provider's policy. Medicines administration records (MAR charts) had been completed

appropriately with no gaps in the recording of administration on the MAR charts we examined. Where directions for giving people their medicines had been handwritten, checks were in place to ensure the accuracy of the directions. Individual protocols containing detailed directions for staff to follow were in place for medicines prescribed to be given as necessary. One person told us they received their medicines at the correct time each day. There were records of medicines received in to the care home and for any returned to the pharmacy. Medicine audits including stock checks were carried out on a monthly basis.

Good

Is the service effective?

Our findings

People using the service were supported by staff who had knowledge and experience for their role. Since our previous inspection a new staff team was in place consisting of two 'regular' members of staff and two apprentices. Apprentices were working towards a qualification in social care and always worked with a more senior member of staff. In addition one apprentice had completed the care certificate qualification and the other was in the process of this. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff gave examples of training they had received or training planned such as fire safety, health and safety and first aid. Other training specific to the needs of people using the service had been completed such as dementia and continence. A relative of a person using the service told us staff were "really good". Staff also had meetings called supervision sessions with the registered manager to discuss areas such as training, care practices and development.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's capacity to make day to day decisions about their care and support had been assessed. We saw examples of 'Do not attempt resuscitation' forms for some people. These had been completed by a GP and through consultation with the person's relative and staff where people lacked mental capacity. An application had been made to deprive one person of their liberty and this was awaiting an outcome. Another person was under consideration for an application and the registered manager described how they had been consulting the person's relatives about this.

People were supported to eat a varied diet suitable for their needs. Since our previous inspection a new menu was in operation which changed each week for four weeks. This offered a choice of main course each day with sandwiches, soup or other snack meals at tea time. Breakfast was served on a flexible basis in response to people's time of rising. One person told us "the meals suit me perfectly". They told us how they always had the same things for breakfast which was their choice. They told us they had "no complaints" with the meals provided.

People's healthcare needs were met through regular healthcare appointments and visits from healthcare professionals. One person told us how healthcare appointments were quickly arranged for them if they were needed. Records were kept of visits of GPs and other health care professionals. People had received 'flu vaccinations in preparation for the winter. When we visited one person was receiving an eye test in their individual room from a visiting optometrist. People also received visits from a chiropodist.

Good

Is the service caring?

Our findings

People had developed positive caring relationships with staff. Throughout the inspection we observed staff communicating with people in a respectful and caring way and responding to people's requests. People confirmed staff were kind and polite to them. One person described the staff as "lovely" and described a "nice atmosphere" in the care home. Another person told us "they treat me alright". People's relative's confirmed the caring nature of the staff team. One response to the 2016 quality assurance questionnaire stated "We are always impressed with the way (the person) is treated with dignity and respect at all times".

During our observation at lunchtime we noted staff speaking to people to check on their wellbeing and their enjoyment of the meal. People's needs with eating and drinking were met and staff were attentive and respectful to people. A calm and relaxed atmosphere was maintained to allow people to enjoy their meal.

In order for staff to understand the people they were caring for, information about people's backgrounds, their interests and important relationships were recorded in a life story document. People's likes and dislikes were also recorded. People's needs in respect of their religious beliefs were known and understood. People received visits from relatives with no restrictions. One person told us how their relative visited them on a regular basis. One relative told us they could "call into the home at any time" another said they were "welcome at any time".

People and their representatives were able to give input into the planning of their care. The registered manager described how one person was consulted about their care plan and other people had input from their relatives. Although there was no use of advocacy services by people at the time of our inspection visit, information about local advocacy services was available and a policy provided guidance for management and staff. Advocates are people who provide a service to support people to get their views and wishes heard.

People's privacy and dignity was respected. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support such as knocking on doors before entering, keeping doors and curtains closed and ensuring people were covered up. Care plans made reference to actions to preserve people's privacy and dignity. One person told us how they were able to enjoy privacy in their individual room and how staff would knock on the door before entering. We noticed the door of a bathroom on the top floor did not close properly. Only one person had a room on this floor, we discussed this with the registered manager and the nominated individual. Following our inspection visit the nominated individual confirmed that work would take place on the Sunday following our inspection visit to adjust the door and fit a new lock. People were supported to maintain independence. Staff gave us examples of how they would act to promote independence such as allowing people to carry out personal care tasks and encouraging mobility.

Good

Is the service responsive?

Our findings

People received personalised care and support. The provider information return (PIR) stated, "Our residents receive personalised care and support. They all benefit from an individualised person-centred care plan, which all staff adhere to. These plans have been developed with the residents and their families, to ensure they reflect their choice, preferences and beliefs". However we found two people receiving respite care lacked care plans. Although there was information to support people with their needs this was not in the form of a care plan. We discussed this with the registered manager who confirmed following our inspection visit that a care plan had been initiated for the one person remaining on respite care in the care home. Care plans were personalised with specific and individualised information about people's needs and the actions for staff to take to meet them. One person confirmed they received the support they required for their needs. A flexible approach was taken to the times people went to bed and when they chose to get up in the morning. Some adaptations had been made for people living with dementia with pictorial signs on rooms and toilet doors. A bold coloured toilet seat had been used for a person living with dementia. The distinctive colour helped the person to recognise the toilet and support their independence.

People were supported to take part in activities and interests in the home. The PIR stated, "We try and have enough activities to stimulate our residents, so that they do not get bored.
Residents' care plans include information about their hobbies and interests so that staff can incorporate these into group activities. However, if there are residents who prefer solitary as opposed to group activities, this is recognised and respected." During the afternoon of our inspection visit a bingo session was taking place in the lounge. We also saw one person occupying themselves with a puzzle book. Films, puzzles and games were also available.

Since our previous inspection there had been an increase in the variety of activities provided for people. A music and movement session also took place every four weeks provided by a visiting activities organiser. A reflexologist also visited to provide foot and hand massage. The PIR stated "This was well appreciated by the residents. We therefore hope to have more input from this person". A library service also visited the care home. Following a successful lunch outing another was planned for people to have a Christmas meal at a local pub. A choir from a local school was due to visit to sing carols nearer to Christmas and there were plans for people to choose festive decorations for the lounge. One person told us how they had enjoyed spending time in the garden during the summer where appropriate seating was available.

There were arrangements to respond to any concerns or complaints. No complaints had been received since our previous inspection visit. Information about how to make a complaint was available in the service user's guide and prominently displayed in the entrance hall. People were able to give their views about the service through regular meetings. The PIR stated, "There are frequent resident meetings to ensure that they are satisfied with the care they receive".

Good

Is the service well-led?

Our findings

The home had a registered manager who had been registered as manager of Chestnut Residential Care Home since October 2012. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been notified of these events when they occurred. The registered manager was in the process of completing a qualification in social care.

The statement of purpose described the aims and objectives of the service which included "to provide our residents with a secure, relaxed and homely environment in which their care, well-being and comfort is of prime importance". The registered manager and nominated individual described the current challenge of running the service was to achieve full occupancy for all five beds in the care home. To this end postcards had been distributed to homes in the local area and information posted on a care home information website to raise awareness of Chestnut Residential Care Home.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Information about whistleblowing was available in the staff handbook. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People using the service, their representatives and staff were positive about the management of the service. One person told us how they thought the home was "well-run". Staff described good communication and good relationships in the care home. The registered manager worked shifts alongside staff providing care and support to people using the service. The registered manager was in close contact with the nominated individual who attended the home during our unannounced inspection.

The views of people and their representatives about the quality of the service were sought. The provider information return (PIR) stated, "We have an open communication policy so all staff and residents can voice their concerns. What our staff, residents and their relatives say is our biggest
assurance of the quality of care we provide. The views of the residents and their representatives are actively sought through surveys". These were sent out on a six monthly basis with the most recent survey completed in June 2016. Views were sought on areas such as dignity and respect, menus, the approachability of staff and any improvements. Three responses had been received. One of these had raised the issue of more activities. In response the input of a reflexologist for massage and a person providing music and movement had been organised. The registered manager was waiting for a quality review of the service by the local authority. A monthly medicines audit was completed by the registered manager which recorded findings and areas identified for action. A health and safety audit had been completed by an outside agency in September 2015.