

## Downing (Chertsey Road) Limited

# The Chestnuts

### 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 Chestnuts provides accommodation, personal care and support for up to 20 adults who have a learning disability, some of whom may also have physical disabilities and/or sensory impairments. There are three separate units within the home, two of which have eight bedrooms and one of which has four bedrooms. There were 20 people living at the home at the time of our inspection.

There was a registered manager in place. 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.

At the last inspection on 6 July 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were safe because staff understood any risks involved in their care and took action to minimise these risks. The rota was planned to ensure there were sufficient staff to keep people safe and meet their needs. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work.

Medicines were managed safely. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. Staff maintained appropriate standards of health and safety, including fire safety. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency.

People's care was provided by regular staff who knew their needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. Staff were aware of any dietary restrictions involved in people's care. People's healthcare needs were monitored and they were supported to obtain treatment if they needed it. People who had ongoing conditions were supported to see specialist healthcare professionals regularly.

People enjoyed living at the home and had positive relationships with staff. Staff treated people with respect and maintained their privacy and dignity. People were supported to maintain relationships with their friends and families and were able to invite guests whenever they wished. People were encouraged to manage aspects of their care independently where they were able to do so.

People's needs had been assessed before they moved to the home to ensure staff could provide the care and support they needed. Care plans were person-centred and reflected people's individual needs and preferences about their support. People had access to activities they enjoyed and had opportunities to enjoy an active social life. People were involved in their local community

People were encouraged to give their views about the service they received and the provider responded positively to feedback. Complaints were responded to appropriately and used to improve the service.

The registered manager provided good leadership for the service. They led an experienced management team that was accessible to people who lived at the home, their relatives and staff. Relatives told us communication from the management team was good and staff said they felt well supported and valued for the work they did.

Staff shared important information about people's needs effectively. Handovers took place at the beginning of each shift to ensure staff were up to date with any changes in people's needs. There was a plan in place for each shift which identified which member of staff was responsible for key tasks. Team meetings were used to ensure staff were providing consistent care that reflected best practice.

Regular quality monitoring checks ensured people received safe and effective care and support. Records were well organised and up to date. Staff worked co-operatively with other professionals to ensure people received the care and treatment they needed.

Further information is in the detailed findings below.

## 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 remains Good.

There were enough staff to meet people's needs and keep them safe.

People were protected from avoidable risks

Staff understood their roles in keeping people safe.

People would continue to receive care in the event of an emergency.

People were protected by the provider's recruitment procedures.

Medicines were managed safely.

### Is the service effective?

Good ●

The service remains Good.

People received consistent care from staff who knew their needs well.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People enjoyed the food provided and were consulted about the menu.

People's healthcare needs were monitored effectively.

### Is the service caring?

Good ●

The service remains Good.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

People were involved in planning their care.

### **Is the service responsive?**

**Good** ●

The service remains Good.

People received care that reflected their individual needs and preferences.

People had access to activities they enjoyed.

People were involved in their local community.

People were encouraged to give their views about the service they received and these were acted upon.

### **Is the service well-led?**

**Good** ●

The service remains Good.

The registered manager provided good leadership for the service.

Staff shared important information about people's needs effectively.

Quality monitoring checks ensured people received safe and effective care and support.

Staff worked co-operatively with other professionals to provide the care people needed.

Records were well organised and up to date.

# The Chestnuts

## 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 checked 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.

The inspection took place on 4 October 2017 and was unannounced. This was a comprehensive inspection carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This 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.

During the inspection we spoke with five people who lived at the service. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with the registered manager and seven care staff. We also spoke with three professional practitioners who visited the home on the day of our inspection. We looked at the care records of four people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We checked records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection we spoke with five relatives by telephone to hear their views about the care and support their family members received.

## Is the service safe?

### Our findings

People told us they felt safe at the home. They said staff were always available if they needed them. Relatives told us there were always sufficient staff on duty to meet people's needs and keep them safe. One relative said, "There are always enough staff."

The rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift. Staff told us staffing levels were sufficient to enable them to provide the care and support people needed. The registered manager told us the rota was planned to ensure additional staff were allocated where necessary to enable people to attend trips, outings and appointments. We observed that there were sufficient staff available to meet people's needs promptly and that people did not have to wait for care.

People were protected from abuse because staff understood their roles in keeping people safe. Staff had attended safeguarding training and knew how to raise concerns if they witnessed abuse or poor practice. They were able to describe reporting procedures and told us they had been given information about whistle-blowing. One member of staff said, "We should do everything to our best ability. If we think there is something wrong then I would report it to the manager and make sure it was all written down. If there were something bad for residents this would be investigated."

People were protected by the provider's recruitment procedures. Staff told us they had submitted an application form detailing their employment history and qualifications and attended a face-to-face interview before being offered their posts. The provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Risk assessments had been carried out to keep people safe while supporting them to be independent. Staff had considered the risks people faced and identified measures that could be taken to reduce these risks. Any accidents or incidents were recorded in detail by staff. Accident/incident records were reviewed to check that appropriate measures had been implemented to prevent a similar event occurring in the future.

Staff carried out regular fire safety checks and fire drills were held periodically. The provider had carried out a fire risk assessment and staff had attended fire training. There was a personal emergency evacuation plan for each person which detailed the support they needed in the event of a fire. The fire alarm system and firefighting equipment were professionally inspected and serviced at regular intervals. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather.

Medicines were managed safely. Staff authorised to administer medicines had attended training in this area and their competency had been assessed. Risk assessments had been carried out to ensure that people who wished to manage their own medicines were able to do so safely. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines.

Audits were carried out regularly to ensure that the management of medicines was safe and effective.

## Is the service effective?

### Our findings

People were cared for by staff who had the support, training and skills they needed to provide effective support. Relatives told us they were confident that staff had the skills required to support their family members effectively. One relative said, "The staff I have met have all been extremely competent." Relatives told us people's care was provided by regular staff who knew their needs well. They said this meant their family members received consistent care and support. One relative told us, "There is a good team of core staff."

Staff attended an induction when they started work, which included shadowing colleagues before they provided people's care. Staff told us the induction process was thorough and had prepared them well for their roles. One member of staff said, "I spent the first week shadowing, firstly just watching then helping until I knew the job. I learned how to help people and all about them. I didn't realise how much I would really enjoy the job." Another member of staff told us, "I've always worked in care but I still had an induction when I started. I had a booklet which went through the induction and listed what needed to be done." All new staff were expected to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that care staff should demonstrate in their daily working lives.

Staff attended all elements of core training during their induction, including health and safety, moving and handling, infection control, fire safety and first aid. Refresher training was provided in these core areas and staff had access to additional training relevant to the needs of the people they cared for, such as epilepsy. Staff told us the training they received had equipped them to provide the care and support people needed. One member of staff said, "I have done lots of training, some of it with trainers and some online. For sure we get all the training we need." Another member of staff told us, "The training was quite extensive, on-line and on the job."

Staff met with their line managers regularly for one-to-one supervision and had an annual appraisal. Staff told us supervision sessions provided useful opportunities to discuss their support and training needs. One member of staff said, "We can discuss any issues. Any concerns with ourselves or with residents. [Managers] always say if there is a problem to come to them. They always ask what they can do to help us."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. They understood that any restrictions should only be imposed upon people where authorised to keep them safe. People's best interests had been considered when decisions that affected them were made. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. People were involved in choosing the meals they ate. Staff told us the menu for the coming week was discussed on Sundays and people were encouraged to contribute to the menu. People confirmed they were consulted about the menu and two people told us the meals they had suggested which were included on the menu.

Staff were aware of any dietary restrictions involved in people's care and the support they needed to eat and drink safely. One person told us they had an intolerance to certain food groups and said staff helped them identify alternative foods that they could eat. Another person was unable to distinguish between hot and cold temperatures, which potentially put them at risk. We saw that staff checked the temperature of the person's food and drinks with a thermometer before giving to them to ensure it was safe to consume. A third person required a texture-modified diet as recommended by the speech and language therapy team. Staff were aware of the guidelines regarding the preparation of the person's meals and ensured these were followed.

People's healthcare needs were monitored and they were supported to access treatment if they needed it. People told us staff helped them make a medical appointment if they felt unwell and accompanied them to appointments. Relatives said staff monitored their family member's healthcare needs closely and ensured they had access to treatment when required.

People who had ongoing conditions were supported to see specialist healthcare professionals regularly to monitor these conditions. For example one person who had epilepsy had regular appointments with a specialist nurse and consultant neurologist to monitor their condition. Correspondence from the neurologist stated that staff provided comprehensive and accurate information about the person's epilepsy, such as details of seizures and medication administration records, which enabled them to assess the person's condition effectively.

Each person had an individual health action plan, which contained details of the medicines they took and any needs in relation to communication, mobility, diet and personal care. A care passport had been developed for each person, which contained important information for medical staff in the event of an admission to hospital.

## Is the service caring?

### Our findings

People were supported by kind and caring staff. People told us staff were friendly and said they got on well with them. One person told us, "Staff are nice. They are friendly. They look after us." Another person said, "I like all the staff."

Relatives told us staff were kind and compassionate towards their family members. One relative said of staff, "They are really kind." Another relative told us, "The staff are absolutely lovely. I can't fault them." A third relative said, "It's a really good home, I'm very happy with it. The staff are very good, they are first class."

Relatives said their family members enjoyed living at the home and had good relationships with staff. One relative told us, "I know he is settled and happy there, it's his home." Another relative said, "Whenever I speak to her on the 'phone, she always says she's happy. I am so glad we found this place and got her in there." A professional practitioner said of the staff, "I have nothing but good to say about them. Nothing is too much trouble for the staff; they are so friendly and caring with the residents. I think people are very happy here."

Relatives told us that staff treated people with respect. They said their family members could have privacy when they wanted it and that staff respected this. Relatives told us staff encouraged their family members to be independent and to manage aspects of their care where they were able to do so. Staff encouraged people to make choices about their care and support. People met regularly with their keyworkers to discuss the support they received and to identify goals that were important to them. Relatives told us keyworkers played an important role in ensuring their family members received a service that met their needs. One relative said, "I couldn't be happier with his keyworker. She makes sure he has everything he needs." Another relative told us, "His keyworker is very good; she keeps me up to speed."

People were supported to maintain relationships with their friends and families. Relatives told us they were invited to events at the home and could visit their family members whenever they wished. One relative said, "I can go over there at any time. The only reason I ring first is to make sure [family member] is in." One relative told us they were no longer able to collect their family member from the home and that staff now facilitated visits to their home. The relative said, "I can't manage helping her in and out of the car now so they drive her over to me and pick her up again."

Staff worked with people and their relatives to develop care plans that reflected their individual needs and preferences about their support. Relatives told us they valued this co-operative approach to planning their family member's care. One relative said, "They consult me about everything. We were involved in developing the care plan. We went through it together. They have always responded very well if we have requested changes." Care plans were reviewed regularly to ensure they continued to reflect people's needs and relatives were able to contribute their views to this process.

## Is the service responsive?

### Our findings

People received care that was personalised to their individual needs. People's needs had been assessed before they moved into the home to ensure staff could provide the care and support they needed. Where needs were identified through the assessment process, care plans had been developed which detailed the support people required and how they preferred their care to be provided. For example, care plans had been developed to address people's needs in relation to communication, nutrition, mobility. People's needs were kept under review and their care and support plans updated if their needs changed.

Care plans recorded people's preferred routines and how they liked to spend their time. They also contained information about people's lives before they moved into the home, which meant staff had the information they needed to engage with people about their life history and their interests.

People were encouraged to give their views about the home and these were listened to. For example, the home had been redecorated and people had been consulted about décor and colour schemes. Some people had been supported to move into other units within the home according to their wishes. For example one person moved to four-bedded unit from an eight-bedded unit as they preferred a quieter environment. Another person moved within the home because they wished to have a bedroom near a close friend.

People had access to activities they enjoyed, such as bowling, ice skating and arts and crafts, and had opportunities to enjoy an active social life. One person told us they enjoyed attending a horticultural project and another person said, "I like going out. I go to White Lodge. I went shopping yesterday. I like shopping." Relatives told us staff knew how their family members preferred to spend their time and planned activities based on these preferences. People were involved in their local community and regularly used local cafés, shops, pubs and restaurants.

Staff confirmed that people had regular opportunities to take part in activities that met their needs. One member of staff told us, "I've done this job for 16 years in different places and can honestly say these guys have the best activity programme I have seen. There is always something happening." A professional practitioner said, "They are always doing something when I come in. There's lots of young people here. Staff are very motivated to get everyone involved and communicate well with people."

The home employed an activities co-ordinator who planned activities to meet people's individual preferences. For example one person enjoyed watching football and the activities co-ordinator had arranged for them to attend a professional match with staff support. Another person had been supported to visit Brooklands motor museum and Silverstone as they had an interest in motorsport.

There were appropriate procedures for managing complaints. People were encouraged to speak up if they were dissatisfied and we saw evidence that the provider had responded positively to feedback. Where complaints had been received, we saw that these had been investigated and responded to appropriately. If the provider's investigations identified areas for improvement, there was evidence that action had been

taken to address these issues. For example one complaint had been made about the condition of a person's wheelchair. The complainant had received an apology and the cleanliness of the person's wheelchair was being monitored. Another complaint related to the positioning of the call bell in a person's bedroom. The provider repositioned the call bell on the day the complaint was made. A third complaint related to the provision of care to one person. The provider took action to resolve the concerns raised and met regularly with the complainant to monitor improvements.

## Is the service well-led?

### Our findings

The home was well managed. There was a stable and experienced management team that comprised the registered manager, assistant manager and a manager for each of the home's three units. People and their relatives told us the management team were accessible and approachable. One relative said, "The management team is very good. Everything is run very smoothly. If something has cropped up, they have always dealt with it." Another relative told us, "It's very well run. The management is very good, they're really on the ball. We have very good communication with them. I know if I have a problem I can go to them and it will get sorted out."

People and their relatives were encouraged to give their views about the home. Residents meetings were held regularly and the provider distributed satisfaction surveys annually to relatives and professionals who had an involvement with the home. The most recent satisfaction surveys provided positive feedback about the quality of care, the staff and the management of the home. A relative had commented, "We are very happy with the care and kindness my daughter receives." A professional stated the home, "Continues to provide a good standard of care for my client, effectively meet his needs and keep him safe." Another professional said of the home, "Well managed. Staff understand and respond to patient needs appropriately. Consistent very good care."

Staff told us the management team provided good support to staff and to the people living at the home. They said they felt valued for the work they did and were encouraged to seek advice if they needed it. One member of staff told us, "They are very nice, you can approach them. They make sure we are happy working here." Another member of staff said, "It's very well organised. If there's a problem, it gets fixed very quickly." Staff had access to management support at all times as a member of the management team was always available on call.

Team meetings took place periodically and were used to ensure staff were providing consistent care that reflected best practice. Staff communicated important information about people's needs effectively. Staff attended a handover at the beginning of their shifts for an update on people's welfare and any scheduled appointments or activities. There was a plan in place for each shift which identified which member of staff was responsible for key tasks, such as providing personal care, administering medicines and accompanying people to appointments.

There was an established system of quality monitoring that ensured people received good quality care and support. Key areas of the service, such as health and safety, accidents and incidents and staff training, were audited regularly and action taken to address any shortfalls identified. People's care records were audited to ensure they were receiving appropriate care and that their needs were being met. For example care audits checked that people had received their medicines correctly, received all their personal care, attended any planned healthcare appointments and scheduled activities.

The standard of record-keeping was good. Staff maintained detailed daily records for each person, which provided important information about the care they received. These records were person-centred and

provided an insight into the experience of the person receiving care. Records such as repositioning and food and fluid charts were maintained where necessary. The provider had recently introduced an electronic system for staff to record care notes. The registered manager told us this had proved useful as a monitoring tool because managers were able to see information in real time and to check the completion of records remotely.

The registered manager and senior staff had established effective links with health and social care professionals to share information and to ensure they adopted best practice. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.