Chestnut Care Limited

Savile House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 4 January 2018 and was unannounced.

At our last inspection on 4 and 5 October 2017 we rated the service as 'Inadequate' and identified six breaches which related to staffing, safe care and treatment, person-centred care, consent, safeguarding and good governance. The service remained in 'special measures' which it had been at our previous inspections in November 2016 and April 2017.

At this inspection we found improvements had been made and the breaches had been addressed. We have now rated the service overall as 'Requires Improvement'.

Savile House provides personal care for up to 24 older people, some of who may be living with dementia. There were 15 people using the service when we visited. Accommodation is provided on three floors, there are single and shared rooms and some have en-suite facilities. There are communal areas on the ground floor, including a lounge, dining room and conservatory.

The home has a manager who has applied for registration with the Care Quality Commission. 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.

We found the provider, manager and staff had worked hard to make improvements. People told us they felt safe and no concerns were raised about the staffing levels. Although care staffing levels remained the same, additional measures had been put in place to ensure care staff did not have to complete cooking, cleaning and laundry tasks on a regular basis. We have made a recommendation that the provider keeps staffing levels under review to make sure there are sufficient staff to respond to people's needs.

Safe recruitment procedures were in place which helped ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs. Training updates were being arranged for some staff.

We found improvements in the way people's medicines were managed which meant people received their medicines when they needed them. However, there were ongoing problems with the dispensing pharmacy which the manager was taking action to address.

Staff's understanding of safeguarding procedures had improved and they knew how to report any concerns. Safeguarding incidents had been identified and referred to the local safeguarding team and reported to the Commission. Risks to people were assessed and managed to ensure people's safety and well-being.

The home was clean, comfortable and bright. Many areas of the home had been refurbished and redecorated and this was ongoing.

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's care plans had improved and the electronic care record system was being used. Further development was planned to make sure the care records were more person-centred. People had access to healthcare services such as GPs, district nurse, dentist and chiropodist.

People's nutritional needs were met. People were offered choices and given the support they required from staff. People's weights were monitored to ensure they received enough to eat and drink.

People told us they liked the staff. We saw staff were kind, patient and caring in their interactions with people. People told us they were treated with respect and this was confirmed in our observations. People looked clean, comfortable and well groomed. A range of activities were provided.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

We found the leadership and management of the home had improved. The provider had a more active role in the running of the service. Everyone spoke highly of the manager who they said was approachable and supportive. Quality assurance systems had been put in place since the last inspection and we saw action had been taken when issues had been identified. The provider and manager had worked hard in implementing many positive changes and acknowledged further improvements were required. They were committed to ensuring the improvements made were sustained and developed further to make sure people consistently received high quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were managed safely, although there were ongoing difficulties with the dispensing pharmacy which the manager was addressing.

Staffing levels were sufficient to meet people's current needs, however we recommend these are kept under review when occupancy increases. Staff recruitment processes were safe.

Risks to people's health, safety and welfare were assessed and mitigated. Safeguarding incidents were recognised, dealt with and reported appropriately. Safe infection control systems were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

The majority of staff received the induction, training and support they required to fulfil their roles and meet people's needs, although some staff still required updates which had been booked.

The service was meeting the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met, although the recording and monitoring of food and fluid needed to improve. People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

The staff were kind and caring.

People's privacy, dignity and rights were respected and maintained by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records generally reflected people's current needs and were up to date, although further development was needed to make them person-centred.

A range of activities and events were provided for people.

Systems were in place to record, investigate and respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a manager who provided strong leadership and effective management of the service and had applied for registration.
Previous regulatory breaches had been met and quality assurance systems were in place. However, we would need to see evidence of sustainability and continued improvements before we could conclude the service was well-led.

Savile House

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.

This inspection took place on 4 January 2018 and was unannounced. The inspection was carried out by three inspectors.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. 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.

We observed how care and support was provided to people. We spoke with four people who were using the service, one relative, five care staff, the chef, the manager and the provider. We also spoke with a visiting social care professional and an advocate.

We looked at four people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we identified breaches in relation to risk management, medicines, safeguarding and staffing. At this inspection we found improvements had been made in all areas.

People told us they received their medicines when they needed them. We saw safe systems were in place to manage medicines. However, records showed there were ongoing problems with the pharmacy dispensing the medicines to the home. Our discussions with the manager showed they were dealing with this and had been communicating with the pharmacy to try and rectify the issues.

We looked at a sample of medicine administration records (MARs) and these were well completed with no gaps. One person sometimes required their medicines to be crushed and there was detailed guidance from the pharmacist about how this should be done for each medicine. Where people were prescribed 'as required' medicines there were protocols in place to show when these medicines should be given. The manager told us two people self-administered some of their medicines. We saw risk assessments for this had been completed and secure storage was provided in people's rooms.

Separate MARs were in place for topical medicines such as creams and ointments and included body maps which showed where to apply. Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. We checked the storage, records and a random selection of stock and found they were correct. Room and fridge temperatures were monitored daily and records showed these were within the safe range.

The manager told us all senior staff involved in medicine management had completed up to date training and competency assessments. This was confirmed by the training matrix and staff records we reviewed.

The provider had taken action to improve the staffing levels. A new dependency tool was being used which took into account the layout of the building as well as people's dependencies. The registered manager told us this was reviewed monthly or whenever people's needs changed. The numbers of care staff on duty throughout the day and night had not changed from our last inspection, although occupancy levels had reduced by one. However, additional measures had been put in place with regard to ancillary staff. A new domestic had started who was covering cleaning and laundry duties. The cook was now working one day at the weekend and on the other day arrangements had been made for a local restaurant to provide the lunchtime meal. This meant care staff were no longer completing laundry, cleaning and cooking tasks at the weekend. The manager told us in the near future the new domestic would be taking on weekend cooking duties. They were also in the process of recruiting two more senior care staff.

People told us they felt safe and no concerns were raised with us about the staffing levels. A call bell panel had been fitted on the second floor which meant staff could now see who was calling for assistance whereas previously they had had to go to a panel on another floor. An additional hoist had been purchased and was awaiting a safety check, which had been booked, before it could be used. This meant there would now be a hoist available on each floor for the night staff. We saw staff were visible in communal areas throughout the

day. However, there were periods of time when people were in the communal areas and there were no staff present. We recommend as occupancy increases the provider keeps the staffing levels under review and ensures there are sufficient staff to respond to and meet people's needs.

We found risk management had improved. All care plans contained personal emergency evacuation plans (PEEPs) which detailed the level of assistance people needed. For example, levels of mobility and any cognitive or sensory impairment which may impact on the person's response to emergency situations. We saw there was a file containing hard copies of these available for staff to refer to at any time.

At our last inspection there were fire sledges available for use in an emergency evacuation, however, staff told us they had not been trained to use them. At this inspection the provider told us they were liaising with a training provider and hoped to have sourced appropriate training during January 2018. We saw nominated staff had received fire marshal training in November 2017.

At our last inspection we found one person's bedroom had two doors into a corridor and the person told us staff often used this as a shortcut. At this inspection we found a ceramic bolt had been fitted to one door, meaning staff could not routinely use it although it remained safe for use as a fire exit. We asked the provider whether the fire officer had been consulted to ensure the bolt met current fire safety standards. They told us the consultancy they used had recommended the equipment. We advised the provider to consult the fire officer.

Yellow hazard strips were in place on the staircase in accordance with home's risk assessment. A staff member told us two people used the stairs independently and there was a risk assessment about this in their care plans. Daily water temperature checks were carried out by the registered manager. Records confirmed three locations were tested each day and the water had remained at safe temperatures since our last inspection.

There were comprehensive environmental audits in place, which detailed actions to be taken to drive improvements, together with who was responsible for taking action and by when. An audit conducted by an external consultant noted a low temperature in some bedrooms. We visited these rooms and saw thermometers had been put in place to enable staff to monitor the temperature. We found only one of these rooms felt cold and the temperature was 14 degrees. The provider made arrangements to re-commission a wall heater in the room, however the person who lived in the room said they were happy with the temperature. We checked the gas safety certificate which was up to date and saw no issues were recorded.

At our last inspection we saw incident reports which showed one person had inappropriately touched another person and these risks were not being managed robustly. At this inspection we looked at both people's care plans and saw there was no information about this risk. We asked the manager who told us there had been no incidents for some time and when the care plan was re-written they had decided not to include it. We shared with them observations made during our inspection and recommended the care plan was reviewed and this risk and associated management strategies were included.

The manager had taken action to improve staff's understanding of safeguarding and the reporting procedures. Safeguarding records showed referrals to the local authority safeguarding team had been made appropriately since the last inspection and notified to CQC. The manager audited safeguarding referrals looking at any themes for which actions could be taken to mitigate the risk of the situation reoccurring. The manager told us lessons had been learned from the last inspection and said they now understood the reasons for reporting all unexplained injuries and had taken action to ensure this was done. They said they had discussed safeguarding and reporting at a recent staff meeting and minutes we saw confirmed this. We

spoke with a senior staff member who said they had been given conflicting information about when to make safeguarding referrals by management consultants working at the home. However, they felt the staff meeting had given a clear direction and confirmed they would not hesitate to report any issues.

Accident records showed there had been eight accidents since the last inspection, three of which related to one person. We saw appropriate actions had been taken in response to the accidents, for example the person who had fallen three times had been referred to the falls team. The manager had completed monthly audits and we discussed with them ways in which they could improve the process, such as looking at times when accidents had occurred and the staffing levels.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

We found there were effective infection control systems in place. The home was clean and there were no noticeable odours. We saw quarterly infection control audits were completed, which included actions, timescales and who was responsible for completing them. The audits included mattress checks and guidance from the local authority on checking mattresses was attached to the audit. Slings for use with hoists were kept in people's rooms, meaning the risk of poor infection control was minimised.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found staff were not receiving the training and support they required and mental capacity assessments and best interest decisions were not recorded. At this inspection we found improvements had been made.

Staff told us training had improved. One staff member said they had received training in first aid, infection control and continence care since the last inspection. The training matrix showed the majority of staff were now up to date in training the provider identified as mandatory. An audit identified those who still required an update and a plan was in place to make sure they received the necessary training.

The manager told us all new staff completed the care certificate. The care certificate is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support. The manager and provider had started level five of the care certificate which, when completed, would enable them to support staff through various levels of the programme.

The manager had planned regular staff supervisions for the next 12 months. Staff told us they had received supervision since the last inspection and the supervision matrix confirmed this.

The Mental Capacity Act 2005 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 so that they can 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.

We looked at all of the current authorisations and none had conditions attached. The manager had an overview of all DoLS applications and authorisations which gave the dates the application had been made, the date the authorisation had been granted and detail of any conditions. This had been reviewed and updated on a monthly basis.

Mental capacity assessments had been completed for people when required. Where necessary, the best interest decision process had been followed. Documentation showed what the decision related to, who had been involved and what the outcome was. We saw best interest decisions had been made in relation to restrictions such as the use of bedrails and sensor mats.

People told us they enjoyed the food. We saw people having breakfast throughout the morning. Each person was offered a choice and asked what they would like and breakfast was brought in on a tray. Some people had cereal and toast whereas other chose a cooked breakfast. One person told us, "I like my bacon and

eggs. It's grand." A pictorial menu was displayed in the dining room showing the meals for the day. We saw people were provided with drinks and snacks between meals.

We saw food and fluid charts were in place for people who were low weight or identified as nutritionally at risk. Daily intake was being monitored by the manager. However, we found the recording of food and fluid intake could be improved. We discussed this with the manager who agreed and said they would take action to address this.

There was a monthly audit of people's weights, which included an action plan showing the measures put in place to minimise this risk. The records showed two people had started to lose weight since the last audit and referrals had been made to dieticians for advice. One person's care plan had been updated with clear guidance for staff to follow. This included foods and snacks the person enjoyed which staff should offer regularly and information about fortified drinks and how the person liked to take these. People's nutritional care plans contained detailed information about foods and snacks they enjoyed. One person used adapted crockery and there was information in the care plan about this.

People's healthcare needs were being met. At our last inspection we saw one person needed referring to a dentist. Records showed a dentist had attended, however the person had not consented to any examination. The manager told us they planned to meet with members of the person's family to discuss ways in which they may be able to help the person agree to an examination.

We saw many areas of the home had been redecorated and refurbished. Lighting had improved in some areas which made the home brighter. The provider told us there was an on-going refurbishment plan to improve all areas of the home.

Good

Is the service caring?

Our findings

People told us they liked the staff. One person said, "Oh they're very good. We have a bit of a laugh." We saw staff were patient and kind with people; taking time to listen to what they had to say and providing comfort and reassurance where needed. For example, we saw one person was anxious as they thought they were late for their breakfast and kept asking staff if they were late. All staff and the cook in particular, took time to reassure the person. The cook said, "You're not late, mate. Don't worry, you can have your breakfast at any time." We saw the person smiled, relaxed and enjoyed their cooked breakfast.

We observed staff were caring and considerate in their interactions with people. Staff clearly knew people well and understood their individual needs. In the morning we saw one person was leaning over the side of the lounge chair and asked staff to assist them. Staff supported the person to sit more comfortably and left however the person began to lean from their chair again. When staff returned 30 minutes later they made the decision to support the person to their bed where they thought they would be more comfortable, explaining to the person what they were doing and why. We saw from the person's daily records that they had been leaning for a couple of days and had been cared for in bed for their safety. The manager told us the GP had diagnosed an infection. We asked staff if there was a different type of chair this person could sit in comfortably and staff said no. We visited this person in their bedroom on two occasions later in the day and saw their bed was situated so the person was looking toward a blank wall. Although a television was in the room this was behind the person. A radio was also in the room but this was not turned on. We discussed this with the manager who told us they would look into this and would refer the person to the appropriate healthcare professional for a seating assessment.

We observed staff treated people with respect and ensured their privacy and dignity was maintained. People looked well-groomed and were comfortably dressed. We observed staff knocked on people's doors before they entered. Staff were polite, offered people choices and explained what they were doing; checking this was all right with people before proceeding. Any personal care required was carried out in private.

We found action had been taken to address privacy and dignity issues we had identified at our previous inspection. For example, one person had raised concerns about staff using their bedroom as a thoroughfare. We found the provider had taken action to rectify this matter and the person told us they were happy with the improvements that had been made. Another person had been undoing their clothing in a communal area, which compromised their dignity. This had been addressed. The person's care plan had been updated to include guidance for staff to prompt the person to adjust their clothing and new clothing had been purchased by the person's family.

People's care plans contained detailed information about their lives, important relationships and cherished memories.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found people's care plans were not person-centred, up to date or accurate. At this inspection, we found improvements had been made.

People told us they were happy with their care. One person said, "Oh aye, they look after me here. I can't complain." A relative we spoke with told us they were satisfied with the care their family member received.

The manager told us they had transferred all the care documentation onto an electronic care system. All staff had received training on the new system and were now using it. The provider and manager had recognised that some staff were more confident in using the system than others and were arranging additional training and support for these staff.

We saw care records reflected people's individual needs, preferences and characters. Some contained personalised information. For example, one person's care plan detailed the brand of toiletries they liked to used and clearly showed what the person could do for themselves as well as the support they required from staff. However, other care plans were more generic. The manager recognised further work was required to ensure the care plans were person-centred and fully reflected people's needs. A care plan audit had been developed and an initial review of some care plans had been completed. Areas for development and improvement had been clearly identified. The manager told us they would be taking responsibility for making sure the issues identified were addressed and would reflect this through the audit process.

At the last inspection we had raised concerns about one person who was accommodated in a bedroom which was not big enough to safely accommodate the hoist the person required. At this inspection we saw the manager had discussed this with the person and their family. We found the person had moved to a bigger bedroom where there was plenty of room for the hoist to be used.

We saw information was accessible to people. In the dining room there was a large clock which also showed the date, weather and season. A pictorial menu was displayed. A large activity board in the entrance hall showed the planned activities for the week. Photos were displayed showing people enjoying recent events which had taken place. We saw staff asked people in the lounge what they would like to watch on television and told them the programmes which were available so they could choose. In the afternoon we saw people in the lounge taking part in a quiz with staff.

The complaints procedure was displayed in the home. We saw one complaint had been received since the last inspection. Records showed this had been investigated and dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

Our previous inspections identified shortfalls in the management and leadership of the home and a lack of effective quality assurance systems. At this inspection we found improvements had been made.

The manager had been in post for a month when we last inspected. At this inspection they told us they had applied for registration with the CQC. In December 2017 two relatives contacted us to tell us how the home had improved. One relative said, "We have seen a massive improvement in (person's) health. (Person) is a lot happier and the staff treat (person) well. Since the new manager was put in place a few months ago the home has improved even more." Another relative said, "The owner and the new manager have really made some fantastic improvements. I call in various times of the day sometimes morning, sometimes evening, sometimes at meal times and I can honestly say that I have always found the staff here polite, friendly, helpful and so kind with my (relative) and the other residents. Nothing is too much trouble here and I feel very pleased with all of my (relative's) care." Staff also spoke positively of the continued improvements made by the provider and manager.

We spoke with a social care professional and an advocate who had both been visiting the home over the past year. They told us they had seen a massive improvement since the manager had been in post. They said communication was better and there was more consistency. They had noted improvements in the care documentation and found staff were knowledgeable about people's needs and kept them informed of any changes.

We saw the provider was taking a more active role in the running of the service, working closely with the manager to ensure improvements were ongoing. We were given a copy of the provider's improvement plan which confirmed this. We saw provider visit reports for November 2017 and January 2018 which showed records had been reviewed and discussions had been held with the manager agreeing actions to be taken. The manager told us they felt supported by the provider and had a good working relationship.

Quality audit systems had improved and were more effective. However, these had been implemented recently and needed to be sustained and developed further. There was an annual quality audit planner which identified the audits to be completed each month. We saw the home manager had completed audits in areas such as weight monitoring, pressure area care, falls, the environment, water temperatures and infection control. The audits identified actions to be taken, who was responsible and gave a timescale for completion of each action.

We asked the provider whether they had conducted any survey activity since our last inspection. They told us a survey had been drafted, however they had felt it was too long and had asked for it to be re-written. They said they hoped to give this to people and their relatives early in the new year.

We saw minutes from recent meetings held with people who lived in the home, relatives and staff. These showed the improvements being made were discussed and views and opinions on these were sought and taken into consideration.

We saw the rating for the service from the last inspection report was displayed in the home as required. The provider is also required to display the rating on their website however the provider does not have a website.