Nazdak Limited

Chestnut Residential Care Home

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

Overall summary

This inspection took place on 27 November 2015 and was unannounced.

Chestnut Residential Care Home provides care and accommodation for up to five older people.

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 happy with their care however people were at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied.

Summary of findings

People had their ability to consent assessed and their wishes respected however those who had been deprived of their liberty to keep them safe did not have the authorisations in place as required by law.

People and their representatives made positive comments about Chestnut Residential Care Home; they appreciated the caring approach of the staff and the atmosphere of a small care home. Their individual needs and wishes were known to staff who had achieved positive relationships with them. People were consulted for their views on the service in particular meals and activities. People and their representatives were involved in the planning and review of their care. Risks to people's safety were identified, assessed and appropriate action taken. Visitors were welcomed into the care home. One visitor described the care home as a "cheerful place" and added "we all end up laughing when we visit".

Staff received support to develop knowledge and skills for their role. A small staff team worked closely together to keep people safe and meet their needs. One staff member commented "all the staff here are good, we work well together". The management were visible and accessible to people, their visitors and staff.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not fully safe.

People were not protected against the appointment of unsuitable staff because robust recruitment practices were not operated.

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

People's medicines were managed safely.

Requires improvement

Is the service effective?
The service was not fully effective.

People's rights were not protected because the Deprivation of Liberty Safeguards were not understood and had not been used correctly.

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

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Requires improvement

Is the service caring?
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.

Good

Is the service responsive?
The service was responsive.

People received individualised care and were regularly consulted to gain their views about the support they received.

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

Good

Is the service well-led?
The service was well-led

Good

Summary of findings

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 27 November 2015 and was unannounced. Our inspection was carried out by one inspector. We spoke with three people using the service and two visitors. We also spoke with the registered manager, the nominated individual of the registered provider and two members of care staff. We carried out a tour of the premises, and reviewed records for four people using the service. We also looked at four staff recruitment files. We checked the medicine administration records (MAR) for 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. Before the inspection we looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Before our inspection we received information from a social care professional who had been involved in reviewing the service on behalf of the local authority.

Requires improvement

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not being applied. Three members of staff had been employed without checks on their conduct during all of their previous employment or their reasons for leaving previous employment which involved caring for vulnerable adults. Information about conduct in previous employment for one member of staff had been received although it was not from a person currently in a suitable position to give such information. The registered provider did not have a policy in place to guide the registered manager in the procedures for recruiting staff.

We found that the registered person was not operating effective recruitment procedures and did not ensure all the required information was available. People were placed at risk of being supported by unsuitable staff. **This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Disclosure and barring service (DBS) checks had 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. Identity and health checks had also been undertaken before staff started work.

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 visitors 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 equipment through regular checks and management of identified risks. People also had personal fire evacuation plans. A plan for dealing with any emergencies that may interrupt the service provided was in place. The latest inspection of food hygiene by the local authority 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. Another person commented, “when you call them they come pretty quick”. They showed us how the call bell was in easy reach to summon staff if they needed. Two visitors we spoke with thought there were enough staff for people’s needs. Staff also felt staffing levels were sufficient for peoples’ needs.

People’s medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. 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. Medicines were given to people by staff who had received suitable training and undergone competency checks.

Requires improvement

Is the service effective?

Our findings

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's capacity to make day to day decisions about their care and support had been assessed. Staff demonstrated an understanding of the principals of the MCA such as specific decisions being made in people's best interests where an assessment showed they lacked mental capacity. 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.

However people were at risk of their rights not being protected. 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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection visit there had been no assessments of people relating to restrictions on their liberty. The front door of the care home was kept locked during our visit, this would have prevented people leaving the home. This did not reflect the latest Supreme Court judgement in relation to the Deprivation of Liberty Safeguards (DoLS). One person's care plan stated that they did not leave the home and if they did then a DoLS would need to be applied for this was dated February 2013 predating the recent Supreme Court judgement of March 2014.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for and supported by staff with appropriate knowledge and skills. One person commented, "the staff know what they are doing". Another person commenting about the staff told us "There are good carers here". A visitor told us "the staff are all very good". One member of staff was employed under an apprenticeship scheme and received their training from the organisation supporting them in this scheme. Another member of staff told us they had not received training since they started work at the home. However they were up date with their training from previous employment. The registered manager showed us information about training booked for staff. This included infection control, food safety and techniques for moving people. The registered manager was aware of the recently introduced care certificate qualification for staff new to the work of caring for people. However there were currently no staff undertaking this due to involvement in apprenticeship schemes or previous experience in the care sector. Staff had regular individual meetings called supervision sessions with the manager or a senior staff. Discussions at these meetings included care practices and training and development.

People were regularly consulted about meal preferences. Minutes of meetings showed how people were asked for their opinions on menus and if there was anything they would like to be added to the menu choices. One person using the service light-heartedly told us "they over feed us" and commented on the "very good meal" they enjoyed at lunchtime. Another person told us the meals provided were "very nice" and added "you get a good choice". One visitor told us their relative was "well fed".

People's healthcare needs were met through regular healthcare appointments and visits from healthcare professionals. Records were kept of visits of GPs and other health care professionals. One person told us how they received visits from their GP and a district nurse. A visitor commented on how their relative received visits at the care home from a memory clinic service.

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 responding to people's requests. One person told us, "the staff are more than helpful", another described the staff as "kind and very patient". One person compared the support they received from staff with other care homes they had stayed in, saying "you get more attention here". They also appreciated aspects of the personal care they received, commenting "I have some good warm showers". One visitor told us their relative was "well cared for" and the staff were "very kind to everybody". Another visitor commented the staff were "very caring" and added "they really care for Mum". Minutes of residents meetings showed people were satisfied with the care they received and their relationships with the staff team.

During our observation at lunchtime we noted staff speaking to people to check on their wellbeing and remind them of meal preferences. People's needs with eating and drinking were met

and staff were attentive and respectful to people. Staff ensured people enjoyed their meal without incident; one person was told "the plate is hot so be careful". They were reminded about this shortly afterwards. A calm atmosphere was achieved for people to enjoy eating their lunch.

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 history document. People's needs in respect of their religious beliefs were known and understood. Two people received regular visits from a representative of their religion and one person displayed religious items in their room.

People were able to give input into the planning of their care. The PIR stated "Residents have significant input in their individualised care plans which are reviewed on a monthly basis to accommodate or change in choice and circumstances". The registered manager described how people or their representatives were made aware of the plans for their care. One person told us they had been consulted about their care needs. Visitors commented on the good communication from staff in relation to their relative's needs. Information about local advocacy services was available at the home and a policy provided guidance for management and staff.

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. People were supported to maintain independence. The registered manager stated "We aim to promote independence as best we can". Staff understood the importance of promoting independence, commenting "allow them to do as much personal care as possible" and "As soon as you start doing for them you take their independence and they rely on you". People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. One visitor told us "I can visit anytime I like". Another visitor told us they were "made to feel very welcome".

Good

Is the service responsive?

Our findings

People received personalised care and support. The PIR stated "All our residents have an individualised person centred care plan which staff adhere to. These plans have been developed with the residents and their families to ensure it reflects their choice, preferences and beliefs". The registered manager stated "we aim to provide personalised care" Care plans were personalised with specific and individualised information about people's needs and the actions for staff to take to meet them. The registered manager described the importance of consulting with people regarding their preferences relating to the care and support they received. This was evident in the minutes of residents' meetings. They also described a flexible approach was taken to the times people wished to go to bed and to rise in the morning. This was supported by the observations of a visitor. People were also encouraged to personalise their individual rooms with personal items.

The PIR stated "Being a small family type care home, our staff have ample time to spend with our residents which is always warmly appreciated". Visitors we spoke with commented positively about the size of the home and the atmosphere as opposed to larger establishments. One visitor commented how their relative was happy in a smaller environment and another visitor commented "It's tailor made for Mum". One person's care plan described how they preferred the company of a small group of people and did not like noise. 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 who had a short stay in the care home. 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. Activities included card games, dominoes and quizzes. One visitor told us how the quizzes were particularly suitable for their relative because they enabled them to use their long term memory. They also commented how their relative had taken up knitting again after many years. This had started after they had observed a member of staff knitting and had been able to use their knowledge to help the staff member with a knitting problem. The visitor felt their relative received "enough stimulation" in terms of activities. One person described how they passed their time; this included going to the lounge to play games. They told us they "never got bored". Peoples' care plans included information about their hobbies and interests for staff reference. Where people preferred solitary as opposed to group activities this was recognised and recorded in care plan documents for staff reference. Minutes of residents' meetings showed the activities provided were appreciated by people.

There were arrangements to respond to any concerns or complaints. No complaints had been received in the twelve months before our inspection visit. Information about how to make a complaint was available in the service users guided and prominently displayed in the entrance hall. People were able to give their views about the service through regular meetings. The PIR stated "We have regular residents' meetings where the residents have the opportunity to express their views about what they would like on the menu and activities they wish to partake in". This was supported by recorded minutes of residents' meetings.

Good

Is the service well-led?

Our findings

The registered manager described the aims of the service "to provide a good service with the residents in mind". Along with this they described the current challenge was to achieve registration for an increase in bed numbers using an existing room not currently in use as a bedroom. They described the success of providing staffing through the use of apprenticeships. Minutes of staff meetings demonstrated that staff were kept informed about developments in the service. As well as discussion around the specific support needs of each person using the service, staff were informed about plans for activities, staffing and staff support arrangements.

We heard positive comments about the management of the care home. One person using the service commented "it is well run" another commented the home was "managed properly". A visitor told us, "it is well run from what I have seen." A member of staff told us the home was "well managed".

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.

The home had a registered manager who had been registered as manager of Chestnut Residential Care Home since October 2012. The 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 close contact with the nominated individual who was present in the home when we arrived for our unannounced inspection. The registered manager and the nominated provided a visible presence during the inspection and we saw how they were available to respond to any requests from people, visitors and staff. The registered manager worked shifts providing care and support to people using the service. The nominated individual was booked to attend training sessions alongside staff. One member of staff told us the registered manager was "very approachable" and "easy to talk to".

People's views about the service were sought and acted on. The PIR stated "We have an open communication policy so that all staff can express their views and voice their concerns. What our residents and their families say about us is our biggest assurance of the quality of our service." The views of people using the service, their representatives and staff had been sought through surveys with the results recorded and any areas for action identified. Surveys had been sent out on a six monthly basis with the most recent in June 2015. Comments action from this and previous surveys included comments about staff and about the heating system. Records showed the actions taken in response to these issues. The local authority had completed a quality review of the service in June 2015. A number of areas for development had been noted. The registered manager had responded to the report and provided evidence of action taken in the identified areas. A monthly medicines audit was completed by the registered manager which recorded findings and areas identified for action. The most recent audit had picked up on the need for the supplying pharmacy to print the MAR for one person as opposed to this being hand written. A health and safety audit had been completed by an outside agency in September 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The registered person had not applied for authorisation for lawful authority to deprive people of their liberty.