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?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 22 October 2015 and was unannounced. At the last inspection on 9 July 2015 we found the home was meeting the regulations.

Savile House provides personal care for up to 24 older people, some of who may be living with dementia. There were 17 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 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 told us they felt safe in the home and our discussions with staff showed they knew how to recognise abuse and report any concerns to senior staff. The registered manager and senior staff knew the reporting systems and had taken appropriate action to report one allegation. Risks to people were well managed which kept them safe without unduly restricting their freedom.

Safe medicine systems ensured people received their medicines when they needed them and people had

Summary of findings

access to healthcare services. People received the care and support they needed from staff who were appropriately trained and supported to meet individual needs and preferences. Care records were accurate and up to date and guided staff in care delivery. Recruitment procedures ensured staff were suitable and safe to work with people.

The registered manager understood the legal requirements relating to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). An authorised DoLS was in place for one person and two other applications had been made for DoLS authorisations.

During our inspection we observed there were enough staff to meet people's needs and no concerns were raised by people who used the service or their relatives. However, our discussions with the registered manager and staff and review of the duty rotas showed there were times when care staff had to undertake cleaning, cooking and laundry duties in addition to their care role. This was because there were times each day when there were no ancillary staff employed to complete these duties, which meant care staff had less time to spend caring and supporting people who used the service. We raised this with the registered manager who agreed to review the staffing levels.

We found the home was clean and odour free. Bedrooms and communal areas were comfortably furnished and there was an ongoing refurbishment programme. The home was generally well maintained although we identified some issues relating to hot water temperatures, radiators and window restrictors. We raised these with the provider and registered manager and they were addressed straightaway.

Activities were provided in-house, however this was dependent upon the availability of care staff as there was no activity organiser employed. Opportunities for people to go out were limited although some people told us they went out with their relatives. We have made a recommendation about activity provision.

People told us the staff were kind and caring. We saw people's privacy and dignity was respected and maintained. People's comments about the food were mixed as some people praised the meals and others were less positive. We saw mealtimes were well organised and relaxed with staff providing people with support as needed. People's weight was monitored and action was taken to ensure nutritional needs were met.

Safe systems were in place to manage medicines which ensured people received their medicines when they needed them. People knew how to make a complaint and we saw complaints received were investigated and the outcome fed back to the complainant.

Systems were in place to monitor and assess the quality of the service. Such as audits, quality questionnaires and care plan reviews. These systems were not always effectively used to identify and address areas for improvement to ensure that the quality of care continually improved. We have made a recommendation about quality assurance.

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?

Requires improvement

The service was not consistently safe.

Although the home was clean, comfortable and undergoing a refurbishment programme, systems in place to identify and address maintenance works were not always effective.

Medicines were managed safely which meant people received their medicines when they needed them.

People were kept safe as staff knew what constituted abuse and how to report it and risks to people were well managed. There were enough staff to meet people's needs, although this needed to be kept under review as on some days staff had other duties in addition to care provision, which may impact on the support people receive.

Is the service effective?

Good

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's feedback about the food was mixed, however people's nutritional and hydration needs were met and monitored.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met. People were supported to access health care services to meet their individual needs.

Is the service caring?

Good

The service was caring.

We saw people were relaxed and comfortable around staff. Staff were kind, compassionate and warm and engaged with people.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's care records provided up to date information which showed the support and care each individual required.

Activities were provided but these were limited and there were few opportunities for people to go out unless it was with their relatives.

People knew how to make a complaint and the complaints procedure was displayed in the home. Complaints were recorded and dealt with appropriately.

Summary of findings

Is the service well-led?

The service was not consistently well led.

There was a registered manager who provided leadership and direction to the staff team. Quality assurance systems were in place but these needed to improve to ensure they were effective in driving forward improvements.

Requires improvement

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 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 22 October 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience with experience in older people services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 commissioners, the safeguarding team 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 sent the provider a Provider Information Return (PIR) before the inspection which was completed and returned. 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 spoke with six people who were living in the home, one relative, three care staff, the cook, the registered manager and the provider.

We looked at three people's care records, three 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, bathrooms and communal areas.

Requires improvement

Is the service safe?

Our findings

We found the home was generally well maintained. We found up-to-date safety certificates were in place for the passenger lift and hoists, as well as gas safety, legionella and electrical wiring installation. However, we identified some health and safety concerns. Radiator guards were installed in most rooms, however we identified three rooms where radiators were unguarded, two of which had extremely hot surfaces. We also noted in the conservatory there was a free-standing heater which was very hot to touch.

We used the bath thermometer to test the temperature of the hot water at the sink and bath in one of the upstairs bathrooms, which registered a temperature of 50 degrees centigrade. The maximum temperature recommended by the Health and Safety Executive where outlets are accessible to vulnerable people is 44 degrees centigrade.

Most of the windows above the ground floor had restrictors fitted to limit the opening, however we found eight windows without restrictors. Five of the windows were small but the other three were larger and presented more of a risk. We asked the registered manager if risk assessments had been completed for these windows and they said no.

We brought these matters to the attention of the registered manager and provider who told us they would take immediate action. Following the inspection we received confirmation to show these matters had been addressed. However, we were concerned these matters had not been identified through the home's own internal audit systems.

People we spoke with told us they felt safe in the home. One person who had recently moved in said, "I'm going to feel safer here. I haven't felt safe at home, especially at night." Another person when asked if they felt safe replied, "Most definitely."

Our discussions with staff showed they had a good understanding of the different types of abuse and would have no hesitation in reporting concerns to senior staff or the registered manager. The registered manager and senior staff knew the safeguarding reporting process which was displayed on a flowchart in the office. There had been one safeguarding incident this year which had been dealt with appropriately and was reported to the safeguarding team and notified to the Care Quality Commission.

People told us they received their medicines when they needed them. We saw staff were patient and kind when giving people their medicines, offered assistance with drinks and stayed with them to make sure the medicines were taken. We saw medicines were stored safely, securely and at the appropriate temperatures. Medicines requiring cold storage were kept in a fridge in the locked clinical room. Medicine administration records (MAR) were well completed with any handwritten entries signed by two staff members. Arrangements were in place for people to receive time-specific medicines, such as Alendronic Acid, at the correct time. Staff told us there were no people in the home who were given their medicines covertly. We found the stock levels of some medicines were not recorded on the MAR. However, when we discussed this with the registered manager we found they had already identified this and addressed it with the staff member concerned.

Two people were taking controlled drugs and the stock levels and records we checked for one person were correct. Safe systems were in place for the ordering and disposal of medicines. The training matrix showed staff who administered medicines had received up-to-date training and this was confirmed in our discussions with staff. We looked at a medicines audit dated August 2015 which had been carried out by the pharmacist who supplies medicines to the home. Two recommendations had been made and a follow up visit in October 2015 showed these had been met.

The registered manager told us staffing levels were based on people's needs, kept under review and increased as and when required. The registered manager worked fulltime in a supernumerary capacity, although we saw from the rotas there were times when the manager undertook cooking duties. The registered manager said the current staffing levels for 17 people were three care staff from 8am until 5pm and two care staff from 5pm until 8am. People we spoke with raised no concerns about the staffing levels and told us staff responded quickly when they needed assistance. One person said, "If I press the bell they're here straight away. At the most it's only minutes." One relative told us, "It seems well staffed." We observed there was a staff presence in the communal areas during our inspection and saw staff responded promptly to people who required assistance.

However, we considered the staffing was at a minimum level as the care staff were assigned other tasks in addition

Requires improvement

Is the service safe?

to providing care and support to people. For example, the care staff were responsible for cooking duties during the week after 12 midday when the cook left and also undertook all the cooking duties at the weekend. The registered manager told us there was 11 hours per week cleaning provision and two hours daily laundry provision five days per week. When ancillary staff were not working these tasks were undertaken by the care staff. Care staff were also responsible for providing activities. Although we did not observe any shortfalls in care during the time we were present in the home, we recognise there was a cook, cleaner and the registered manager on duty which meant the care staff could concentrate on providing care and support to people. We concluded that on days when there were no additional staff to undertake laundry, cleaning, cooking and management tasks, the care staff would have less time to provide the care and support people needed. We discussed our concerns with the registered manager and asked them to review the staffing levels in the home which they agreed to do.

Staff recruitment processes were thorough and ensured staff were safe and suitable to work at the home. We reviewed two staff recruitment files and found all the necessary checks had been completed before the staff member commenced employment.

We looked round the home and found all areas were clean and there were no malodours. The registered manager told us there was an ongoing refurbishment programme and we saw a plan dated March 2015 which identified works to be completed. Some bedrooms we saw had been redecorated and one person told us they had chosen the wallpaper for their room.

Good

Is the service effective?

Our findings

Staff told us they received the training they required to meet people's needs. One staff member described the training provided as 'absolutely brilliant' and another staff member said about the training, "If we need anything extra we just have to ask the manager and it would be sorted." We saw staff had completed dementia awareness training. We looked at the training matrix which showed staff training was up-to-date apart from safeguarding. The registered manager said all staff had completed safeguarding training but were awaiting a date for refresher training which was provided by the Local Authority. This was confirmed in our discussions with staff.

The registered manager told us they only recruited care staff who had a qualification in care such as an National Vocational Qualification (NVQ). The training matrix showed all the care staff had an NVQ level 2 or 3. They said new staff completed an in-house induction and had a shadowing period with more experienced staff and this was confirmed in the staff files we reviewed.

Staff told us they received regular supervision and annual appraisals where training needs and personal development was discussed. This was confirmed in the supervision and appraisal records we reviewed. This demonstrated to us staff received the training and support they needed to carry out their work effectively and safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom The registered manager had a good understanding and knowledge of the legislation and how the MCA and DoLS worked in practice. Staff we spoke with had less of an understanding although the registered manager told us all the staff had received training in MCA and DoLS in 2014. The registered manager told us one person had a DoLS authorisation and we reviewed this documentation and saw there were no conditions attached. Two other DoLS applications had been made by the registered manager. We concluded that the provider was compliant with the requirements of the MCA and DoLS.

We saw staff explained what they were proposing to do and gained consent from people before undertaking any task or activity. This showed us staff gained people's consent appropriately before delivering care.

People we spoke with gave mixed feedback about the food. One person said, "The food is good but it's not like home." Another person said, "The food is okay but the liver today looked like a dog's dinner." A further person said, "The meals here are very good, there's lots of choice and it's always hot." Another person said, "The food is good. They'll always make me something different if I don't like it." One person told us they thought the food was better when the cook was off and the registered manager did the cooking.

We observed the lunchtime meal in the dining room. There was classical music playing in the background and the tables were set with tablecloths. We saw people were offered wet wipes to wash their hands before the meal and asked if they would like a napkin or apron. Some people chose to have their meals in the lounge and were served their meals on a tray. There was a choice of two main courses and sponge and custard for dessert. People were offered hot and cold drinks. We heard staff asking people if they wanted their food cutting up or any assistance. The registered manager was present and assisted one person with their meal. The atmosphere was calm. We saw people were provided with drinks and snacks throughout the day.

We met with the cook who told us they worked Monday to Friday from 8am until 12 midday. We saw the menus followed a two week rota with two choices at lunchtime during the week and a roast dinner at weekends. The cook told us they prepared the tea time meal and showed us a homemade quiche which was for tea. The cook said they did home baking most days. We saw a food hygiene inspection had been carried out in March 2015 and the kitchen had been awarded five stars (five stars is the highest score that can be achieved).

We saw people's weight was monitored and where a loss had been noted appropriate action had been taken such as the use of food diaries to monitor people's daily intake and the involvement of the dietician.

People had access to healthcare services and this was reflected in the care records we reviewed. We saw people

Good

Is the service effective?

had been seen by opticians, district nurses, GPs, quest matrons and dieticians. This showed staff responded appropriately by seeking specialist advice to ensure people's healthcare needs were met.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the care they received and praised the staff. One person said, "They are very good are the carers." When we asked if they were kind and in what way they were good, the person replied, "They come and look after you; yes they are nice people." Another person said, "I like it here I have everything I need. The staff are great, you couldn't ask for better." Another person told us, "I think this is one of the best homes in Halifax."

Relatives we spoke with were equally positive. One relative said about the staff, "They are ok, they seem kind. By and large, they are compassionate." Another relative said, "Anytime I have seen interaction (from staff) with those with dementia, they (the staff) are nice with them."

One person and their relative told us how staff had recently organised a birthday celebration which had included all their family. The person told us, "It was so wonderful, all my family came and we had a lovely buffet." The relative said, "(The registered manager) and staff were fantastic. They organised everything and made us all feel very welcome."

People looked clean well groomed and comfortably dressed. We saw people's dignity was maintained and staff were mindful of this. For example, ensuring clothing was adjusted so people did not expose themselves and ensuring people were able to clean their face and hands before and after meals. People who chose to stay in their rooms told us staff always knocked on their doors before entering and we saw this ourselves. Staff ensured any personal care tasks were carried out in private.

People told us staff were friendly and we saw there was a relaxed atmosphere in the home. Many of the staff, including the registered manager, had worked at the home for some years and clearly knew people well and had developed good relationships. We saw people laughing and joking with staff. We observed staff were kind and caring in their interactions with people and called people by their names taking every opportunity to engage with people.

We saw examples where staff kindness shone through. At lunchtime one person had a coughing fit and became very distressed as they could not clear their throat. The staff member who attended to the person was very calm and spoke in a gentle manner, reassuring the person while at the same time explaining what to do. The staff member stayed with the person until they were all right, comforting them all the time and in the end the person was smiling and gave the staff member a hug. In another instance we saw a person who would not respond to us, responding to a staff member who was kind and gentle towards them. We saw the staff member helped the person with a drink and provided comfort by stroking their hair.

People told us staff were kind and we saw this but there were areas where improvements could be made. One person told us some staff could be 'a bit sharp' and another person said, "Staff are very patient, I've never seen ill treatment, they are very, very kind. They can shout, but I would too. They are very good." We overheard some comments made by staff and the registered manager in the presence of people who used the service which were not unkind but could be misconstrued by people. We discussed this with the registered manager who assured us this would be addressed.

People told us staff respected their choices and preferences. When we asked one person if they could go to bed and get up at times when they wanted, they said, "I get up at 8.15am and go to bed at 8.30pm." When we asked if they could have a lie-in, they replied, "Oh, no, I'd rather be up." We asked another person the same question and they said, "Yes, I can have a lie-in and I can go to bed when I like."

Requires improvement

Is the service responsive?

Our findings

People told us they were happy with the care they received. One person said, "They know what I like and how I like it done." Another person said, "They're (staff) grand in looking after me."

The Provider Information Return (PIR) showed pre-admission assessments were carried out before people moved into the service. The registered manager told us they or the deputy manager carried out the assessments to ensure they could meet the person's needs. We looked at the pre-admission assessment for one person and found it contained detailed information about their needs and preferences in relation to their health, social and recreational needs. We saw this information was used to develop the care plans.

Our discussions with staff and our observations showed staff knew people's needs well. Care records we reviewed provided clear and concise information about the care people required, which included individual preferences and the management of risks. For example, one person's care plan described the night time care the person required which included how they liked to be positioned in bed and the items they liked to have close to hand. Another person's care plan showed the action staff needed to take to keep the person safe from falling. The records showed the falls team had been involved with this person and provided guidance on how to manage this aspect of their care.

The PIR stated the care staff completed a care plan review form with each person on a monthly basis to ensure they were happy with the way their care was being delivered and if they wanted any changes. Staff we spoke with confirmed this happened and we saw evidence of the review forms in the records we reviewed.

A large noticeboard displayed a range of information for people such as how to access library and advocacy services, hairdressing charges and the latest inspection report. An activities programme advertised daily activities taking place each morning and afternoon which included quizzes, skittles and bingo. The PIR also showed there were monthly church services and weekly visits from the local Catholic church. The registered manager told us the activities were carried out by the care staff and the activities programme varied depending upon what people wanted to do and the discussions and documentation completed on admission.

We asked people how they spent their time. One person said, "We play skittles and bingo."

Another person told us, "I knit scarves for relatives and they get me the wool." Another person said, "We play bingo and a singer comes every few months. I'm never bored. The hairdresser comes in every week." A further person told us, "It's frustrating; there is nothing to do. They have songs but they are about the war; we've done all that but some like it. They had a little tea party for a resident."

We asked one person if there were any trips out and they replied, "No, there are no outings." Two other people told us their relatives came to take them out sometimes. When we asked another person if they ever went out they said, "I don't want to, it's seven years since I've been out." However, a further person said, "There are no facilities outside. They put a table outside the front door in the summer but there are cars there so it's no pleasure." When we asked one relative if anything could be improved, they said, "There could be more entertainment. They had a DJ once for one and half or two hours and (my relative's) eyes lit up."

We saw a small group of people took played skittles in the morning. The television was on in the lounge and two people were reading the paper. Others were sitting in the conservatory where there was classical music playing softly in the background. In the afternoon we saw people in the lounge, the television was on but few people were watching. We asked one person if most afternoons were like this and they replied, "Yes, there's not much happening."

The PIR stated most people in the home did not want to participate in any form of activity and this was reaffirmed in our discussions with the registered manager who told us, "A lot of people don't want to be cajoled, despite me asking them what they want to do." We concluded the activity provision was limited as it was reliant upon the people who used the service coming up with ideas rather than staff looking at creative ways and opportunities in which people could engage in meaningful activities in the home and out

Requires improvement

Is the service responsive?

in the community. **We recommend that the service seek support and guidance from a reputable source about activity provision for people who use the service, including people living with dementia.**

The complaints procedure was displayed on the noticeboard. This showed the different stages people should use if they want to complain and stated timescales for responding. We looked at the complaints log and saw there had been one complaint since the last inspection.

The record showed this had been investigated and feedback provided to the complainant. People we spoke with told us they knew how to make a complaint. One person said, "I've no concerns but if I did have I would speak to (the registered manager) or any of the staff. They'd sort it out for me, no question." Another person said, "You see someone right away if something is wrong; they get it sorted."

Requires improvement

Is the service well-led?

Our findings

The home has a registered manager who has been in post for many years. Our discussions with the registered manager showed they were committed to providing a high standard of care to people. People who used the service and relatives all knew the registered manager and we saw they had a visible presence in the home and worked out on the floor with the staff. The registered manager told us the provider visited the home regularly and this was confirmed by the duty rotas. They said the provider supported them in making improvements in the service such as the ongoing refurbishment programme.

Staff told us the registered manager was supportive and they felt they could raise any concerns or suggestions with them and that these would be listened to. We saw minutes from three staff meetings which had taken place this year which confirmed this. Staff told us they enjoyed coming to work and felt staff worked well together as a team and that people received good care. They told us they would be happy for their relative to be looked after in the home.

We saw there were systems in place for people who used the service and their relatives to be able to air their views. The registered manager told us there were regular residents meetings and we saw surveys were sent out to people who used the service and their relatives in August 2015.

The PIR described the different audit systems in place to monitor the quality of service provision such as infection control, care plans and medication. We reviewed a care plan audit which had been undertaken in August 2015. This identified actions to be taken by 26 September 2015 and the registered manager told us these were being followed up this month. It was not clear from the audit whose care plans had been reviewed as there were no names identified. This meant there was no clearly accountable process to demonstrate how specific improvements had been actioned. We saw a medicines audit had been carried out in February 2015 as well as the audits undertaken by the pharmacist in August and October 2015.

The registered manager told us all accident and incident forms were passed to them for review and evaluation and they took action to minimise any risks. We saw evidence of this in people's care records which showed us people were kept safe. We saw accidents and incidents were analysed monthly and coded. This information was then plotted onto a graph so any increased falls to specific individuals could be identified. However, it was not clear how this information was used to look at the overall risks to people who used the service, identify themes or consider 'lessons learnt' to reduce the likelihood of re-occurrences.

We saw records of monthly health and safety checks which had last been recorded in September 2015. We saw water temperature checks were carried out by the night staff with three outlets chosen randomly each time. The checks showed water temperatures were within the safety range recommended by the Health and Safety Executive. However, we questioned the robustness of the health and safety audits as our inspection identified concerns in relation to window restrictors, hot water temperatures and hot surfaces of radiators which had not been picked up by the provider's own audit systems.

The PIR asked what improvements the service planned to make over the next 12 months and the answer given was that the service would improve by 'implementing any changes or recommendations that are given to us as soon as we receive them'. This indicated a reactive approach rather than proactively using internal quality assurance systems to drive through improvement. **We recommend the service seek support and guidance from a reputable source, about quality assurance systems.**