

SR Care 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

What life is like for people using this service:

The provider and registered manager continued to provide a 'good' service. People were safe at the home and staff knew how to protect them from harm. The home was well-staffed and people were supported to go out and take part in activities. All areas of the home were clean and tidy and the premises were being continually improved. People's bedrooms were personalised in the way they wanted.

Staff were trained to provide effective care and knew how to support people with learning disabilities. Staff encouraged people to eat wholesome food and maintain a healthy weight. The home catered for people's preferred diets including vegan. Staff worked with healthcare professionals to ensure people's healthcare needs were met. Staff were trained in the Mental Capacity Act 2005 and understood the importance of seeking consent before supporting people.

Staff treated people with kindness and compassion and we saw many caring interactions during our inspection visit. People and staff got on well. Relatives were made welcome at the home. People were encouraged to make choices about all aspects of their daily lives and their cultural and religious preferences were recognised and met. Staff reassured people when they needed this. People were encouraged and supported to be independent and staff were supporting one person with their goal of getting their own place to live.

People appeared happy and comfortable at the home. They told us staff supported them to take part in group activities and to pursue their own individual hobbies and interests. Information at the home was presented to people in an accessible way, for example the home used pictorial menus and charts to support people to make choices about meals and activities. The home had a user-friendly complaints procedure and people were reminded of their right to complain at residents' meetings and in one-to-one sessions with staff.

The registered manager knew all the people using the service well and was involved in supporting them. The home had a friendly and open culture and people were involved in how it was run. Staff told us they were well-supported by the registered manager and had regular meetings and supervision sessions. The provider and registered manager had quality assurance systems in place that enabled them to monitor the quality of the care provided and make improvements where needed.

More information is in the detailed findings below.

About the service: The Chestnuts provides care and support for up to 14 people who have mental health needs, learning difficulties and/or autistic spectrum disorders. On the day of our inspection there were 12 people living at the service.

Rating at last inspection: Good (report published on 21 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

The Chestnuts

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team consisted of an inspector and an inspection manager.

Service and service type: The Chestnuts is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at The Chestnuts were supported to live as ordinary a life as any citizen.

Notice of inspection: The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spent time with five people using the service. We also spoke with the registered manager and two members of the care staff team. Following the inspection visit we spoke with two relatives by phone.

We looked at two people's care records. We looked at two staff recruitment files and other records relating to the management of the service such as quality assurance audits and complaints.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- There were systems in place to ensure people were safeguarded from abuse. A relative told us, "We are so happy our [family member] is there and is safe. The staff know him well and keep a constant eye on him and his health."
- Staff were knowledgeable about what to do if they had any concerns that people were at risk. Staff were trained in safeguarding adults.
- People's care records identified where they might be at risk of abuse so staff were aware and could be vigilant to protect people.
- Records showed the registered manager promptly reported safeguarding concerns to the local authority and other key agencies and acted to ensure people's safety.

Assessing risk, safety monitoring and management

- People had risk assessments in place which showed how staff supported them safely.
- Staff knew what to do to keep individual people safe, for example, by accompanying them when they went out into the local community.
- Risk assessments relating to the environment and any equipment used were in place and regular checks carried out to ensure the premises were safe for people.
- People were shown how to evacuate the building in the event of a fire. During our visit staff set off the fire alarm to show a person who was new to the home the fire escape routes.
- People had call bells in their bedrooms in case they needed to summon staff assistance and staff checked on their well-being during the night.

Staffing levels

- There were enough staff on duty to keep people safe and meet their needs. The staffing levels we saw on the day of our inspection visit were the same as the staffing levels shown on rotas.
- A staff member told us, "We have enough staff here to support people and take them out. If there weren't enough staff I would speak out because it wouldn't be good for the residents."

One person needed two staff to support them at times. This was made clear in their records and staff told us there were always two staff available when this person needed assistance.

- Staff were safely recruited in line with the home's recruitment policy. Staff were not allowed to start work in the home until they'd had satisfactory checks with the Disclosure and Barring Service (DBS) and provided references and other documentation. The DBS check shows if an employee has a criminal record and/or has been barred from working with adults.
- At the time of our inspection the home wasn't using agency staff. The registered manager said if they did, they would ensure they had the correct documentation in place to show they were suitable to work in the home.

Using medicines safely

- There were safe systems in place for ordering, storing, administering and monitoring medicines.
- Medicines records were clear and detailed. They included personalised information about how people liked to take their medicines.
- Staff were trained and assessed as competent before they administered medicines.
- Following a recommendation from the local authority the home always had one member of staff on duty who was trained to administer medicines.
- Medication audits were thorough and showed the registered manager acted if improvements were needed. For example, when she found gaps in medicines administration records she addressed this with staff so they understood the importance of completing records accurately.

Preventing and controlling infection

- Staff were trained in infection control and had access to PPE (personal protective equipment) when they needed it, for example, gloves and aprons.
- All areas of the home were clean, tidy and fresh.
- The registered manager carried out regular infection control audits to check the standards of cleanliness at the home were safe.

Learning lessons when things go wrong

- There were systems in place to monitor incidents and accidents and learn from these.
- The registered manager made improvement where necessary. For example, in response to incidences of challenging behaviour, she introduced a visual chart to assist a person to understand a restriction on them. This had a positive outcome for the person.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people and relatives' feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to the service to ensure they could be met.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so staff could ensure these were met.
- People were asked if they had any gender preferences regarding staff assisting them with personal care so they were supported in the way they wanted.

Staff skills, knowledge and experience

- Staff had the skills and knowledge they needed to meet people's needs.
- A member of staff told us how courses on positive behaviour support and managing behaviour that challenged had enabled them to be more effective in their role.
- Staff completed the Care Certificate (a nationally recognised introductory care course) when they began working at the home. They then did a range of general and service specific training, for example, courses on equality and diversity and managing epilepsy.
- The registered manager was in the process of reviewing and improving the home's staff training programme. Courses in nutrition and health had been booked for 2019.

Supporting people to eat and drink enough with choice in a balanced diet

- People had nutritional assessments. If they needed specialist support with their eating and drinking, they were referred to a dietician.
- A relative told us, "Our [family member] is on a special diet and the staff are very knowledgeable about this and know exactly what he can and can't have."
- Staff encouraged people to eat wholesome food and maintain a healthy weight.
- Menu choices were displayed in the dining room in pictures to help people choose what they would like.
- We saw staff discussing the evening meal with people and asking them for their preference.
- The home catered for people's preferred diets including vegan.

Staff providing consistent, effective, timely care

- Staff supported people to maintain good health and referred them to healthcare professionals when required.
- A relative told us, "The staff are on the ball about our [family member's] medical issues. They take him to the doctor when he needs to go. They are really on top of things and he has everything he needs to keep him well."
- People had care plans for their healthcare needs and emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain information about a person as an individual, for

example their communication needs.

- Staff worked closely with healthcare professionals including GPs, district nurses, and consultants, to ensure people's healthcare needs were met.
- If people needed to go into hospital, staff went with them to ensure all their needs could be met in the hospital setting.
- Medical care plans were produced in conjunction with health care professionals and showed their advice was followed.

Adapting service, design, decoration to meet people's needs

- Rooms were decorated in the way people wanted them to reflect their individual personalities and interests.
- People with limited mobility were accommodated on the ground floor to make access easier for them.
- The premises were subject to continual improvement. Non-slip floor coverings had been fitted since our last inspection visit and plans for further improvements to the premises were in progress.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. We saw this in practice during our inspection.
- If a person had a restriction in place, this had been agreed with their social worker and an application made to the DoLS team for formal authorisation.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff treated people with kindness and compassion. We saw many caring interactions during our inspection visit. People and staff got on well. A relative told us, "The staff are lovely. They are genuinely fond of our [family member] and are always looking for the best ways to support him."
- People were encouraged to make choices about all aspects of their daily lives. For example, we saw people choosing meals, activities and whether to stay in or go out.
- Staff reassured people when they needed this. For example, one person was concerned about their finances so staff got their records out and supported them to count their money themselves so they could see everything was in order.

Supporting people to express their views and be involved in making decisions about their care

- Records showed people had significant input into their care plans and were involved in making decisions on how their care was delivered.
- People and staff had regular meetings together where people's care and the running of the home were discussed.
- Care plans were regularly reviewed and updated to ensure people's care and support was suited to their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity. People were supported with their personal care in a discrete and caring manner.
- People's family and friends were made welcome at the home and invited to visit at any time.
- People were encouraged and supported to be independent. For example, staff were supporting one person with their goal of getting their own place to live.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People's care plans were personalised and provided clear information to staff on how to support people in the way they wanted. They were written in the first person and focused on people's strengths and what they wanted to achieve.
- Records showed care plans were regularly reviewed and updated to reflect people's changing needs. People were consulted about their care on a daily basis.
- Relatives said their family members benefitted from the personalised care staff provided. One relative said, "Our [family member] has improved since being in the home. He is much more settled and less anxious."
- Staff knew the people they supported well and could tell us their likes, dislikes, hobbies and interests. Two people attended a local place of worship. One person went to a day centre. Some people enjoyed shopping, cafes, crosswords, sport and music. Staff ensured people had the support and resources they needed to lead full and active lives.
- During our inspection visit people socialised with each other and staff and engaged in activities. We saw people enjoying making Christmas decorations and singing Christmas carols.
- People appeared happy and comfortable at the home. One person told us about their favourite television show and said staff watched it with them. Another person showed us their room which they were proud of.
- The registered manager understood their responsibilities in line with the Accessible Information Standard and had taken active steps to ensure information was provided to people in a way they found accessible. For example, the home used pictorial menus and charts to support people to make choices about meals and take part in activities. The registered manager said she was in the process of designing a pictorial service user guide.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure and staff explained to people how they could complain if they needed to. People were reminded of their right to complain at residents' meetings and in one-to-one sessions with staff.
- There had been no formal complaints since our last inspection. When people raised issues informally, staff had dealt with these promptly. For example, one person said their TV aerial was not working. The registered manager told us an engineer was already booked to repair it the following week.

End of life care and support

- At the time of our visit the home was not providing end of life care. However, some people had been asked about their wishes and preferences at the end of their lives and this was recorded in their care records.
- The home had end of life care handbooks designed to be used for people with learning disabilities.
- The registered manager had previous experience of providing end of life care. She said if it was required, staff would be trained and work in partnership with district nurses and other end of life specialists to ensure

appropriate care and support was provided.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager knew all the people using the service well and was involved in supporting them. A relative told us, "The registered manager is expert and knowledgeable and I find that reassuring."
- The home had a friendly and open culture. We saw a letter the registered manager had sent to people and their relatives when she joined the service in July 2018 introducing herself and inviting people to meet with her.
- Staff spoke positively about the leadership at the home and told us the emphasis was on teamwork. One staff member said, "[The registered manager] is fantastic and the staff have bonded together as a team."
- The home was working to a service improvement plan. This showed that when things went wrong the provider and registered manager promptly addressed them. For example, when audits showed gaps in medicines recording, this was addressed through staff one-to-one supervisions and staff handovers. In addition, the registered manager carried out extra checks on medicines records.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and registered manager had quality assurance systems in place that enabled them to monitor the quality of the care provided and make improvements where needed. Records showed that audits took place in areas including incidents and accidents, activities, care plans, medicines, food safety and housekeeping. Recorded actions were taken as a result of these audits to improve the service.
- Staff understood their roles and responsibilities and who to contact out of hours where necessary. They knew the home's safeguarding and whistleblowing procedures and who to tell if they had any concerns about the quality of the care provided.
- The registered manager displayed a good understanding of their regulatory requirements and had completed statutory notifications as required.
- The home's operations manager visited regularly to carry out audits, meet with people using the service, and provide support to the registered manager and staff.
- The home's CQC rating was displayed in the entrance hall so people could see it easily.

Engaging and involving people using the service, the public and staff

- People had the opportunity to feedback on their experience of the service on a day to day basis, at residents' meetings, and through surveys.
- The results of the latest survey, which seven people completed, showed satisfaction with the service provided. People's comments were positive and included, "I'm very happy, I love it here"; "Everything is fine";

and "Good food – I enjoy all the food." The survey was in an easy-read pictorial format and staff supported people to complete it.

- The registered manager had recently carried out a 'dining experience' audit which led to menus being improved and developed.
- Staff told us they were well-supported by the registered manager and had regular meetings and supervision sessions.

Continuous learning and improving care

- The registered manager was committed to ongoing improvements at the service. A relative said, "There is a change at the home. The atmosphere is different and people seem calmer. The registered manager's done wonders already and tells us she has lots more improvements to make."
- The registered manager was keen to develop staff and had booked extra training for them.
- Since the registered manager took up her post, the number of residents and staff meetings had been increased to give the people who lived and worked in the home more opportunity to share their views and be involved in the way it was run.

Working in partnership with others

- The registered manager had links with other health and social care organisations including those concerned with the care and support of people with learning disabilities.
- Learning from these organisations was shared with staff and used to improve the service at the home.