

Chestnuts

Chestnuts Residential Home (Weymouth)

Inspection report

93B Wyke Road
Weymouth
Dorset
DT4 9QS

Tel: 01305784996

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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?

Requires Improvement 

Summary of findings

Overall summary

Chestnuts Residential Home (Weymouth) is registered to provide accommodation and personal care for up to 13 people in a residential area of Weymouth. At the time of our inspection there were 10 older people living in the home.

There was a registered manager in post at the time of our inspection. They had been managing the service for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we had concerns about: how people's consent to care was established; omissions in quality assurance and inconsistencies in care records. There were breaches of regulation. At this inspection we found that improvements had been made however there were a number of areas that needed further development. We have made recommendations about recording information about Mental Capacity Act (MCA) 2005 decisions, and ensuring training reflects current good practice.

Deprivation of Liberty Safeguards had not been applied for when people did not have the mental capacity to consent to living in the home to receive the care they needed. Senior staff ensured this was addressed during our inspection.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their care. Care plans did not reflect that care was being delivered within the framework of the MCA when people did not have capacity to make decisions for themselves. However, staff showed they understood the importance of enabling people to make their own decisions wherever possible and providing care that is in a person's best interests.

Training was not up to date at the time of our inspection and whilst there was a plan put in place to ensure this was addressed people were at risk of receiving inappropriate care because staff had not received current training. However, staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills.

People received their medicines as they were prescribed, however the administration process increased the risk of errors being made. The registered manager and provider assured us that this was changed immediately following our inspection.

People, relatives and staff were invited to contribute to the quality assurance process. The management were open to feedback and sought to improve the quality of the service people received. Some areas

identified as requiring improvement had not been recognised through internal quality assurance processes. The registered manager told us they were increasing the role of senior staff to make their quality assurance and policy framework more robust.

People were engaged with activities that reflected individual preferences, including individual and group activities. Staff had time to spend chatting with people; people told us they enjoyed this and the more organised activities available to them.

People felt safe and well cared for. They were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse. They knew how to access the contact details of agencies they should report concerns about people's care to. Care and treatment was delivered in a way that met people's individual needs. Staff kept accurate records about the care they provided.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care.

People described the food as good and there were systems in place to ensure people had enough food to eat and enough to drink.

People were positive about the care they received at the home and told us the staff were friendly and kind. Staff treated people and visitors with respect and kindness throughout our inspection.

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 mostly safe. People received their medicines as prescribed but the system for giving medicines put people at risk of errors.

There were enough staff to meet people's needs.

People felt safe and were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff training was not current for some staff who worked together and this put people at risk of receiving unsafe care.

People who were able to consent to their care had done so and felt they directed the care they received. Staff provided care in people's best interests when they could not consent. This was not recorded as having been decided within the framework of the Mental Capacity Act 2005.

Deprivation of Liberty Safeguards (DoLS) had not been applied for people who needed their liberty to be restricted for them to live safely in the home. People who could not consent to their care were relaxed and smiled throughout our inspection. They were not trying to leave; they were however at risk of being illegally detained within the framework of the law.

People were cared for by staff who understood the needs of people in the home and felt supported.

People had the food and drink they needed and they told us the food was good.

People had access to health professionals and services when they needed them.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by staff and their privacy was protected.

People and their relatives were listened to and involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive. People received care that was responsive to their individual needs. Care plans reflected the care people needed and staff held daily handovers to ensure that they understood people's current needs.

People were confident they were listened to.

There had not been any complaints received in the year prior to our inspection a policy was available and described how these would be managed.

Is the service well-led?

Requires Improvement ●

There were areas of governance that required improvement to ensure that the home was consistently well led.

There were some systems in place to monitor and improve quality including seeking the views of people and relatives.

People and staff had a shared understanding of the ethos of the home and staff were committed to providing high quality care.

Chestnuts Residential Home (Weymouth)

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 the 4 and 5 May 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had sent us a Provider Information Record (PIR). A 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. We had asked for, and received, this information last year, however we were able to gather current information contained in this form during our inspection.

During our inspection we observed care practices, spoke with ten people living in the home, two visiting relatives and nine members of staff. We also looked at six people's care records, and reviewed records relating to the running of the service. This included staff rotas and training records; quality assurance survey responses; and accident and incident forms.

Following our inspection visit we spoke with a visiting health professional who had knowledge of the home and the registered manager and owner who had not been available during our inspection.

Is the service safe?

Our findings

Medicines were stored safely and we observed people received their medicines as prescribed. However, medicines were not given in a way that reduced the risk of people receiving the wrong medicines. This was because staff signed for medicines before people took them and they were then given by a different member of staff. Two staff set up everyone's medicines into pots before one of these staff members started to give them out. Guidance from the Royal Pharmaceutical College on the safe handling of medicines in social care highlights the risks of mistakes that this secondary dispensing creates. We spoke with senior staff about this and they told us they would review the system they used against this guidance and make changes. We spoke with the registered manager and owner after our inspection and they assured us these changes were being made.

People told us they felt safe. One person said: "I feel very safe." Another person told us: "I do feel safe... they check on me." People were relaxed and confident with staff; starting conversations and seeking supported.

Staff confidently and consistently described the ways they kept people safe. For example they described how they reduced risks relating to people's mobility and keeping their skin healthy. We observed care designed to reduce risks being delivered as it was described in people's care plans. For example, people were using equipment, and staff provided personal care, that reduced the risk of developing pressure ulcers. Staff were confident they would notice indications of abuse and knew where the contact details of other agencies were to report any concerns they had. The provider had a policy on whistleblowing which was described in the policy file available to all staff. Staff told us they would whistle blow if they were concerned about care practice.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example we saw that when people had fallen a range of actions had taken place including seeking input from health professionals and reviewing relevant care plans. This meant that people were at a reduced risk of reoccurring accidents.

There were enough staff to meet people's needs safely. People did not wait to receive care and staff were able to spend time with people. One person who was in bed during our inspection sometimes required reassurance. Staff were quick to get to this person if they sounded unsettled and spent the time they needed with them. One person told us "If you ring the bell they are here." Another person told us they sometimes waited for a very short period of time but that staff explained if they would be delayed. We spoke with a member of staff who had been employed just prior to our inspection they described a safe recruitment process that included checks on their suitability to work with adults who could be vulnerable.

Is the service effective?

Our findings

At our last inspection in February 2104 we found that when people did not have the capacity to make decisions about their care the provider had not always acted within their best interests and staff did not understand their roles and responsibilities under the MCA. There was a breach of regulation. At this inspection we found staff had undertaken training and were able to describe how they supported people within the framework of the law. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Most people living in the home were able to make decisions about their care and they did so throughout our inspection. Some people did not have the capacity to make decisions such as the decision to consent to their care plan. There was no record that the principles of the Mental Capacity Act 2005 (MCA) had been followed. For example, there was no record of a capacity assessment or how people's best interests were considered. Care plans were designed to meet people's needs and staff described how they promoted people's ability to make decisions. Whilst this put people at risk of receiving unnecessarily restrictive or inappropriate care, we observed that these people were relaxed with staff and responded positively to the care and support they received.

We recommend that the service seeks guidance from a reputable source about the recording of mental capacity act assessments and best interest decisions.

The home had not applied for Deprivation of Liberty Safeguards (DoLS) to be authorised for two people who were not able to consent to their care. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. We discussed the care these people received with senior staff and there were indications that they may fit the criteria for deprivation of liberty and could therefore be being unlawfully detained.

We spoke with both of these people. One of them told us they appreciated the kindness of those who looked after them and the other said they were: "Quite happy... the staff are helpful and kind." A DoLS had been lodged with the mental capacity act team at the local authority for another person who did not have capacity to agree to their care plan. Senior staff sought guidance from the appropriate team within the local

authority and made appropriate applications for the authorisation of DoLS.

People told us the staff had the skills they needed to do their jobs. One person said: "They are very good." Staff told us they felt supported to do their jobs and describe the ways they kept up to date with people's current needs. They spoke confidently about the care needs of people living in the home. Some staff had not undertaken refresher training in the administration of medicines, manual handling and first aid. There were regular times when no staff on duty in the two weeks around our inspection had current training in practice areas such as first aid, manual handling or the safe administration of medicines. This put people at risk of receiving unsafe care. We spoke with the registered manager and owner about this and they explained that they were aware of this situation and had put a plan in place to address it. They explained that they ensured that the ability of staff to use mobility equipment safely was kept under constant review although this had not been documented and assured us that they would review the risks and put plans in place to reduce them and that staff would update their training by the end of June 2016.

We recommend that the service finds out more about training for staff, based on current best practice, including in relation to the specialist needs of the people receiving care and support.

People and staff all told us that the food was good. One person told us that the: "The food is good, very good.". Another person told us: "I'm a bit picky and they do foods that I like." Lunchtime was a calm and social event for those that wanted to eat in the communal area. People were supported to sit in particular seats and two people commented to each other afterwards that they would have liked to have sit together but didn't feel they were offered this choice. People who chose to eat in their rooms were able to do so and received their meals at the time that they chose. The menu offered a choice of dishes and alternatives were made available if people did not want these. People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk.

People told us they were supported to maintain their health and that they saw health professionals whenever this was appropriate. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their well-being. A health professional who visited the home regularly told us that they were confident in the decisions made by staff in the home. They observed that they were always informed of changes in people's health in a timely manner and that staff followed the guidance that they provided.

Is the service caring?

Our findings

People told us the staff were kind and that they felt cared for. One person told us, "I would advise anyone to come here... They really care." People described how important it was to them that staff took the time to get to know them and develop positive relationships. People explained these relationships as being akin to family. One person said: "It has a homely feeling. They are like my family." Another person told us: "The staff are really friendly... you know... not just being kind."

Staff explained that they had time to build relationships with people in an individual way and spoke of people with affection. They mirrored the descriptions of promoting a family feel and told us that they treated all the people living in the home as they would treat their own relatives. Staff were attentive to people and were both familiar and respectful in their conversations. They sought to understand people as individuals and communicated with them in a way that reflected this. For example we heard some people and staff laughing together throughout our inspection, other people were spoken with more formally. There was information about people's communication skills and needs in their care plans and staff described how they communicated about all care provided. Where people's abilities varied due to their health staff were committed to promoting independence whenever possible.

People told us they were treated respectfully and that their privacy was respected. One person described how staff balanced the need to keep other people who had become friends, whilst living together at Chestnuts Residential Home, informed of important changes for people with the need to protect privacy and dignity. They told us they were confident their privacy and dignity was respected in the same manner.

People were supported to make choices throughout the day and care provided reflected this. One person reflected on this saying: "I do what I feel like, you are never coerced into anything." Another person told us that there was a routine to the day but they could decide when they did things to suit them. People were encouraged to contribute to decisions affecting the whole home such as what activities were on offer and what appeared on the rotating menu. They were also encouraged to make choices on an individual basis about day to day living such as choice of food and drinks, and what activities to join.

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. Humour was prevalent but all staff spoke respectfully to people living in the home and each other. This promoted a relaxed and friendly atmosphere.

Is the service responsive?

Our findings

At our last inspection we found inconsistencies in people's care records which put them at risk of receiving inappropriate care. There was a breach of regulation. We found that improvements had been made.

People's care was delivered in a way that met their personal needs and preferences. People told us that staff listened to them and responded. One person told us: "If you need help you get it." People told us they felt well cared for, one person told us: "I couldn't be better looked after." Staff reviewed and discussed people's current care needs at daily handovers and this ensured that people experienced appropriate care. Staff knew people well and were able to describe their support needs and preferences with confidence.

People were involved in developing the care and support they received. They told us they were able to decide how and when they received care. People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. Records showed that people's needs were reviewed frequently and reflected changes. For example we saw where people's health had impacted on how they lived their lives and had resulted in them preferring to spend more time in their rooms. Care plans reflected these changes and described how they needed staff to support them. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. Records indicated that relatives were kept informed about their relative's health and well-being and their knowledge was valued.

The care staff kept accurate records which included: the care people had received; what activities they were involved in; physical health indicators and how content they appeared. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff.

Activities were planned for groups and individuals and delivered by an activities coordinator. People told us that these activities were enjoyable and made a big difference to the quality of their lives. We spoke with the activities coordinator who described that people enjoyed a range of activities including individual time spent chatting and organised activities such as visiting entertainers, reminiscence activities and discussions and cake decoration. Staff told us they had time to chat with people throughout the day and we saw that this happened frequently with staff joining people for a natter over a cup of tea. Staff took this approach successfully at times when people were becoming unsettled as a result of their dementia and to encourage positive relationships between people living in the home.

People told us they felt listened to and were able to approach all the staff. One relative commented how they had raised a maintenance issue with the owner and it was dealt with immediately. People told us they would be comfortable raising concerns and complaints but there had not been any in the year prior to our inspection. There was a complaints policy that told people how complaints would be managed.

Is the service well-led?

Our findings

Chestnuts Residential Home was held in high esteem by the people living there, relatives, and the staff. People told us they thought the home was "wonderful" and "lovely". One person told us: "It's fantastic... everyone is kind from the top to the bottom." Another person told us that deciding to move into the home was the best thing they had ever done.

At our last inspection we found that the provider did not have an effective system in place to assess and monitor the quality of service that people received. There was a breach of regulation. At this inspection we found that some improvements had been made and people were confident that they were receiving high quality care. Whilst we did not judge there to be a continued breach the governance of Chestnuts remained an area for improvement as the concerns identified during our inspection had not been picked up and reflected a need to update practice in line with current guidance and legislation. For example information was not accessible to the senior staff and the inspectors during the owner and registered managers's absence. The changed definition of Deprivation of Liberty had not been incorporated into the policy or practice of the home and statutory notifications had been delayed. Statutory notifications are one of the ways the law requires providers to share information with the care quality commission. Senior staff were able to address concerns quickly during our inspection and discussions with the registered manager and owner indicated their commitment to further strengthening their quality assurance systems. We spoke with the owner and registered manager who acknowledged these omissions. They described how senior staff were starting to undertake new roles to make the quality assurance and policy framework of the home more robust.

We recommend the service reviews its quality assurance processes to ensure that current good practice guidance is reflected in the measurements of good quality care they aim to achieve.

People and relatives had been asked for their feedback on the service in April 2016 and this information had been collated and shared. The feedback had been entirely positive and this had been shared amongst people, visitors and staff. The staff all described a strong pride in the care they provided and a shared understanding of the ethos of the home. Visitors and people also described the ethos of providing a homely environment where people were treated as valued family as being their experience of the home.

There was commitment to improving practice. One member of staff told us: "I'm really proud to say I work here. We want to provide the best care we can" They described a learning and open working culture and reflected how they felt able to make suggestions and work with the owner and registered manager to make changes. For example one staff member described how a recent idea they had had had been picked up immediately and a senior member of staff explained they were being supported to take on more administrative and management responsibilities alongside professional training.

The staff team worked with other agencies to ensure people received good care. They sought advice from the local authority during our inspection and a visiting healthcare professional told us that they had confidence in their partnership working with staff and management in the home. The activities coordinator

also described how attending a forum with a focus on activities helped them review and improve what they were able to offer at Chestnuts.