

Nazdak Limited

Chestnut Residential Care Home

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

About the service: Chestnut Residential Care Home is a residential care home that was providing personal care to three people aged 65 and over at the time of the inspection.

People's experience of using this service:

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. Staff were recruited using robust procedures. People's medicines were safely managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's individual needs and wishes were known to staff who had achieved positive relationships with them. People and their representatives were involved in the planning and review of their care. Visitors were welcomed into the care home.

Staff received support to develop knowledge and skills for their role. There were arrangements in place for people and their representatives to raise concerns about the service. The management were visible and accessible to people and their visitors.

Rating at last inspection: At our previous inspection the service was rated good (the last report was published on 15 December 2016). At this inspection the rating for this service remains as good.

Why we inspected: This was a planned inspection based on the previous 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Chestnut Residential Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector.

Service and service type:

Chestnut Residential Care Home 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.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we gathered information from a number of sources. We also reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We also contacted commissioners of services to gain further information about the service. They shared information following their latest checks with us. Our information did not identify significant concerns about the service.

During the inspection we spoke with two people who used the service and two relatives. We also spoke with the registered manager, the nominated individual, two members of care staff and a visiting health care professional. We looked at documentation relating to three people using the service and information relating to the management of the service. Following the inspection, we spoke with a relative of a person using the service on the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. We checked with the registered manager and there had been no safeguarding concerns relating to people living at Chestnut Residential Care Home since our previous inspection.
- 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.
- 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. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- 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 and electrical systems, gas systems and moving equipment such as stair lifts through regular checks and management of identified risks.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs. Agency staff had not been used in recent years so people were cared for by staff who knew them.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also 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.

Using medicines safely

- Medicines were stored, administered and disposed of safely. Each person had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Staff were trained to handle medicines in a safe way and completed training every year to keep their

knowledge up to date.

- To ensure the safe management of people's medicines, medicine audits including stock checks were carried out on a monthly basis. A recent audit had identified the arrangements needed for ordering medicines for a person who had recently moved into the care home
- Some medicines which were no longer in use were stored in the medicine cabinets. We discussed this with the registered manager who agreed to make arrangements to dispose of the medicines.

Preventing and controlling infection

- When we visited we found the care home was clean. People's relatives confirmed they also found the care home clean when they visited.
- The latest inspection of food hygiene by the local authority in August 2018 had resulted in the highest score possible.
- Staff had received training in food hygiene and infection control.

Learning lessons when things go wrong

- Accidents were audited and analysed for any lessons to be learned. No accidents had occurred since December 2017. A previous accident had been analysed with action taken to install railings in corridors to support people's independent mobility.

Is the service effective?

Our findings

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

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

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

- People's needs were fully assessed which included ongoing involvement of their close relatives and if needed health professionals.
- Recognised assessment tools were used to assess people's risks of developing pressure ulcers and for malnutrition.

Staff support: induction, training, skills and experience

- Staff had completed training such as fire safety, first aid awareness, health and safety and moving and handling.
- Staff had six monthly individual meetings with the registered manager as well as annual performance appraisals.
- Staff told us they received enough training for their role and were well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied diet which reflected their preferences.
- Staff provided for the dietary needs of people which reflected their cultural needs and personal preferences.
- We observed lunch which was served in a relaxed atmosphere with staff attentive to people's needs and comfort. A person's relative told us the atmosphere at meal times was important to enable the person to eat well.

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

- Some adaptations had been made to aid the independence of people living with dementia such as bold colours for toilet seats and bath panels to enhance recognition.
- People had access to a garden which they used especially in summer months. Hand rails near the back door enabled people to mobilise independently out to the garden.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare professionals and were supported to maintain good health. People received visits from GPs district nurses and chiropodists when required.

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.

- Mental capacity assessments had been completed relating to people's consent to receiving personal care.
- People's care plans described if they needed any support with decision making in relation to the care and support they received.
- An application for authorisation to deprive one person of their liberty had been approved. A condition was in place for this approval, the registered manager had been liaising with social workers to meet this condition.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated in a caring way by staff who used a warm and friendly approach with them.
- We noted staff spoke to people to check on their wellbeing and engaged with them and responded to their requests.
- People told us staff treated them well and a person's relative told us staff were "Really, really good" with the person.
- People's needs in respect of their religious beliefs were known and understood. A relative described how staff would ensure a person was ready for their weekly church attendance.

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

- People's relatives were consulted about people's care and their care plans.
- Information about local advocacy services was available and on display. Advocates help people to express their views, so they can be heard.
- One person had used the services of a statutory advocate to support them to understand their rights under the Mental Capacity Act and participate in decisions about their care and treatment.

Respecting and promoting people's privacy, dignity and independence

- We observed staff ensuring people's dignity and privacy was preserved. Staff ensured doors and curtains were closed when carrying out personal care. This approach was highlighted in people's care plans.
- People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. People's relatives told us they were made to feel welcome and there were no restrictions on visiting times.
- People's care plans highlighted areas where their independence should be promoted such as with their mobility.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care in response to their needs. It was clear from our conversations with the registered manager and staff that they knew people's individual needs.
- At the time of our inspection visit people were occupying themselves with visitors, watching television or doing word puzzles.
- People were supported to take part in activities in the home such as chair exercises, quizzes and skittles. People also went out for lunches and one person enjoyed shopping trips.
- The registered manager was aware of the need to implement the Accessible Information Standard when required. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- We spoke with the registered manager who told us they had not received any complaints about the service since before the previous inspection.
- We saw a system was in place to manage complaints appropriately if needed. Previous complaints had received appropriate written responses with any areas for improvement noted.
- The registered manager gathered feedback from people and their representatives about their care and support on a daily basis or through meetings with visitors.

End of life care and support

- At the time of our inspection no-one was receiving end of life care. End of life care had previously been provided to people in partnership with health care professionals.
- Work was in progress to complete advanced care planning for two people to record their wishes and the plans for the end of their life.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff meetings were used to discuss the needs of people using the service, review celebrations such as Christmas and review staff training progress.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits were in place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service.
- A monthly medicines audit was completed by the registered manager which recorded findings and areas identified for action. A whole home risk assessment had been completed in November 2018 with a record of any action required to minimise identified risks.
- Chestnut Residential Care home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service.
- Notifications were submitted when required however an oversight had led to one notification regarding a Deprivation of Liberty Safeguards (DoLS) approval had not being submitted. Following our inspection visit the registered manager submitted the notification and put measures in place to ensure all notifications were submitted when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager was visible and accessible to people using the service, staff and visitors.
- Regular audits were in place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service.
- A Survey of the views of relatives of people using the service representatives had been carried out in 2018. This produced positive responses with any comments for improvement noted and responded to.
- Links had been established with a transport provider to ensure people were able to access activities in the community.