

# The Chestnuts Limited

# The Chestnuts

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

The Chestnuts is a residential care home providing personal care to five people who have learning disabilities and/or autism at the time of the inspection. The service was full at the time of the inspection.

### People's experience of using this service and what we found

The provider was working with a new training provider and staff had received refresher training in first aid and fire safety. However, we saw staff still required training in a number of topics including infection prevention and control, medicines management and health and safety. Where staff worked across more than one service, the provider had not obtained evidence of the training staff had completed via their other employer.

The provider continued to not have a registered manager in post as required by their CQC registration. The management team were not always clear about what events required statutory notification to the CQC so that additional action could be taken to monitor these events if and when necessary. The manager undertook regular checks on areas of service provision, however, these did not include a specific infection prevention and control audit. Whilst a business continuity plan was in place this had not been updated to specifically mention their planning and response to the COVID-19 pandemic. The provider had not reviewed their practice in line with the Department of Health and Social Care's Winter plan for adult social care services which states staff should not be working across more than one service, unless absolutely necessary.

Staff had received regular supervision and felt well supported by the management team. Staff were aware of their responsibilities in relation to care records and care records were accessible to staff. People using the service and their relatives were happy with the care they received and felt comfortable speaking with the staff and management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 14 November 2019) and there were multiple breaches of regulation. The provider was required to complete an action plan after the last inspection to show what they would do and by when to improve, however this was not received.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check whether the breaches of regulation we previously identified in relation to Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 had been met. We also looked at infection prevention and control procedures as part of the CQC thematic inspection programme. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staff training and management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# The Chestnuts

## Detailed findings

### Background to this inspection

#### The inspection

We undertook this targeted inspection to check whether the breaches of regulation we previously identified in relation to Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. These concerns were in relation to staff support and good governance.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

The Chestnuts is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, who, together with the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection due to the risks associated with the covid-19 pandemic.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including any statutory notifications received. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person using the service, relatives of two people using the service, two care staff, the manager and a representative for the provider. We undertook general observations at the service. We reviewed key documentation, including in relation to staff training, staff supervision and the management and governance of the service. We obtained feedback from representatives from the local authority.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. This meant people were safe and protected from avoidable harm. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

We reviewed parts of this key question to check infection prevention and control procedures in response to the COVID-19 pandemic. We will assess all of the key question at the next comprehensive inspection of the service.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured, on the whole, that the provider was using PPE effectively and safely. However, we observed staff were at times not wearing their masks correctly. We spoke to the provider about this who said they would address it with individual staff members.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date, however we found their business continuity plan did not specifically mention COVID-19 and how they would ensure continuity in regards to the COVID-19 pandemic.

# 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.

At the last inspection this key question was rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had addressed concerns identified at our previous inspection regarding staff training and supervision. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection the provider had not adequately supported staff to ensure they provided effective care to people which met their needs. The provider did not make sure staff received relevant training, regular supervision and performance reviews. The provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ The provider confirmed since our last inspection they had begun working with a new training provider. A training matrix had been introduced to enable the management team to track staff's compliance with their mandatory training. Since our last inspection staff had completed training on fire safety and first aid. However, we saw training was still required in a number of topics including; infection prevention and control, medicines management, and health and safety. We also saw refresher training was overdue for safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- ☐ We heard that some staff worked at other organisations and the provider relied upon the training the staff member received from that organisation. However, the provider had not obtained sufficient evidence to confirm what training staff had received and when it was due to be refreshed. Therefore, we could not be assured that staff had received appropriate training to ensure their knowledge and skills were in line with best practice guidance.

The provider remained in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Since our previous inspection a supervision matrix had been introduced. We saw this showed staff were offered supervision, as a minimum, six times a year. Staff confirmed they received regular supervision and felt supported in their role.
- ☐ The provider told us staff were supported to develop within their role and were able to shadow more senior roles and/or activities, including assessments if they so wished. Staff were also supported to undertake additional training in line with their interests and professional development.



# 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.

At the last inspection this key question was rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had addressed concerns identified at our previous inspection regarding management and governance of the service. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found there was not a registered manager in post, there was a lack of clarity about the type of service being provided, roles and responsibilities were not clearly defined, care records were not easily accessible to all staff and there was a lack of action taken in response to audits and quality assurance processes. The provider was in breach of regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

- ☐ At this inspection the provider had not taken sufficient action to adhere to their CQC registration requirements and a registered manager was still not in post. The provider had identified a person to apply to become the registered manager, however, at the time of our inspection their application had not been received.
- ☐ The provider was unclear about their CQC registration requirements, specifically in regards to submission of statutory notifications. We had not received notifications about key events that occurred at the service, including in relation to deprivation of liberty safeguards (DoLS) applications and their outcomes.
- ☐ Whilst the manager undertook a range of checks on the quality of service provision, we found an infection prevention and control audit was not undertaken which was particularly important given the current COVID-19 pandemic to ensure good practice infection prevention and control procedures were in place.
- ☐ Whilst some progress had been made since our last inspection regarding staff support, we saw that there was still insufficient management and oversight of staff training, and there had not been sufficient timely action to address all of the concerns identified at our previous inspection.
- ☐ The provider had not reviewed their practice in line with the Department of Health and Social Care's Winter plan for adult social care which states staff should be supported to only work for one setting and should not be working across services to minimise the risk of spread of infection.

The provider remained in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection the provider had clarified the type of service they were providing and an up to date statement of purpose was in place.
- Policies and procedures were in place. However, we saw that a number of these were not dated which meant there was a risk they may not be reviewed at regular intervals to ensure they were in line with best practice guidance. We will review this at our next inspection.
- Staff, people and their relatives felt well supported by the management team and felt able to speak openly with them. They felt listened to and any feedback given was acted upon.
- Staff were able to access care records and showed us where care records were stored and where they updated people's daily records.
- We received some concerns regarding the financial arrangements for one person living at the service. We spoke with the provider who said they would review these arrangements to help protect the person from the risk of financial abuse. We will follow this up at our next inspection.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems and process had not been established to adequately assess, monitor and improve the quality and safety of services. Regulation 17 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured staff had the necessary training they required to undertake their duties. Regulation 18 (2) (a)