

The Chestnuts Care Home LLP

The Chestnuts 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

The Chestnuts Care Home is a residential care home providing personal care to 29 older people. At the time of the inspection there were 26 people living at the service.

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

People spoke positively about living at The Chestnuts Care Home. They said they felt safe and that the staff were kind and caring.

People were supported by enough staff who were recruited safely and were skilled and knowledgeable. Staff had time to sit and chat with people and were not rushed. People were protected from the risks of abuse, discrimination and avoidable harm by staff who understood how to keep people as safe as possible. People had their medicines safely and on time.

People's health care needs were assessed with them. These were monitored and regularly reviewed. Care plans were kept up to date with any change in preference or need. People had access to health care professionals and were supported to stay as healthy as possible. People ate well and told us they enjoyed their meals. They were supported to drink plenty.

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

People were treated with compassion. People told us staff listened to them and their opinions were valued. People's privacy and dignity were respected, and their independence was promoted. They had access to communal areas and a well-maintained garden, which included a sensory area. Staff understood how to protect people's confidentiality.

People told us they knew how to complain; however, they did not have any complaints. People told us they would speak with the registered manager or staff and felt confident any concerns would be addressed. People were given important information in a format that suited them best, such as in larger print or with pictures. People told us there was plenty to keep them occupied each day. There were various activities both in the service and in the local community which people enjoyed.

The service was well-led. The registered manager promoted an open and inclusive culture where everyone was valued. The staff team worked flexibly and cohesively to provide a good quality of care. Staff felt supported and spoke passionately about working at the service.

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

Rating at last inspection

The last rating for this service was Good (Report published 11 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

The Chestnuts 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with CQC. 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 before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with four people about their experience of the care provided. We spoke with seven staff including care staff, activities staff, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of

people who could not talk with us. We looked at a range of records. This included two people's care records, associated risk assessments and multiple medication records. We looked at one staff in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risks of abuse, discrimination and avoidable harm. People told us they felt safe living at the service. One person said, "I feel very safe. I go to bed at night and know [the staff] will check on me throughout the night. That definitely helps me feel safe".
- Staff completed training about how to keep people safe and understood how to report any concerns.
- The registered manager understood their responsibility to report concerns to the relevant authorities. There had not been any safeguarding incidents in the last 12 months.

Assessing risk, safety monitoring and management

- People continued to be supported to stay safe and have their freedom respected.
- Risks to people's health were assessed, managed and reviewed. There was guidance for staff about how to reduce risks. For example, when a person was at risk of falling if they got up during the night, a movement sensor was in place to alert staff. This meant the person could be supported when they needed it.
- Some people were provided with special equipment, such as pressure relieving mattresses, to help protect their skin. Staff checked to make sure the equipment was on the correct setting and knew this needed to be reviewed if a person's weight changed.

Staffing and recruitment

- People continued to be supported by a consistent staff team who had been recruited safely. Recruitment checks were robust. Checks to make sure new staff were safe to work with people included, two references and Disclosure and Barring criminal record checks.
- People told us there were enough staff to provide their care and support. One person said, "There are plenty of staff. There is always someone here if you need anything".
- The registered manager used a dependency tool to assess people's needs and make sure there were enough staff on each shift. They monitored adjusted staffing levels to make sure people's needs were met. For example, an additional member of staff worked first thing each morning, so staff were not rushed supporting people to get up. Staff worked flexibly to cover emergency shortfalls, such as sickness.

Using medicines safely

- People continued to have their medicines, as prescribed, safely and on time. One person said, "My medicines are given to me regularly and appropriately".
- Trained staff made sure medicines were ordered, stored, managed and disposed of safely and in line with guidance. The registered manager attended medicines management conferences, for example, a recent National Institute of Health Care Excellence, Care Quality Commission and Skills for Care conference and

updated staff on updated best practice guidance.

- When people were prescribed medicines on an 'as and when' basis, such as pain relief, there was guidance for staff about how often these could be given and what dosage to give. Staff recorded the reason these medicines were administered.
- Some people were prescribed creams to help keep their skin healthy. Staff had guidance to follow about where the cream should be applied. This included a body map to make sure the creams were applied in the correct areas.

Preventing and controlling infection

- People were protected from the risks of infection. The service was very clean and free from unpleasant odours. One person commented, "It is always spotlessly clean". A relative noted on recent feedback to the service, '[My loved one's] room and public areas are always clean, bright and homely'.
- Staff wore gloves and aprons as required to protect people from the risks of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed.
- The registered manager understood their responsibility to report incidents to the local authority and Care Quality Commission. They had reported incidents in line with guidance.
- When lessons could be learned, or things could have been done differently, this was shared with staff to make sure the service continued to learn and make improvements. For example, when a person developed sores areas of skin, staff discussed the various reasons this may have occurred and what they could do to reduce the risk of it happening again.

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 Good. At this inspection this key question has remained the same. This meant 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; Staff working with other agencies to provide consistent, effective, timely care

- People's physical and mental health and their social care needs were assessed before they moved to the service. People were given the opportunity to discuss their lifestyle choices, including sexuality, religion and disability to make sure they could continue to live their life as they chose. Information about protected characteristics was readily available for people, visitors and staff to read.
- People and their relatives were involved in the planning, management and reviewing of their care. People were encouraged to spend a day at the service to help them decide if they wanted to live there. One person told us, "I had a day here before I moved in. I was made to feel most welcome and really enjoyed it. That helped me make up my mind about moving here".
- People's health care needs were assessed using recognised, evidence-based tools, such as Malnutrition Universal Screening Tool to check if a person was at risk of malnutrition.
- Staff worked closely with people, their loved ones and health care professionals to make sure transitions between services were as smooth and effective as possible.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled, knowledgeable and kept up to date with best practice. Training was monitored to ensure staff had time to refresh their knowledge.
- New staff completed a comprehensive induction when they began working at the service. They completed the Care Certificate; an identified set of standards social care workers adhere to in their daily working life. Staff spoke positively about the training they had completed. This included topics such as, virtual dementia tour, principles of person-centred care and bereavement, death and dying. Workshops about catheter care and skin integrity had been attended by staff.
- A dedicated in-house trainer provided training and support to staff. They told us, "I always do a learning profile with new staff to look at their strengths, weaknesses and how I can best support them with their learning. We do a blend of different training, including theory and practical scenarios".
- The registered manager noted on the Provider Information Return, '[During Dignity training] we showed show staff what it is like to be helped to eat, helped to drink, have your teeth cleaned, have your hair brushed and how to transfer and reposition people at the end of their life. Through carrying out these tasks on each other, staff were able to see how it feels to be that person. It made them think how personal certain care needs are and why some people find it difficult to accept help'.

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

- People told us they enjoyed their meals. They said, "The food is very good. There is always a range of

things to choose from" and, "We have a good choice at every meal. Food is more than adequate". Meal choices were regularly reviewed with people and their suggestions for menu changes were listened to. For example, people had asked for parsnips, macaroni cheese, corned beef hash and tapioca. These had recently been added to the menu choices.

- The registered manager used a catering company to provide people with a choice of healthy, nutritious, well-balanced meals. When people required special diets such as, gluten-free, soft diets or pureed meals, these were provided. Meal times were social occasions where people sat together to eat and chat. A 'snack station' was available throughout the day for people to help themselves to snacks and drinks.
- People were supported to remain as independent as possible with their eating and drinking. Special adaptive cutlery and crockery were provided to help people with this. For example, a person used a coloured cup to help them see what they were drinking. Other people used coloured plates or bowls to help them distinguish the different food types.
- When people needed support to eat their meals, this was done discreetly. Staff sat with people, chatting with them and giving them time to enjoy their food. Staff looked for different ways to encourage people to stay hydrated, for example having a 'mocktail afternoon' when people had the chance to mix and try different drinks.

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

- People were involved in decisions about their home environment. Their suggestions were listened to and acted on. For example, some people felt the lounge was sometimes a little too noisy. The registered manager arranged for folding doors to be installed to divide the lounge into two, with one end being a quiet area.
- Signage around the service was clear. People moved freely around the service. Their rooms were homely. People were encouraged to personalise their rooms with photos and ornaments and people had chosen their own curtains.
- People had plenty of outdoor space to enjoy with a large, well-kept garden at the rear of the service. A new sensory garden had been created with an accessible pathway leading to it. People were encouraged to help in the garden and plant flowers and vegetables in raised beds. Staff said, "I really try and encourage people to go out into the garden. They really enjoy it even if it is just for a short walk". We saw people enjoying a stroll in the garden during the inspection.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay as healthy as possible. They had regular access to health care professionals, such as chiropodists, dentists and opticians.
- People's oral health was assessed and included in people's care plans. Their oral health care needs were reviewed each month. Staff completed additional training about supporting people with their teeth. Staff checked to make sure people's toothbrushes were in good condition, and that they had enough toothpaste, fixative and mouth wash.
- People were involved in decisions about their health. Staff worked with health care professionals, such as speech and language therapists and GPs, to support people to stay healthy.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People capacity to make specific decisions was assessed. When people were unable to make decisions for themselves, staff met with relatives and health care professionals to make a decision in the person's best interest. For example, a best interest meeting had recently been held regarding a person's medicines and having a flu vaccination.
- DoLS had been applied for, and the Care Quality Commission had been informed of authorised DoLS, in line with guidance.
- Staff understood their responsibilities under the MCA. They completed training about MCA and DoLS and regularly discussed this during supervision and staff meetings. The registered manager checked staff understanding to make sure people were supported to make as many decisions for themselves as possible.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People continued to be treated with kindness and were positive about the caring nature of staff. People told us, "[The staff] are absolutely fantastic. They work really well together" and, "I couldn't fault the staff. They are always nice and kind and very helpful".
- Staff knew people, their background and their preferred routines well and had built strong, trusting relationships with them. They spoke knowledgeably and fondly about people.
- When people became anxious staff were quick to reassure them. Staff had time to listen to people and chat with them. People's communication needs were recorded and there was guidance for staff to support people with this. For example, to make sure people were wearing hearing aids and to support people to clean their glasses each day.
- People were encouraged to maintain relationships with relatives and friends and visitors were welcome at any time. Relatives noted on recent feedback to the service, 'Everything I see says professional and dignified, yet compassionate too' and, 'I will forever be thankful for the love and support you gave [my loved one]. You made them laugh, you supported them when they needed it and you gave them friendship'.

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

- People told us they made decisions about their care and felt in control of their day to day life.
- Staff knew people and their relatives well. They understood when people may need additional support to make decisions and made sure people had access to the information they needed. For example, there was information available about local advocacy services. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.
- The registered manager arranged staffing levels around people's needs to ensure they received the support they needed.
- The registered manager spoke with people and staff about the Care Quality Commission to make sure they understood the reasons an inspection may take place. They asked people who would like to talk to inspectors to make sure they were able to express their views on the quality of service they received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be promoted. Staff were discreet when they were supporting people.
- People's right to confidentiality were respected. Records were stored securely to protect confidentiality. All staff completed training about General Data Protection Regulations. Information about privacy and data sharing was provided to people when they moved into the service.

- People were encouraged to stay as independent as possible. One person told us, "I like to be independent. I clean my own room and I lay the tables at lunchtime".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs continued to receive care and support that was tailored to and responsive to their individual needs. People's physical, mental health, emotional and social care needs were assessed and reviewed with them to make sure their needs continued to be met.
- People's life history, career and information about things and people that were important to them were recorded. This helped staff get to know people. Staff knew people very well. Throughout the inspection they chatted with people about things they enjoyed doing and places they liked to visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and regularly reviewed. The registered manager and staff provided people with important information in formats that suited them best. For example, documents were available in larger print and staff used picture books to support people to make choices. Information about regular activities was displayed on a chalk board with pictures. Some people had important information read to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to stay as active as possible. A dedicated activities co-ordinator who supported people to enjoy their day. A minibus was regularly used to take people on trips out which they told us they thoroughly enjoyed. A member of staff commented, "People just love driving around. We take flasks, biscuits and cake and head off". A monthly newsletter and activity calendar were displayed in the service and sent out to people's relatives to keep everyone informed. People were asked for their suggestions of different things to do and places to go and their views were listened to and acted on.
- People were supported, when required, to access the local community. The registered manager had strong links with the community and arranged for visits to and from local schools and representatives from different religions, which people enjoyed. Trips into the community for 'knit and natter' sessions and coffee mornings were regularly attended. Christmas hampers were being made and people were going to take them into the local community to people who would be spending Christmas alone.
- The registered manager's two dogs were at the service each day, wearing 'free hugs' badges. People enjoyed stroking and cuddling the dogs. There were regular visits from singers as well as plenty of in-house

activities, such as cooking, art and crafts and sing-alongs with staff playing the piano. Each day there were several reminiscence activities to promote conversation between people and staff.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain, and they felt comfortable talking to the registered manager and staff if they had a concern. People did not have any complaints.
- People received information about how to complain when they moved into the service. The complaints process was displayed throughout the service.
- The registered manager recorded and investigated complaints. There had been one complaint in the last 12 months and this had been responded to and satisfactorily resolved.
- The registered manager and deputy manager chatted to people each day to check on their satisfaction with the support they received.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death. People were given the opportunity to discuss their preferences about the end of their life. Their choices, including religious and cultural preferences, were recorded to ensure staff were able to follow their wishes.
- Staff completed training about how to support people nearing the end of their life. They worked with health care professionals to make sure people had the specialist equipment needed.
- The service was working towards the Gold Standards Framework (GSF) accreditation. This is a nationally recognised accreditation which enables care services to provide a high-quality level of care when people are nearing the end of their life. An information evening about GSF was held with people and their relatives, supported by staff from the local hospice, to discuss end of life care.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the management of the service. They felt it was well-led and were confident they could speak with the registered manager at any time and they would listen to them. People said, "It is managed well" and, "You would have to go a long way to find anywhere better". There was an open and inclusive culture at the service where people and staff valued each other. The registered manager led by example, coaching and mentoring the staff.
- The registered manager and staff shared a commitment to the service's 'philosophy of care'. This included, 'Strive to provide people with a fulfilling lifestyle so that their home is a place filled with love care and fun memories'.
- The registered manager and staff displayed genuine care and empathy to people. Interactions were positive and reassuring. Staff activity centred around people's individual needs. The atmosphere in the service was calm and relaxed and people seemed very happy.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There continued to be strong leadership at the service. The registered manager was supported by a deputy and a team of staff, many of whom had worked at the service for a long time. They were all clear of their responsibilities. Staff felt well supported and valued.
- Robust, effective audits on the quality and safety of the service were regularly completed. When shortfalls were identified action was taken to address them.
- The registered manager understood duty of candour. This requires the service to be honest with people and their representatives when things have not gone well. It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered manager had conspicuously displayed their rating both in the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, health care professionals and staff were asked to provide feedback about the quality of service. Surveys had recently been sent out and the result would be analysed once responses had been received.

- Regular residents' meetings were held to obtain people's opinions on the day to day running of the service. People had the opportunity to make suggestions about the service, such as meals and activities, and their views were listened to and acted on.
- Staff meetings were held and were used as opportunities to share learning and experiences.

Continuous learning and improving care; Working in partnership with others

- The registered manager focused on continuous improvement. They attended various conferences and workshops, reflected on what they heard and made changes to improve outcomes for people. For example, following a meeting held by the local Clinical Commissioning Group when a tissue viability nurse was one of the speakers, people's skin integrity assessments were all reviewed to ensure staff were following best practice and, additional equipment had been purchased to support some people.
- The registered manager and staff worked with health care professionals to ensure people received effective, joined-up care and support.