Heritage Care Limited

The Chestnuts

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The Chestnuts is a modern purpose-built home in Aylesbury for 64 older people. The home is able to accommodate and support up to 32 people with a higher level of support needs, specifically those living with dementia.

The inspection took place on 13 and 14 September and was unannounced. The service was previously inspected in February 2014when it was found to be fully compliant with the regulations. At the time of our inspection there were 49 people who used the service. The service had a registered manager.

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.

People's feedback about the home was mainly positive. One person commented, "They are all very kind and caring, sometimes I can be awkward and they never shout." Another person told us, "They are all local girls, it's a family environment we all know each other". One visiting relative told us, "Some staff are better than others." Another relative said, "Its early days, but generally staff seem caring".

People told us they felt safe living at The Chestnuts. People were safe from abuse and neglect. Staff we spoke with demonstrated good knowledge of what to do if they suspected someone had been inappropriately treated. The provider had reported incidents to the local authority where this had occurred.

Care plans and risk assessments were in place to ensure high quality care was provided. Where some risks were identified during the inspection and not in place, the deputy manager ensured this was rectified during our inspection. Some relatives told us they had never seen their family members' care plan.

Staff had received training in safe handling of medicines and were competency-assessed to support them in their role. However, medicines were not always managed effectively. We found some people were without their prescribed medicines for several days. These were mainly creams for fragile skin. One person did not receive their anti-fungal cream for three days as staff documented that they could not find the cream.

We have made a recommendations in relation to the ordering of medicines and the involvement of people and if appropriate their relatives in the development and review of care plans.

Regular supervisions and appraisals took place to ensure staff felt supported in their role.
People's privacy and dignity was not always maintained.

People had a range of activities they could be involved in. In addition to group activities people were able to maintain hobbies and interests.

The atmosphere within the home was warm, friendly and inviting. People told us, "It's obviously not the same as your own home, but it's very good."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected against the risks associated with medicines.

People did not always receive their medicines as prescribed to ensure their health needs were met.

People told us they felt safe. People were safeguarded from abuse and neglect

Is the service effective?

Good

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 and people's choices were respected.

Induction procedures were robust and appropriate for new members of staff.

Is the service caring?

Good

The service was caring.

People told us that staff were kind.

People's privacy and dignity was not always maintained.

People were aware of care planning but did not always participate.

Is the service responsive?

Good

The service was responsive.

People's care plans were updated when their needs changed.

People had a range of activities they could be involved in.

People could choose what activities they took part in and

suggest other activities they would like to complete.

Is the service well-led?

Good

The service was well-led.

The management structure of the home provided staff with effective leadership and support.

The service worked collaboratively with other professionals to ensure people's needs were met.

The Chestnuts

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 13 and 14 September and was unannounced.

The inspection team consisted of one adult social care inspector and one Expert by Experience. An Expert by Experience is someone who has experience in a particular area. The area of expertise was in older people's care. The service was previously inspected in February 2014 when it was found to be compliant with the regulations. Prior to the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and incidents. Prior to the inspection a Provider Information Return (PIR) was submitted. This is a form that asks the provider some key information about the service, what it does well and any improvements they plan to make.

During the inspection and to gain further information about the service we spoke with four people who used the service, three relatives, four care workers, two deputy managers, and a visiting healthcare professional. In addition we inspected a range of records including six medicine charts and the controlled drug book. We also completed a stock check of some medicines including controlled drugs. We looked at three care plans, three recruitment files, audits of the service, minutes of meetings, complaints and the compliments log.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. People's medicines were not always managed effectively. For example, one person was without medicine (for stomach irritation) for four days. Two people had not received their prescribed creams for skin conditions for four days and one person who was prescribed anti-fungal cream had not received it for three days as staff were unable to locate it. This meant that people's needs were not always met as their medicines were not always available.

We recommend that medicines are ordered in a timely way to ensure sufficient stock for people is always available.

People told us they felt safe living in the home. Comments were, "I'm comfortable and they are very kind". Other comments were, "I feel safe because people are nice and friendly."
Relatives said, "They will call us if there is a problem."

People benefited from a safe service where staff understood their safeguarding responsibilities for reporting any concerns they may have. Staff we spoke with demonstrated good knowledge of procedures in relation to the safeguarding of adults.

Risks were assessed and plans were in place to minimise these risks. Where we found a risk assessment for someone with insulin-dependent diabetes was not in place, the deputy manager responded immediately and ensured this was rectified. This meant the service actively listened to advice and suggestions to ensure people were protected from known risks associated with their condition.

The service followed safe recruitment practices. Staff files included application forms, records of interviews and appropriate references. Records showed that checks were made with the Disclosure and Barring Service (DBS). The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or vulnerable adults.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. One relative told us, "Some are ok, others not so good." Whilst another comment was, "I haven't had a reason to doubt their ability." One person we spoke with told us, "The staff are all lovely." Comments from a member of staff were, "The residential unit is not 'residential' anymore. One person here now needs hoisting so that takes two members of staff away from the unit leaving the unit at risk." We brought this to the attention of the deputy manager during our feedback. They told us that when the person on the residential unit needed hoisting the shift leader who is not allocated to care duties, assists with hoisting. However, we were aware the person was recently assessed by the GP and required a nursing home to support them. This meant the service recognised they were no longer able to meet the person's needs.

People we spoke with said staff were available when needed. One person told us, "Yes they are generally around, they all muck in together." Another person said, "If I ring my bell they come in a reasonable amount of time."

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "I think they are quite skilled, they are all quite friendly and don't argue." Other comments were, "They seem alright to me" and "Very good, excellent in fact."

Staff told us they had the training and skills to meet people's needs. Comments included, "My training is up-to-date and is ongoing." Another member of staff said, "The training could improve, I don't like the e-learning." We noted that a number of staff had completed their Health and Social Care Diploma in the previous months.

We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included safeguarding, mental capacity, Deprivation of Liberty Safeguards, moving and positioning and infection control. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

People were supported by staff that had supervisions with their line manager. One member of staff told us, "From day dot, I have had support. They [managers] have kept me together." Another member of staff told us, "I have support from the management, their door is always open." We looked at the supervision records for staff and found supervisions took place, but not always on a regular basis. We spoke with the deputy manager about this and they told us. Supervisions may not be as regular as they should be however discussions take place on a daily basis.

The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular 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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People's consent to care and treatment was sought in line with legislation. The members of staff and the deputy manager we spoke with had a good understanding of requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

People were offered choices at mealtimes. We saw staff assisted people who required support during the lunch time meal. People told us, "It's as good as home, there are usually two choices." We observed the lunch time meal and found people were relaxed and unhurried. Where people required specialist diets such as soft food or a diabetic diet this was catered for. The managers observed mealtimes on a random basis to ensure staff were attentive to people's needs. People were referred appropriately to the dietician and speech and language therapist if staff had concerns about their well-being.

People had access to health and social care professionals. Records demonstrated the service had worked effectively with other health and social care services. We spoke with a visiting professional during the first day of our inspection. They told us that as a nursing team, they visited the home on a Tuesday and Friday to attend to people who needed specific nursing support. They said they had always found staff to be available to discuss any issues or changes to people's well-being.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person commented, "They are very good and look after us well." One relative told us, "Some are better than others; they are alright when I'm here."

People did not always have their privacy and dignity maintained. For example, we requested to speak with a person to capture their views of the service. The person's door was open and they were sitting in their room without any clothes on and not covered with any form of protection such as a towel. The member of staff proceeded to take us into the person's room whilst they were unclothed. We asked the member of staff to assist the person to get dressed before we spoke with them. This did not demonstrate that people's dignity was always maintained. We spoke with the member of staff regarding the person without their clothes on. They told us the person did not usually do this (take their clothes off) and it must have been due to the hot weather. However, we saw many good examples of dignity being upheld. For example, we observed staff knock on people's doors when they were closed and announced their presence. Staff sought consent from people before they entered their rooms.

People's care was not rushed. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. We saw a comments and suggestion box in the main foyer of the home. The service recorded comments and complaints received and these were reported to head office. People had an annual review where families and friends were invited to participate.

Meal times were protected when visitors would only be on the units if they were joining their family member for a meal. Otherwise visiting was flexible and people could choose to see their visitors either in their room or communal areas.

Staff told us that people were encouraged to be as independent as possible. One person told us, "They encourage me to do things for myself." Another person said, "I don't need encouragement; I am very independent".

Staff showed concern for people's well-being in a caring and meaningful way, and they responded to their needs quickly. This was demonstrated when we were speaking with a member of staff in an area adjacent to the dining room. The member of staff noticed one person attempting to walk without using their frame. The member of staff immediately attended to the person to ensure any risk of a fall was avoided. This demonstrated that staff responded to people's individual needs.

People and their families were given support when making decisions about end of life care. The home had support from the GP and palliative care team during this time. Staff attended end of life training which was on-going and a requirement of the service that all staff completed this. Where people made advanced decisions to refuse treatment for Do Not Attempt Cardio Pulmery Resuscitation (DNACPR) these were respected. The GP practices who visited the home were keen to complete advanced care plans with people and their families and had also completed the relevant forms in relation to people's resuscitation wishes. We

saw evidence of this in people's care plans.

Good

Is the service responsive?

Our findings

People or their relatives were not always involved in developing their care, support and treatment plans. One person told us, "It's on going." Another person commented, "Can't say I am, [involved in care planning]. I don't think it has ever been necessary."
One relative told us, "I have never actually seen it." Another relative said, "I have never been shown [the person's] care plan." Another comment was, "I am not sure what it involves."

Staff updated care plans when changes occurred and reviewed people's care plans every three months. However, care plans we looked at did not evidence that people and families were involved in the reviews of their care plans. We spoke with the deputy manager about this and they said it is sometimes difficult to get families to come in to discuss their family members care plans.

We recommend that people and relatives where appropriate are involved in the development and reviews of their care plan

Care, treatment and support plans were personalised. The records we saw were thorough and reflected people's needs and choices. An example we found was a person who did not like to sleep in their bed and preferred to sleep in their recliner chair. We saw the care plan was specific and detailed the person's preferences. This demonstrated people were able to make choices and their preferences were respected.

People's needs were reviewed regularly, or as required by staff that recognised when people's needs had changed. When necessary, health and social care professionals were involved. An example of this was when a person became immobile. The GP was contacted to review the person and re assess their needs. The outcome was the person required nursing care and plans were in place to find alternative accommodation to meet the person's changing needs.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests. Staff provided support as required. One person told us, "I join in everything." Whilst another person said, "I don't like many of the activities, I like looking around the garden." We saw activities took place during our inspection. People attended an aerobics session and demonstrated their enjoyment in taking part.

The service had good links with the local community. Staff were proactive and made sure that people were able to maintain relationships that mattered to them. The service held church services run by the local churches. Trips were organised on a weekly basis to garden centres, local farms and shops in the shopping centre. Internal activities were run by the activities organiser. The service also had outside entertainers that came to the home.

Complaints were taken seriously and used as an opportunity to improve the service. All complaints were responded to either verbally, through a telephone call or in writing depending on what the person preferred.

The manager completed quarterly comments and complaints report. We saw this was sent to the regional manager, head office, the executive team and the board to monitor and observe patterns or themes of complaints. The complaints log we looked at showed complaints were responded to in a timely manner. People we spoke with told us they knew how to raise a concern or complaint but were satisfied with the care. One relative we spoke with said they had raised a minor concern and it was dealt with.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. There was a well-developed understanding of equality, diversity and human rights and these were in practice by staff.

We asked people if they felt the service was well-led. The comments we received were mainly positive. One person told us, "I haven't heard anything wrong about any of them." Another person told us, "It's managed ok, quite good." One relative said it was well-managed, but that mealtimes recently changed and they were not sure why.

Staff we spoke with told us the manager had an open door policy and they said they could speak to them if they needed to. One member of staff commented how the service had supported them through a difficult time. This demonstrated the service valued staff and strived to meet their needs which included supporting staff with personal issues. Another member of staff told us, "It's a nice working atmosphere." Other comments were, "We all work together. The staff are all lovely, I enjoy coming to work".

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure people were safe.

The service worked in partnership with other health professionals. We spoke with a visiting health professional to gain their opinion about how the service was run. They told us they had not been visiting long and they were not aware of any concerns raised by the other members of the team.

People, staff and relatives were empowered to contribute to improve the service. An annual customer survey was sent out to people and their families. An action plan was produced based on the findings. This is shared with people and relatives through meetings and copies being sent out. Meetings were held with staff to listen to their views and opinions about the service. We saw that a staff meeting was held on 8 May 2016 and spoke to the deputy manager about the next scheduled meeting. They told us regular staff meetings were difficult to arrange however, staff communicate on a daily basis for any changes to regular routines. Outside of regular meetings staff told us they could approach the manager about any issues or concerns they had.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the care home. We saw that audits in relation to catering, housekeeping and the service were undertaken on a quarterly basis by the registered manager. Other audits such as care plan audits and medication audits were carried out by the deputy managers. The registered manager met with other registered managers of other services to share information and ideas.

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately.

People benefited from staff who understood and were confident about using the whistleblowing procedure.