South Yorkshire Care Limited

Chestnuts Residential 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

Overall summary

Chestnuts Residential Home is located close to the town centre of Grimsby. It provides residential accommodation for up to 26 people over three floors. The home has good access to local amenities and public transport. Chestnuts is owned and operated by South Yorkshire Care Ltd.

The service had a registered manager in post. 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.

This inspection was unannounced and took place over two days. The previous inspection of the service took place on 4 February 2014 and was found to be compliant with all of the regulations inspected.

Staff had received training in safeguarding vulnerable adults from abuse and the registered provider had policies and procedures in place to protect people from harm or abuse.

Medicines were stored securely and administered safely. Records showed people received their medicines on time and in accordance with their prescription.

Summary of findings

The service was kept clean. The building was well maintained and furnished.

Staff told us they had been recruited into their roles safely. We saw appropriate pre-employment checks were undertaken prior to people commencing their employment with the service.

The service was meeting the requirements of the Deprivation of Liberty Safeguards [DoLS] and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves. These safeguards provide a legal framework to ensure people are only deprived of their liberty when there is no other way to care for them or to safely provide treatment.

The food served looked appetising. People were offered a choice of drinks at the table and the choice of a different meal if they did not like the one they had chosen.

Care plans were written around the individual needs and wishes of people who used the service. We saw care plans contained detailed information about people's health needs and their preferences.

People who used the service knew how to make a complaint. They told us they were able to express their views at any time and that they were listened to.

Leadership and management of the service was good. There were systems in place to effectively monitor the quality of the service and staff felt well trained and supported.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse.

People said they felt safe. Risks to people and others were managed effectively.

People's medicines were stored securely and administered safely by appropriately trained staff.

Good

Is the service effective?
The service was effective. Staff had been well trained and supported through supervision and appraisal of their work.

People were supported to have a balanced diet.

As far as possible people were involved in decisions about their care. Staff understood the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS].

Good

Is the service caring?
The service was caring. People felt staff treated them with kindness and as an individual.

People's privacy and dignity was respected.

Staff respected people's personal space and always asked permission to enter their rooms.

Good

Is the service responsive?
The service was responsive to people's needs. Care plans contained up-to-date information about people's needs, preferences and risk management.

Care plans recorded details of people's hobbies and interests. Information about activities was displayed on the wall of the main entrance using pictures and words.

People who used the service and their relatives knew how to make a complaint.

Good

Is the service well-led?
The service was well led. There were systems in place to monitor the quality of the service.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

The registered manager promoted a fair and open culture where staff felt they were supported.

Good

Chestnuts Residential Home

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 registered 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 unannounced inspection took place on 27 and 28 April 2015 and was carried out by one adult social care inspector.

The local Clinical Commissioning Group's safeguarding and contracts teams were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. A Short Observational Framework for Inspection [SOFI] was used in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with two people who used the service, four care workers, the registered manager, the cook, a domestic and two relatives.

We looked around the premises, including people's bedrooms [after seeking their permission], bathrooms, communal areas, the laundry, the kitchen and outside areas. Four people's care records were reviewed to track their care. Management records were also looked at and these included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts kept in folders in people's bedrooms.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us the service was safe. Comments included, "I couldn't have found a better place for XXX, he is happy here and feels safe", "I have no complaints at all, I think the home is safe, yes" and "Yes, I am safe."

The registered provider had policies and procedures in place to protect people from harm or abuse. Staff had received training in safeguarding vulnerable adults from abuse and they had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. The four members of staff we spoke with all said they felt confident the registered manager would act appropriately to address any issues identified. Staff were also aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns.

We looked at the service's records of safeguarding incidents and saw the registered manager had made appropriate referrals to the local Clinical Commissioning Group's [CCG] safeguarding team and the Care Quality Commission [CQC] and had worked with them to investigate any concerns.

We reviewed the risk assessments within four care plans and found staff were provided with clear guidance on the hazards people may face and how to reduce the risk of harm. Care plans contained risk assessments for mobility, medicines, pressure care, falls, physical care, and nutrition. Risk assessments had been reviewed monthly to ensure they were still appropriate and up to date.

We reviewed the assessments for people identified as being at risk of skin damage. We saw they provided staff with detailed information on preventative measures, monitoring, and escalation procedures. For example, clear guidance was provided as to when intervention by external healthcare professionals should be sought. We noted the service had recently been audited be the local CCG's tissue viability team and scored 100%.

We saw medicines were stored safely in a locked medication room which contained a sink for staff to use for hand hygiene. Medicines for daily use were stored in trollies, which were secured to the walls of the main dining room. A locked controlled drugs cupboard was attached to the wall for medicines requiring tighter security. We completed a check of controlled medicines and found that the stock matched the register. The register records were found to be accurate and had been signed by two members of staff when they administered controlled medicines to people who used the service. We saw procedures were in place to dispose of medicines appropriately.

We checked the expiry dates of medicines and how the ordering and stock rotation systems worked. An effective ordering system was seen to be in place and all medicines were found to be within their expiry dates. Records showed all the relevant staff had been trained in the safe handling and administration of medicines and that staff were assessed for their competency in the safe administration and handling of medicines at least once a year. People who used the service told us they were given their medicines as prescribed. One person said, "Yes, I get my medicines every day."

We reviewed the medicines administration records [MARs] for seven people who used the service and found they were completed accurately. The registered manager told us they undertook a medicines audit each week in addition to the monthly audit required by the registered provider; records confirmed this.

Each person's care plan contained information about how to safely evacuate the person if there should be a need, for example in the event of fire.

Information was available which accompanied people to hospital in an emergency to make the clinical staff aware of the person's needs and their level of independence and understanding.

During the day the 24 people who used the service were cared for by two care workers, one senior care worker and the registered manager who assisted with care in the morning. The registered manager was supernumerary in the afternoon. In addition, there was a domestic, a cook, a part-time administrator and a maintenance person on duty. At night, people were cared for by two care workers. The registered manager told us they were on call throughout the week if an emergency occurred out of hours. The registered manager told us the staffing levels were based on people's dependency and this was monitored monthly through the use of a recognised dependency tool.

Good

Is the service safe?

Throughout our inspection visit we noted the environment was clean. We were shown the daily cleaning records which confirmed bedrooms, bathrooms and communal areas were cleaned daily. We saw all bathrooms contained paper towels and appropriate hand gels. On entering the kitchen we were asked to wear disposable personal protective equipment [PPE]. This meant the service followed good practice in order to effectively manage the risk of infection. We observed some damage to the flooring in the laundry and first floor sluice room. The registered provider told us this would be dealt with immediately.

Staff told us they had been recruited into their roles safely. Records confirmed references were taken and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service [DBS] before commencing their employment.

We found equipment used in the service, such as that for moving and handling, for catering purposes, hot and cold water outlets, fire safety, call bells and the lift was checked and maintained.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us the service was effective. Comments included, “They keep an eye on what he eats and if he doesn’t eat much at lunchtime they [the staff] organise a meal for him later in the afternoon”, “I like the meals”, “The food is lovely”, “I think they have got the portion sizes just right” and “I think they eat very well.”

The Mental Capacity Act 2005 [MCA] sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed all staff had received recent training in the principles of MCA.

When people had been assessed as being unable to make complex decisions there were records of meetings with the person’s family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person’s behalf were done so after consideration of what would be in their best interests. Records also showed advocates had been involved in supporting people where necessary.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. These are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the registered manager acted within the code of practice for the Mental Capacity Act 2005 [MCA] and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant local authorities to apply for DoLS for a number of people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. We saw paperwork confirming DoLS had been authorised for five people who used the service.

We found Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately.

Staff told us they received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included safe moving and handling, health and safety, fire training, safeguarding vulnerable adults from abuse, infection prevention and control, medicines management, dementia care, behaviours which may challenge the service and others, and basic food hygiene. We were told the registered manager was a qualified trainer in moving and handling and infection prevention and control, and the maintenance man was qualified in delivering fire safety training.

We saw staff were provided with specific training around the individual needs of people who used the service including: dementia care, catheter care, enteral feeding, mental health, and diabetes. One member of staff told us, “We do training very regularly, there is never any problem accessing training of any kind, it’s always being offered.” Staff told us they were supported by supervision meetings with the registered manager every two months and an appraisal was undertaken each year; records confirmed this.

We observed the lunchtime experience. Menus were displayed clearly on the wall of the dining room in an easy to read format using pictures. We saw people were offered a choice of meal either verbally or by staff showing them the choice of two meals. The food looked appetising and was delivered to the tables swiftly to ensure it remained hot. We saw some people were offered assistance with cutting food up and were given plate guards and adapted cutlery which assisted their independence. People were offered a choice of drinks at the table and a choice of a different meal if they did not like the one they had chosen. People who took longer to eat than others were afforded the time to do so. We observed several people being assisted to eat in the dining room or in their rooms in a respectful, patient and sensitive manner. This meant people’s dignity was maintained. The cook told us people were offered a hot meal at both lunchtime and in the evening. At breakfast people could enjoy toast, cereals and cooked eggs. At supper time people were offered sandwiches and hot drinks.

Good

Is the service effective?

We saw a monthly nutritional risk assessment was carried out for each person using a recognised assessment tool. We saw when people had suffered sustained weight loss over a period of time, appropriate referrals had been made to the dietetics service and the speech and language therapy team [SALT]. When we spoke with the cook they were able to describe each person's food and drink preferences. In addition, information was clearly recorded and displayed in the kitchen about each person's food texture requirements if needed.

The registered manager showed us copied of food and fluid charts for each person who used the service. We saw the levels of fluid intake for each person were monitored and reviewed each week. When a person's average fluid intake fell below 1500 millilitres per day, the registered manager told us they would ask staff to prompt people to take more fluids. We observed one care worker prompting one person who was unable to communicate verbally to drink. They spent over ten minutes patiently talking to the person and encouraging them to drink. At the end of the ten minutes the person drank the whole drink.

Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services. Information seen in records showed people were supported to attend GP and outpatient appointments.

Good

Is the service caring?

Our findings

People who used the service, their relatives, and two visiting health professionals told us the service was caring. Comments included, "I think XXX is very well cared for; the staff here are lovely and very caring", "The girls [staff] are great, easy to get on with and clearly care", "I like the staff, they look after me well", "The care is good here, I have never had to worry about it", "The care staff provide good care and always follow any instructions left with them", and "The levels of care are excellent, I have no complaints at all."

We observed positive communication and interaction from staff. The majority of people in the lounges had a good level of staff interaction for the duration of our observations. We observed staff speaking with people in a calm, sensitive manner which demonstrated compassion and respect. Staff were seen to address people by their first name. We observed staff made time to talk and interact with people as they moved between different areas of the service.

People who used the service and their relatives told us their privacy and dignity was respected. We saw staff knocked on people's doors before entering rooms. People's rooms were personalised with pictures of their families and other personal items. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. Each person's bedroom door had a post box and door knocker, were painted different colours, and had a photograph of the person in order to aid recognition and orientation.

We observed staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms. This meant that staff ensured people's privacy and dignity was maintained. The service had five staff dignity champions whose role was to promote all aspects of dignity. One dignity champion told us they had recently undertaken an exercise with colleagues in which they had to assist each other with eating so they could gain a sense of how they would like to be assisted and talked to.

People's care files showed their preferences for daily living had been clearly recorded. People who used the service told us they were able to choose when to go to bed and when to get up the next morning. We were also told that other than lunch, there were no fixed routines.

We observed staff spoke patiently to people who had limited communication and understanding. People were given time to respond to questions. We noted care plans provided staff with clear information about how to communicate with people who used the service effectively and through gestures, touch, and eye contact. The members of staff we spoke with were all able to explain in detail what the needs of people who used the service were and behaviours including their facial expressions if they were in pain.

In addition, the registered manager carried out a dignity audit each month which assessed any improvements that were needed in order to provide a dignified and respectful care. This audit assessed the environment, communication, promotion of individual needs, and staff knowledge and training.

People's relatives told us they felt involved in the care and were asked to attend reviews annually. Minutes of these meetings were available in people's care plans. We saw changes to care plans had been made as a result of these reviews. This meant when people's needs had changed, their care plans had been discussed and updated to reflect this and their care needs were met.

We saw there was a planned schedule of meetings for people who used the service and their relatives. The minutes from the meetings showed that despite changing the times and dates of meetings several times, relatives did not attend. However, we noted issues such as the food, amenities, activities and the general levels of care were discussed with people who used the service.

Good

Is the service responsive?

Our findings

People who used the service, their relatives, and members of staff told us the service was responsive. Comments included, “They do activities every day”, “Whenever I come in the afternoons they are doing something”, “We go out on trips”, “There is a singer quite a few times” and “We try to do something with everyone every day.”

We reviewed four care plans, each written around the individual needs and wishes of people who used the service. Care plans contained detailed information on people’s health needs and about their preferences. We saw care plans were reviewed and updated each month. People who used the service or their representative had signed their care plan each month, where possible, to indicate they agreed its content and had been involved in its planning.

People’s likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed monthly thereafter. Care plans contained detailed information about people’s personal history, including their interests and things that brought them pleasure. Each care file included individual care plans for: personal hygiene, mobility, communication, health, continence, infection control, pressure care, and nutrition.

We reviewed the daily notes for four people who used the service. We found these were written clearly and concisely and provided a good description about people’s wellbeing that day.

The registered provider did not employ a dedicated member of staff as an entertainment/activities co-ordinator. However, one senior care worker had been appointed ‘activities champion’ in addition to their normal care work. The registered manager told us the role of the activities champion was to make sure that all staff engaged in meaningful activity with people each and every day. The activities champion told us this meant that people received activities best suited to their own interests as well as the larger group activities such as reminiscence sessions and trips out.

Information about activities was displayed on the wall of the main entrance using pictures and words. Staff and people’s relatives told us there were many organised activities including visiting entertainers, trips out, games and reminiscence sessions. When speaking with staff they were able to describe the possible effects of under stimulation including boredom and changes in behaviours.

At the time of our second inspection visit people were engaged in the activity of putting together a scrap book using old pictures of the local area. The registered provider had purchased scrap books for each person who used the service.

The registered manager told us the service had recently become a member of the National Activity Providers Association [NAPA] which enabled staff to learn about good practice and access resources.

People who used the service told us they would know how to make a complaint if necessary. They all said the registered manager and the staff were responsive and understanding of any concerns they may have.

Information about how to make a complaint was displayed throughout the service and in people’s bedrooms. The complains information also included photographs of staff members as well as the registered manager and registered provider to enable people to recognise who may be able to help them with their concern. The complaints information was available in an easy to read format. The complaints file showed people’s comments and complaints were investigated and responded to appropriately. We saw the service received no formal complaints within the last year.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they felt the registered manager and registered provider were approachable. Comments included, "The lady in charge is very approachable", "I think the home is managed well", and "If there's anything wrong we just need to talk to the manager about it and it gets sorted."

Members of staff told us, "I think we [the staff] are well supported", "The manager is on the floor every morning so she knows exactly what's going on and knows what all the residents need" and "The home is run really well."

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visits we observed staff working well as a team, providing care in an organised, calm and caring manner.

Staff told us they felt the management promoted an open and fair culture in which they felt able to speak their mind and question practice. We saw that since the registered manager worked providing care each morning, they were very much involved in observing how people's care was delivered and any problems the care staff may be encountering. Staff told us this was a great help since they felt they could ask the registered manager for advice and opinion at any time.

We found there were effective systems in place to monitor the quality of the service. We reviewed monthly audits for care plans, medicines management, dignity, falls, pressure care, the environment, the laundry, and training. The registered manager was required to audit all care plans each month and a random selection of five care plans each week. Action plans had been created to address any shortfalls identified from the audits. The registered provider told us they monitored the completion of actions as part of their own quality assurance processes. The registered provider's monthly monitoring visit was unannounced and included a check on five bedrooms to ensure a high standard of cleanliness and décor.

Staff told us the registered manager undertook a weekly inspection of each person's room as well as a daily walk around the home to check for any problems with health and safety and cleanliness. Staff told us any issues would be addressed immediately; and this helped keep the home clean, tidy and safe.

We saw there were monthly records of accidents, incidents, injuries, and safeguarding referrals, where appropriate, investigations had taken place and trends had been identified. We saw any issues identified were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC in accordance with CQC registration requirements.

The registered manager told us they attended regular local meetings for registered providers organised by the CCG to ensure they kept up-to-date with changes in legislation and guidance. The registered manager also told us how they made use of resources from reputable sources in order to improve their own understanding and that of their staff.

Records showed regular staff meetings were held for all staff including ancillary staff such as cooks and domestics. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate. Standing items on the agenda were infection prevention and control and health and safety. Examples of good practice in dignity were also discussed.

We reviewed the results from a recent survey sent to people who used the service and staff. The survey showed 100% of the people who used the service felt staff treated them well and the service was meeting their needs. Further positive responses were received about activities, the menu, safety, good care, and the levels and quality of staff. No negative comments were expressed on any of the surveys.