

Chestnut View Care Home Limited

Chestnut View

Inspection report

169 Derby Road
Chellaston
Derby
Derbyshire
DE73 5SB

Tel: 01332704511

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14 February 2019

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29 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- Chestnut View accommodates 18 people, who may be living with dementia in one adapted building.
- Chestnut View is situated in a residential area in the Chellaston area of Derby.
- At the time of our visit there were 17 people using the service.

People's experience of using this service:

- People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm.
- People were supported to take their medicines in a safe way.
- Recruitment procedures needed to be more thorough ensuring the all required checks were in place prior to new staff commencing employment with the provider.
- Staff told us they had received training and an induction that had helped them to understand and support people. We have made a recommendation about the induction program ensuring it is in line with the Care Certificate.
- Risks were managed according to individual need ensuring people were supported safely.
- People were protected by the provider's infection control procedures, which helped to maintain a clean and hygienic environment.
- People were supported to have maximum choice and control of their lives. Staff were aware of the importance of seeking consent from people and demonstrated an understanding of the Mental Capacity Act 2005.
- People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. People were supported with their dietary needs.
- People were cared for by staff who were kind and caring. Staff respected people's privacy, dignity and supported people with their independence. Visitors were welcomed at Chestnut View.
- People were supported to take part in activities of their choice and were supported to access local community facilities to enhance their well-being.
- The provider's complaints policy and procedure were accessible to people. People knew how to make a complaint and felt the provider would take action to address any concerns.
- The provider monitored the quality of the service people received, to drive improvement. People were asked for their views about the service.

Rating at last inspection:

- At our last inspection, the service was rated "requires improvement". Our last report was published on 29 January 2018.

Why we inspected:

- This was a planned inspection based on the rating of the last inspection. At this inspection visit we saw improvements had been made.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Chestnut View

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by two inspectors.

Service and service type:

Chestnut View is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

This inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider and they provided us with feedback. We assessed the Provider Information Return (PIR) which the provider submitted. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with six people who used the service and one person's visitors to ask them about their experience of the care provided. We spent time observing care and support in the communal

areas. We observed how staff interacted with people who used the service. We spoke with the registered manager, deputy manager, team leader, support worker, the cook, activities co-ordinator and domestic. We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including how the provider monitored the service to drive improvements and staff files.

Is the service safe?

Our findings

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

Assessing risk, safety monitoring and management

At our last inspection of 21 November 2017 risks assessments were not individualised and were not kept under review. Since the last inspection improvements had been made in this area.

- Risks to people were assessed and relevant actions recorded to mitigate these risks. We saw risk assessments were individualised and were related to physical health needs such as mobility, skin integrity and falls which guided staff on how to support people. For example, one person required two staff to assist with movement to minimise the risk of falls.
- Records showed these risks were reviewed and care plans were updated regularly.
- Personal emergency evacuation plans (PEEPs) were in place. These provided information on the level of support people required in the event they needed to leave the premises safely in an emergency.
- Since the last inspection the exposed pipe work had been covered and laundry equipment replaced.

Staffing and recruitment

At our last inspection of 21 November 2017, we found a breach of Regulation 18 of the Health and Social Care Act Regulated Activities Regulations 2014 as sufficient staff were not on duty to support people safely. Since the last inspection improvements had been made in this area.

- We saw there were sufficient staff on duty throughout the day. Our observations showed people's requests for assistance were responded to promptly. People, visitors and staff told us there were sufficient staff available to support people.
- Recruitment practices had improved since our last inspection, but further improvements were still required to ensure recruitment procedures were robust. Staff recruitment files we looked at showed the staff employed had been subject to the required pre-employment checks. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, neither of the staff files contained full employment histories. Following the inspection visit we received confirmation from the registered manager that, satisfactory written explanations regarding the gaps in employment had been obtained from both staff members.

Using medicines safely

At our last inspection of 21 November 2017, we found the management of medicines was not robust. Since the last inspection improvements had been made in this area.

- People told us they received their medicines when they needed them.
- Systems were in place to ensure medicines were stored and disposed of appropriately.
- People's medication records confirmed they received their medicines as required. Medication audits were carried out to ensure people received their medicines as prescribed.

- Staff who administered medicines were trained to ensure they had the required skills and knowledge.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Chestnut View. One person said, "I feel safe here." Another person stated, "I'm happy and safe". A relative confirmed they felt confident their family member was safe at the home.
- Staff confirmed they had received training in protecting people from abuse or harm. They understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service.
- The registered manager understood their responsibility to protect people from the risk of abuse and reporting concerns to the local authority safeguarding team.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Cleaning schedules were in place to maintain the environment.
- Staff understood how to protect people by the prevention and control of infection.
- Staff used disposable gloves and aprons to prevent the spread of infection. A staff member said, "There are always plenty of gloves and aprons. We don't run out."
- The home had been rated five stars by the food standards agency during March 2017. The food standards agency is responsible for protecting public health in relation to food. We saw kitchen staff wore personal protective equipment to ensure hygiene standards were maintained.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager.
- A record of accidents and incidents was maintained and these were analysed by the provider to enable them to learn from these events and try to prevent reoccurrence.

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.

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

Ensuring consent to care and treatment in line with law and guidance

At our last inspection of 21 November 2017, we found a breach of Regulation 11 of the Health and Social Care Act Regulated Activities Regulations 2014 because the provider was not following the principles of the Mental Capacity Act 2005 (MCA), so that decisions were made in people's best interest. At this inspection improvements had been made. The provider had a clear understanding of the practical application of the MCA.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff understood the principles of least restrictive practice. They also understood the importance of gaining consent before care and support was provided to people.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were asked for their consent and that any tasks were explained well.
- Applications had been made to the local authority for DoLS authorisations. At the time of inspection two people were under the local authority's restrictions of a DoLS. Two applications had also been made by the registered manager for DoLS renewals.

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

- People's needs had been assessed before they moved into the service, to ensure their needs could be met.
- Care was planned in line with people's individual assessments. Care plans were reviewed
- regularly or when needs changed.
- People were supported to make choices promoting their well-being.
- Staff we spoke with were knowledgeable about people's individual needs and the information they gave corresponded with people's care records.

Staff support: induction, training, skills and experience

- New staff were supported with an induction and training program; however, this was not in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and

behaviours expected of staff working in the care sector.

- We recommend the provider follows current guidance to ensure the induction program is line with the Care Certificate.
- Staff we spoke with said they had regular training, supervision and support to carry out their duties. They explained the training they received was relevant to their role. One member of staff said, "The training is better now." Staff felt senior staff were supportive and helpful. Training records confirmed staff had undertaken training.

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

- People had a choice of food and drink ` which they told us they enjoyed. Comments from people about the food included, "The meals are very good," "I can't fault the food" and "They find me something else if I don't like what's on the menu."
- Throughout the day we observed people being offered drinks and snacks.
- Kitchen staff were knowledgeable about people's diets and were able to cater for a range of dietary preferences such as vegetarian as well as cultural and medical needs. We saw there were specific items in stock for medical diets such as diabetes.
- Peoples nutritional needs were monitored. Staff knew how to support people effectively.

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

- People were supported to access relevant health professionals such as doctors and district nurses when they needed to.
- People told us they saw a GP when necessary and were assisted to attend hospital appointments. People had access to chiropodists and opticians.
- Staff told us they worked well together and communicated well as a team.

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

- Private space was available for people to speak to with their visitors.
- Equipment such as hoists and walking aids were available to enable people to move around the home safely when needed.
- Since the last inspection visit there was new flooring in parts of the home including the corridor in the old part of the home.
- There was some signage in the home to support people finding their way around.
- We saw that some areas of the home looked tired. The paintwork on the top floor required attention.

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

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

Ensuring people are well treated and supported; equality and diversity

- People were very complimentary of the staff at Chestnut View. People felt comfortable with staff. One person told us, "Marvellous, you can't get better staff." Another person said, "It's homely here and it just feels right."
- We saw interactions between staff and people were warm and compassionate. Staff communicated with people effectively and used different ways of enhancing communication to help them understand people's needs. For example, by touch, eye contact and altering the tone of their voice appropriately.
- We saw staff had good relationships with people. Staff spoke with people and offered reassurance when required.

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

- People told us they were pleased staff listened to them and their views were taken into account.
- Staff stated they encouraged people to make decisions for themselves wherever possible. We saw staff explained things as much as possible and offered people choices about their daily routines, such as meals and activities. Where people were less able to make choices independently staff supported them.
- People had access to advocacy services if required. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives. One person was currently receiving support from an advocate.

Respecting and promoting people's privacy, dignity and independence

- People told us they were cared for in a dignified manner and staff respected their privacy. One person said, "I can't fault them [staff] when they help me in the shower." Written feedback from a relative said, "[Family member] has their dignity respected."
- People's families and friends could visit without restriction. During the inspection visit we saw some people receive visitors.
- Staff understood the importance of ensuring people's dignity and independence. They were able to give examples of how they did this. For example, approaching people quietly, giving clear explanations and covering people when they received personal care. One person said, "I have been able to keep my independence by being able to have a shave." One member of staff said, "I try to encourage people and persevere if they refuse support at first."
- Care files and information for people who used the service had been stored securely and accessible by authorised staff when needed. This meant people's confidential information had been stored appropriately in accordance with recent changes in legislation.

Is the service responsive?

Our findings

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

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

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

At our last inspection of 21 November 2017, the provider was not aware of the Accessible information standard (AIS). The AIS was introduced to make sure people with a disability or sensory loss are given information in a way they can understand. At this inspection we found improvements had been made in this area.

- At this inspection the provider was compliant with the AIS. Information was provided in an accessible format around the home by using pictures and signage to support people's understanding. For example, there were pictures of food and drink available in the dining areas. There was some signage around the home to support people with their orientation.
- Information regarding people's communication needs had been recorded in their care plan including their vision or hearing.
- People told us the service responded to their need and that it was beneficial. One person described themselves as 'Not having a care in the world,' since using the service.
- Staff knew people's likes and preferences. We saw people's preferences were recorded in their care records. Staff told us how a person enjoyed spending time in the quiet area of the home, which was respected. The person confirmed this.
- Care files and information for people who used the service had been stored securely and accessible by authorised staff when needed. This meant people's confidential information had been stored appropriately in accordance with recent changes in legislation.

At our last inspection of 21 November 2017, we found people were not always supported to participate in individualised activities. At this inspection improvements had been made in this area.

- People enjoyed participating in organised activities and were also able to pursue their own interests such as reading newspapers, completing puzzles and knitting.
- There was an activities coordinator available to provide activities to people. The activities coordinator had developed contacts with other organisations such as schools, who visited the home. On the day of the inspection we saw activities being undertaken, such as card making, dancing and music.
- People were supported to access the local community. Two people told us they had gone to the pub and shops in the local area with staff.
- People were supported to follow their faith, one person attended a church. A Chaplain also visited the home on a weekly basis.

Improving care quality in response to complaints or concerns

- People told us they were confident any issues would be dealt with in a courteous manner. One person said, "I can't speak too highly of the management."
- Information was displayed in the home informing people how to raise concerns.
- The provider had procedures in place to manage complaints. In the last 12 months the provider had received three complaints, these had been investigated and responded to appropriately within a timely manner.

End of life care and support.

- Care plans contained information on how people wanted to be supported towards the end of their life.
- There was no one receiving end of life care at the time of our inspection.

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

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

At our last inspection of 21 November 2017, we took enforcement action as the provider was repeatedly in breach of Regulation 17 of the Health and Social Care Act Regulated Activities Regulations 2014. The provider did not have effective governance systems to monitor and drive improvement in the service. At this inspection the provider had made improvements in this area.

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

- Since the last inspection there was now a registered manager in post and a deputy manager.
- The registered manager ensured they notified the CQC of incidents that the provider was required by law to tell us about. They promptly responded to any request for additional information we made.
- The registered manager and provider were clear about their responsibility to be open and transparent in line with their duty of candour responsibility.
- It is a legal requirement a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home.
- The registered manager had received an award from an external organisation for being involved in a project relating to audits. As a result of this systems had been implemented in the service to improve the analysis in area's such as falls and continence.

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

- Since the last inspection systems had be put into place to assess and monitor the quality of the service people received.
- The management team had a good oversight of what was happening in the service. For example, the registered person visited the service at least once a month. The registered manager confirmed this gave them a further opportunity to discuss issues with the senior management team. A staff member described the owners as "Really supportive."
- Staff spoke positively about the registered manager and said they received regular supervision and support assisting them in their roles. A staff survey had been conducted in April 2018, overall the feedback was positive.
- Staff told us they worked well together and morale amongst the staff team had improved since the last inspection.
- Staff and management understood their roles and responsibilities and there were clear lines of delegation.

Continuous learning and improving care

- Since the last inspection visit staffing levels were monitored to ensure there were sufficient staff on duty. Comments from people, staff and our observations showed there were enough staff to support people.
- Audits were now in place which enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues. For example, audits of medication practice and storage were undertaken. We saw these had addressed issues such as temperature of the storage room and that staff received further training and supervision if they made an error.
- Improvements had been made in other area's such as infection control and the maintenance of the building. During this inspection visit the home was clean. There was support from domestic staff seven days a week and were responsible for housekeeping tasks. The provider had arrangements in place to monitor the safety of the premises and maintain the environment. We saw a sample of health and safety records, which showed that the servicing of equipment and building were up to date. This included gas servicing and hoist servicing. Since the last inspection the exposed pipe work in the laundry room had been covered and a cover had been fitted to the drain in the shower room.
- An action plan had been put together relating to redecorating parts of the home, including the kitchen and communal areas. The provider aimed to have this work completed by September 2019.
- The management team had a good oversight of the service through the use of quality monitoring tools.

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

- People, their relatives and professionals were encouraged to provide feedback on their experience of the service. Questionnaires were sent out during 2018 and the responses received were positive. Comments included, "Proactive in care and communicate well with us" and "All staff are very friendly and caring."
- Staff had regular team meetings and they told us they felt comfortable to raise issues. They confirmed they were kept up to date with any changes.
- Staff felt confident any suggestions or concerns they had would be listened to and acted on. One staff member told us they had made a suggestion regarding shift start times which had been acted on.

Working in partnership with others

- The registered manager had developed links with local health and social care professionals and the local community to ensure people had the support they needed.