

Chestnuts Bargate Ltd

# Chestnuts Residential Home

## Inspection report

57 Bargate  
Grimsby  
South Humberside  
DN34 5AD

Tel: 01472345513

Date of inspection visit:  
25 July 2018

Date of publication:  
30 October 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Chestnuts Residential Home was inspected on 25 June 2018 and was unannounced. This was the first time the service had been inspected.

Chestnuts Residential Home 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 is owned and operated by Chestnuts Bargate Ltd.

Chestnuts Residential Home is in Grimsby and located close to the town centre. It accommodates a maximum of 26 people in one building, with rooms spread over three floors. At the time of the inspection 25 people were using the service. Some of the people who lived at the home were living with a dementia. Communal areas include a dining area, conservatory and a lounge with access to a secure garden. Toilet and bathroom facilities are located on all three floors. There are two shared bedrooms and the other bedrooms are single rooms, with some having access to an ensuite.

At the time of the inspection there was a registered manager in place. 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.

During this inspection we found three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. These breaches related to Regulation 12 (Safe care and treatment); Regulation 15 (Premises); Regulation 17 (Good Governance). We also found one breach of the Health and Social Care Act (Registration) Regulations 2014; Regulation 18 (Notifications). This was because registered persons had failed to notify us of events which they are legally required to do. You can see what action we have told the provider to take at the back of the full version of this report.

Areas of the service had strong odours and were not clean and hygienic, which placed people at risk of developing infections. Some items of furniture, linen and carpets were not fit for purpose and needed replacing. Not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. You can see what action we have told the provider to take at the back of this report.

There was a quality monitoring system in place, however it did not identify the problems we found with the environment. Where quality shortfalls were identified, action plans were not implemented to resolve the problems.

People and their relatives felt the service was safe. Staff could recognise signs of abuse and followed procedures to report concerns. Accidents and incidents were monitored and analysed to reduce the risk of them reoccurring. Staff told us, they felt more staff were needed to meet people's needs. The registered

manager often provided care to people to support the staff. We made a recommendation in relation to staffing levels.

People's needs were assessed before they moved into the service and reviewed regularly to capture any changes to their health and wellbeing. People were supported to have healthier lives through timely access to healthcare services. Staff worked closely with various agencies and followed professional advice. Staff had the skills and knowledge to support people. People were supported to eat and drink enough and had a balanced diet, including those people who required specialised diets.

Medicines were stored securely and people received their medication as prescribed. Protocols were not in place to support staff when administering 'when required' medicines. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives. Staff had good knowledge of the Mental Capacity Act 2005 and supported people the least restrictive way. The policies and procedures supported this practice. Some people were deprived of their liberty and authorisations had been sought in line with Deprivation of Liberty Safeguards (DoLS).

Staff were kind and caring towards people. We observed positive interactions between staff and people. People were supported in a respectful and dignified manner until the end of their lives. Staff had explored people's end of life wishes and plans were in place to ensure people had a pain free death.

Relatives and staff told us there was lots of activities going on within the service. Staff communicated with people in the way they understood. A complaints procedure was in place, though no complaints had been received.

This is the first time the service has been rated Requires Improvement.

## 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.

Areas of the service were not always clean and posed a risk of infection to people. Risks had not always been identified or acted upon.

Staff had knowledge of the signs and types of abuse and followed safeguarding procedures to report concerns. People received their medicines as prescribed.

Staff were recruited safely and staffing levels were sufficient to maintain people's safety.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Items of furniture, carpets and linen were not fit for purpose and needed replacing. The service was not dementia friendly.

People's health as staff maintained effective working relationships with healthcare professionals and acted upon advice. Staff received appropriate training and had the skills and knowledge to meet people's needs.

Staff sought consent and followed the Mental Capacity Act 2005 and made decisions in people's best interests. Applications were made to deprive people of their liberty.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind, caring and compassionate. People were treated with respect and were valued as individuals. Staff maintained people's privacy and dignity.

Staff were considerate of people's physical and emotional needs. People were offered choices and encouraged to maintain their independence.

### Is the service responsive?

Good 

The service was responsive.

Staff assessed and reviewed people's needs, updated care plans and provided person centred care.

People were supported in the way they wanted at the end of their lives. Care plans and medicines were in place to ensure people had a pain free and dignified death.

People were encouraged to participate in a range of activities within the service.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Audit systems did not maintain quality within the service. Feedback was not sought, which meant people were not involved in suggesting improvements to the service.

The registered manager was open, honest and reliable. They maintained good morale within the staff team, promoted teamwork and encouraged staff to develop and progress.

# 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 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.

An unannounced inspection took place on 25 July 2018 and was completed by two adult social care inspectors. Prior to the inspection we contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch is an independent champion whose purpose is to understand the needs and experiences of people who use health and social care services. We used information they provided to aid our planning of this inspection.

We looked at information held about the provider and the service including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us. On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant. We used this information to help us plan this inspection.

During the inspection, we spoke with two people who used the service, two relatives, two members of staff, the deputy manager and the registered manager. After the site visit we spoke with one staff member and received feedback from four staff members.

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.

During the inspection we completed a tour of the environment. We looked at three care plans, the medicine administration records of three people and accidents and incidents. We looked at the recruitment records of four staff, staff training records and staff meeting minutes. We looked at a selection of documentation that related to the running of the service; these included quality monitoring audits, policies and procedures and environment safety certificates.

After the site visit the registered manager sent us information about settings for pressure relieving mattresses, details of complaints and further quality monitoring documents.

# Is the service safe?

## Our findings

Areas of the service posed an infection control risk to people. During the tour of the environment we found not all areas were clean and hygienic. Two relatives told us, "There are occasional odours" and "Sometimes there's an odour." We experienced a stale odour in communal areas and several bedrooms had a strong smell of urine. Many items in the service, such as bedside cabinets and chairs had damage to their surfaces or cracks in them, which made them difficult to keep clean. We saw shower chairs, bedrail protectors, pressure relieving cushions, wheelchairs and some activity equipment that was dirty. Some cleaning rotas were in place but they were insufficient, as the cleanliness of these items had not been addressed. An external audit had been completed before our inspection and identified similar issues to those we found. However, they had not been addressed and continued to pose a risk to people. In response to the issues identified at the inspection, the provider allocated more hours for domestic staff and re-allocated tasks to allow a deep clean to be completed regularly. An Infection Control Team was also created to help identify and address cleanliness issues in a timely manner.

During the tour of the service, we observed people had access to plastic gloves. This was an ingestion risk as some people who used the service had capacity limitations. People were at risk of scalds due to water from taps emerging too hot. Hot water temperature checks completed during the inspection confirmed water temperatures exceeded safe temperature guidance from Health and Safety Executive (HSE). The registered manager acted to rectify this during the inspection.

Medicines were stored in a locked cabinet in a locked room. Those that required more secure storage were stored in a designated lockable cabinet. There was a fridge for the storage of medicines that required a lower temperature. Processes were in place to monitor the temperature of the fridge and medicine room; however, it did not capture the maximum temperature each day. We raised this with the management team as there was a risk medicines may not be stored at the correct temperature which could result in medicines physically changing or losing their potency. Equipment used to administer medicines was not always clean as aero chambers were not part of the cleaning rota. The management team advised they would implement a cleaning schedule for these items and would review the temperature recording process to improve their record keeping.

This is a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines as prescribed. Staff had completed relevant training and had the skills and knowledge to administer medicines safely. Some people required medicines to be administered at variable doses. Staff demonstrated good knowledge about how they identified what dose someone required. However, there was no written protocol in place to support staff.

We recommend that the provider considers current best practice guidance for 'when required' and variable dose medicines.



The service had sufficient staff to meet people's needs. A lot of people needed assistance to eat and drink and therefore mealtimes were split to ensure people had the support they required. The registered manager regularly supported staff in providing care and had on-call arrangements in place so they could be contacted in an emergency. However, some staff told us they felt the service was understaffed at times. A dependency tool was completed for each person. However, we saw that this did not influence staffing levels as these were predetermined.

We recommend that the service seeks advice and guidance from a reputable source to identify an appropriate tool to determine staffing levels.

Staff were recruited safely. Appropriate recruitment checks were completed; staff had references and enhanced Disclosure and Barring Service (DBS) checks in place before they started work. The DBS makes checks of people's background helping employers to make safer recruitment decisions. Where DBS checks identified areas of concern, the service had fully explored this to ensure the person was suitable for the role. The service had a low turnover of staff which promoted continuity of care for people who used the service.

People were safe from the risk of harm and abuse. One person told us, "I feel absolutely safe here." Staff had completed safeguarding training and had a good knowledge of safeguarding and reporting procedures. Staff told us, they felt confident raising concerns in line with the whistleblowing policy and concerns would be fully addressed by the management team.

Staff identified people's care needs and associated risks that may cause them harm. Risk assessments were completed and management plans implemented, to maintain people's safety and well-being. One example identified that someone had been at risk of developing pressure areas. Staff managed this risk, by ensuring an appropriate pressure relieving care plan was in place. Body maps were completed and positional change charts evidenced staff were following the care plan. Personal Emergency Evacuation Plans (PEEP) were completed and provided suitable strategies to support the safe evacuation of each person in an emergency.

Staff recorded accidents and incidents. The registered manager reviewed accidents and incidents to learn from them and reduce the risk of them reoccurring. Confidential information was stored securely in locked offices and electronic records required a password for staff to access them.

Equipment was serviced regularly to maintain people's safety. Processes were in place to ensure the upkeep of the building and the completion of routine maintenance in a timely manner.

## Is the service effective?

### Our findings

The home environment and furnishings had not been well maintained and some items were no longer fit for purpose. We saw that bed sheets and a carpet were threadbare and dining room furniture had been damaged due to wear and tear. This made the environment look uncared for and therefore, did not feel homely. At the time of the inspection there was no plan in place to address these issues and replace furniture, linen or carpets. After the inspection, the provider confirmed plans were in place to replace items and told us that two bedrooms had been redecorated and two carpets had been replaced.

The environment did not meet the needs of people living with dementia. People were at risk of being disorientated. Some signs were used around the service to help people identify toilets, bathrooms and communal areas. However, people had difficulty identifying their bedrooms, as signs were removable and often missing. The service had patterned carpets, in bold colours. People with dementia can become confused and disorientated by patterned carpets which can cause increased risks of falls, as they can find it difficult to process sensory information.

Not ensuring people had access to a suitable environment and furnishing was a breach of Regulation 15: Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutrition and hydration needs were met. One person told us, "The food is very good and the portions are very generous." A relative commented, "The food always smells and looks good." Some people required specialised diets and one person had a food allergy; they were supported by staff who had the skills and knowledge to meet these needs. People were encouraged to eat and drink appropriate amounts.

People were supported at their own pace, by staff who were patient and attentive. A lot of people required support to eat and drink. Mealtimes were well organised; staff sat with people who needed support, which ensured people received the support they required. As a result, there was a relaxed atmosphere at meal times.

People's needs were assessed thoroughly to ensure the service could provide the support they required. A 'General Assessment Tool and Evaluation' was completed for each person and covered all areas of people's needs. Staff used this information to produce detailed care plans and enabled them to ensure positive outcomes for people.

People's health needs were met. One relative told us, "Staff are always very prompt to call the doctor." This was confirmed by a healthcare professional. Staff monitored people's health and well-being and made referrals to healthcare services, when there was a change in someone's needs. Care files evidenced timely referrals and advice from healthcare professionals was used to update care plans.

Effective communication between staff and healthcare professionals ensured staff had up to date information about the support people needed. A health professional told us staff communicated regularly with them and "The management team are effective at communicating advice and action plans to staff."

Staff were updated about people's needs during daily handovers and could discuss people's needs with the management team at any point. Monitoring sheets and daily records showed staff were supporting people in line with their care plans.

Staff had the skills and knowledge to meet people's needs. A healthcare professional commented, "Staff are skilled in their knowledge and in supporting people." Staff completed an induction and received regular, relevant training during their employment. Staff received supervision and annual appraisals which embedded learning and identified training needs.

Staff demonstrated good knowledge of consent and showed respect for people's choices. During the inspection we observed staff gaining consent before supporting people. One person made unwise choices choosing to consume large amounts of alcohol. Staff completed care plans, which guided staff to help the person reduce the frequency and amount they drank alcohol; staff provided appropriate support and respected their choice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found that people were supported to make decisions in line with the MCA. Staff demonstrated a thorough knowledge of the MCA principles and completed capacity assessments. Where people did not have capacity to make a decision, staff followed the MCA when making decisions in people's best interests and ensured relevant family and professionals were involved. A relative told us, "As a family, we discuss decisions with Chestnuts Residential Home, in their best interests."

The provider had submitted 15 DoLS applications; eight had been granted and seven were in progress.

## Is the service caring?

### Our findings

Relatives told us staff were kind, caring and compassionate. They also told us, "[Name] has been in two homes, this is the best one, as staff are very caring" and "Staff are all approachable, helpful and considerate."

A healthcare professional said, "Staff are lovely and do a fantastic job; they are very friendly, kind and supportive."

Staff maintained people's privacy and confidentiality. A healthcare professional said, "I've witnessed privacy and dignity being promoted at all times." Staff used 'care in progress' signs, when supporting people with personal care. These helped protect people's privacy and dignity, as other staff knew not to enter at that time. Staff had good knowledge of how to maintain people's privacy and dignity.

People were supported with dignity and compassion at the end of their lives. Staff told us, "When supporting people at the end of their lives, we're gentle and give tender loving care." People who were cared for in bed were clean and comfortable. Staff took their time with people and paid attention to their appearance; helping people to maintain their identity until the end of their lives.

Staff were sensitive to people's emotional needs. They recognised the importance of relationships between people who used the service and staff. A memorial area had been made so people and staff could remember their friends and loved ones. The service also had two small pets that people could interact with.

Staff were considerate to people. During the inspection, we observed them checking if people were happy with their meals. Some people took a long time to eat; to stop their meal going cold this was reheated, enabling people to enjoy their meal for longer.

Staff respected people and promoted their independence. One staff member told us, "We include people in everything; giving them choices and opportunities to be independent." We observed staff encouraging people to be as independent as possible and supporting people when needed.

Staff interacted and communicated with people in the way they understood. Care plans evidenced some people used body language to communicate; staff recognised and understood people's body language which enabled them to anticipate people's needs and support them in a caring manner.

People had access to advocates. Some people had support from family and friends who advocated on their behalf, whilst other people had an appointed advocate as a result of them having an authorised Deprivation of Liberty (DoL) in place.

## Is the service responsive?

### Our findings

People had access to activities and interests within the service. One relative told us, "There's lots of day time activities." An activities board near the dining room showed what activities were planned, though staff told us these can be changed each day depending on what people wanted to do. Interest boards were displayed in the corridors and covered topics relevant to people who used the service. They covered local history, the royal family and a new board was being created for a local football club. There was a secure garden that people could access. For people who didn't want to go outside an indoor garden area had been created; allowing people the feeling of being outside.

Staff were responsive to people's emotional needs. Some people needed opportunities to show their caring personalities. In response to this need, dolls were purchased and the service had two small pets. People could care for and nurture the dolls and pets, which helped people fulfil this need.

People's needs were clearly recorded in care plans. Assessments and care plans were completed for all aspects of people's needs. They were thorough and detailed the support people required. Care plans were written in a person-centred way. For example, a continence care plan documented "I need direction to go to the toilet" and "[Name] cannot find the toilet. They approach staff in an anxious way when they need the toilet. Staff need to know their whereabouts and look for signs of anxiety and support them to find the toilet." Support plans were reviewed and current information was documented.

People were offered choices. A relative said, "[Name] chooses what they want to do and chooses their meals." During the inspection, we observed people being offered choices. Staff told us, spare meals were always prepared to allow people to change their mind, which helped maximise people's choices.

Information was presented to people in the way they understood. Staff told us "We offer people choices by asking them, picture cards and gestures. We support people to make decisions by giving them the information they need, in the way they understand." People were shown a daily menu, which had the photos of the meal options. The service had a policy in place for meeting the Accessible Information Standards (AIS).

People were supported at the end of their lives in ways that mattered to them. All people had the opportunity to talk about their wishes for the end of their lives. For those who wanted to, their wishes were discussed and recorded. Some people were unable to communicate their wishes, so their families and friends were consulted. An end of life care plan was created using this information and had important details, such as where people wanted to be cared for, who should be with them, any religious requirements and funeral arrangements. Medicines were in place to ensure people had a pain free, dignified death.

A complaints policy and procedure was in place. Two relatives told us, "I've never had any complaints" and "My family member has been here over two years; I have no complaints." The registered manager advised that no complaints had been received since the service registered. They explained how they would be addressed in line with the policy.

The provider had joined a local scheme which aimed to help people access health services through technology. The scheme had recently started and the registered manager had a positive approach to integrating it into the service and believed quicker access to health services would have a positive impact for people.

## Is the service well-led?

### Our findings

Audits were ineffective at identifying and addressing shortfalls in quality. The management team completed a variety of audits which included medications, care plans, infection control and meals and nutrition. Healthcare professionals completed an 'Infection Control Environment Audit' in April 2018. The audit identified problems with the cleanliness of the service and items of furniture that were no longer fit for purpose. The management team were aware of the findings, but had not completed an action plan to rectify the problems. The internal infection control audit identified some of the same problems as highlighted during the Infection Control Environment Audit. It also highlighted some, but not all the issues found during the environmental tour. Identified problems, did not have action plans or timescales in place for them to be addressed. As a result, quality was not maintained. The registered manager had been unaware of the audit shortfalls. They advised they would be responsible for completing the audit going forward and put plans and processes in place to improve the governance system.

People who used the service and stakeholders were not consulted on how the service could be improved. Processes were not in place to collect information needed to drive positive changes in the service. Therefore, the registered manager was unable to make improvements to the service that would be most beneficial for people.

This was a breach of Regulation 17 Good Governance, of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

At the time of the inspection, the provider was not meeting the requirements of the Care Quality Commission (Registration) Regulations 2009. The provider is required by law, to send us notifications of important events, which help us monitor the service. The provider had not sent us notifications about applications to deprive people of their liberty.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this outside of this regulatory process.

The registered manager ensured relevant notifications were sent straight after the inspection and took steps to ensure this continued.

The registered manager had a hands-on management style and prided themselves in knowing every person who used the service. The registered manager recognised staff were busy and regularly provided care to people; helping to ease staff workload. However, doing this took time away from their management role and completing associated tasks.

Staff were supported by the registered manager. The registered manager viewed their role as, "keeping people well, meeting their needs and keeping staff happy." A member of staff said, "I love working here" and all staff told us they were supported by the registered manager. The registered manager adjusted their working hours, ensuring they made time for every member of staff. They had an open and honest

relationship with staff and operated an open-door policy. A member of staff told us, "We can discuss anything with [registered manager]."

The registered manager was approachable and available for people who used the service, relatives and external professionals. A relative told us, "[registered manager] is very approachable. The service is well managed; it's first class." Healthcare professionals told us the service was well managed.

The registered manager promoted a caring culture in the service. The registered manager told us, "We employ staff who want to care and work hard for those they support." The caring culture included staff supporting each other. Staff told us, "There's good team work" and "We're all a big family and help each other."

Staff were valued and supported to progress. A staff member said, "If you want extra training, ask the management team and most times, you'll get what you've asked for." Staff were being supported to complete the care certificate. The registered manager said, "I'm trying to encourage [staff name] into a healthcare career, as I think they'd be really good at it. I want people to progress."

The registered manager had established effective working relationships with the local authority and had made links with a local school. Events had been organised for children from a local school to come to the service and sing for people who used the service. The registered manager recognised people's pride in their community and promoted local history and the local football club through display boards in the service.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to identify, assess and act upon risks.</p> <p>The provider had failed to assess risks to prevent, detect and control the spread of infection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure furnishings and the environment was suitable and did not take account of national best practice.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service.</p> <p>The provider had not sought feedback from people or relatives for the purpose of continually evaluating and improving the service.</p>