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# Chester House Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Chester House Care Home is a residential care home providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People were happy living in the home and felt safe. Risks were well managed. Medicines were managed safely, and staff worked with other healthcare professionals to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed. Care and support had been planned proactively and in partnership with them. People were provided with a nutritious and varied diet. Staff were suitably trained and received regular supervisions.

People were positive about the service. People told us staff were kind and caring. People were treated with dignity and respect and were fully involved in their care planning and delivery. People's right to privacy was upheld. The registered manager provided people with information about local advocacy services, to ensure they could access support to express their views.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed. People were entertained and stimulated by the activities provided for them. People knew how to complain, and felt concerns raised would be listened to and acted upon.

The registered manager worked in partnership with a variety of agencies to ensure people received coordinated care which met their needs. People were happy with how the service was managed. Staff felt well supported by the registered manager. The registered manager and provider completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Chester House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Chester House Care 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 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 before the inspection

We completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also sought feedback from Healthwatch Stockport. Healthwatch Stockport is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. This helped us to gain a balanced overview of what people experienced using the service.

We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two visitors about their experience of the care provided. We spoke with three staff members including the registered manager and two care staff. We also spoke with one of two directors for the service.

We looked at care records of three people and spoke with staff about their recruitment, training and support they received. We also looked at records relating to the management of the home and procedures for the administration of medicines. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. Senior care staff kept these under review and updated where required to ensure staff had access to information to support people safely.
- Personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff understood their role and were clear about the procedures to be followed for people needing to be evacuated from the building.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- People told us they received safe care and had no concerns about their safety. One person said, "The carers look after us all. I feel safe here."

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way. People told us staff were available when they needed them.
- Staff were visible to people in their care and provided support and attention people required.
- Staff assured us they had been subject to appropriate checks when the service recruited them.

Using medicines safely

- Medicines were managed safely and people received their medicines when they should. One person said, "I get my tablets as I should and get them on time."
- We observed medicines being administered at lunch time and saw good practice was followed. People were sensitively assisted as required and medicines were signed for after they had been administered.
- The registered manager conducted regular audits of medicines to ensure any concerns were identified and addressed.

Preventing and controlling infection

- The provider had effective infection control procedures. Staff had access to and used protective personal

equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.

- Staff received infection control and food hygiene training and understood their roles and responsibilities in relation to these areas.
- The registered manager completed regular audits to ensure hygiene standards were maintained.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 maintain good health and had access to healthcare services when required. The registered manager obtained the necessary detail about people's healthcare needs and had provided guidance for staff regarding what action to take if people became unwell.
- Staff had a sound understanding about the current medical and health conditions of people they supported. Plans relating to mental wellbeing were particularly detailed.
- The registered manager worked in partnership with other health care professionals such as GPs, occupational therapists, falls teams, physiotherapists and dieticians. This ensured people were cared for in a holistic manner and all their needs were taken care of.
- People had recently been visited by a dentist and had comprehensive plans in place relating to their oral healthcare.

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

- The registered manager completed comprehensive assessments to ensure people's needs could be met. Records were consistent and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- The registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Staff regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff confirmed they received training that was relevant to their role and enhanced their skills. New staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care.
- Staff told us they were supported in their roles and received regular supervisions as well as annual appraisals. One staff member said, "I feel very well supported by the registered manager. [Registered manager] and [directors] are very approachable and want to get the care right for people."

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

People's nutritional needs were well managed. The registered manager had assessed people's dietary needs and recorded guidance for staff to follow on support people required.

- People told us they were happy with the variety and choice of meals provided. One person said, "The food is enjoyable, the menu is varied and we do get a choice."
- Lunch was organised, well managed and provided a relaxed and social occasion for people to enjoy their meal. People who required assistance eating their meals were supported by caring and patient staff.

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

Accommodation was accessible, safe, homely and suitable for people's needs. People told us they were happy with the standard of accommodation provided and were comfortable living at the home.

- People could maintain their independence and access a conservatory for private time with their relatives.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- People told us they felt Chester House Care Home was their home. A visitor told us, "Chester House is so homely which sets it apart from other homes we considered for [relative]."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.
- Staff observed during the inspection sought consent from people before providing their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- People were supported by caring and respectful staff. People told us that without exception, staff were kind and attentive and our observations confirmed this. We saw they were polite, respectful and showed compassion to people in their care. One person said, "The staff are kind and attentive."
- Local pastors visited several times a month to support people with their spiritual needs.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen documented people's preferences and information about their backgrounds.
- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and felt comfortable in the care of staff supporting them.
- One person became distressed during our inspection and we observed staff providing reassurance in a calm and diligent manner which reassured the person.

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

- The registered manager and staff team supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with, and were at the centre of developing their care plans.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.
- One person had initially visited Chester House Care Home for respite care. They told us they benefitted from staff's caring attitude so much, that they decided to stay on at the home permanently.

# Is the service responsive?

## Our findings

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

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

### End of life care and support

- People's end of life wishes had been recorded including their cultural and spiritual needs so staff were aware of these. We saw people had been supported to remain at the home where possible as they headed towards end of life. This allowed them to remain comfortable in their familiar, homely surroundings, supported by staff known to them.
- A visitor told us about the exceptional care her relative had recently received at the end of their life. They told us, "I was blown away by the care and support of the directors, [registered manager] and staff here. They could easily have said that they could not meet [relative's] needs but they cared for them so well. Furthermore, they cared for me too when I needed it."

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

- Care files were person-centred and individualised documents reflected each person's assessment of needs. Care plans included people's personal care needs including oral healthcare, nutritional support, social interests and communication needs. Staff spoken with were able to describe people's individualised needs and how these were met.
- The registered manager and staff team provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.

### Meeting people's communication needs

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

- People's communication needs had been assessed and support required documented. Picture card aids were available which could be used in most situations. These included enabling people to pick the meal of their choice.
- The provider could produce information in different formats or languages if required.

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

- People chose to spend most of their time in the communal lounge and the size of the home meant they knew each other well. People spent time in their bedrooms if they wished to.
- People could receive visitors at any time and told us they were welcomed into the home.

- People told us social activities were organised to keep them entertained and stimulated. People told us they were happy with the activities organised. One person said, "We do go out on trips now and then. We sometimes play a game or watch movies. We often have music on."
- Two people told us they accessed the community independently. Events were held for birthdays and special community events. The home had held a charity bake sale and were soon attending a festive pantomime.
- People told us they enjoyed spending time with the home's resident rabbit and cockatoos.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service. People told us they knew how to raise concerns and were confident any complaints would be listened to and acted upon in an open and transparent way.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement because the service did not have a registered manager in place. At this inspection this key question has now improved to good because there is a registered manager in place. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People spoke positively about how the service was managed. They informed us the registered manager was visible and had a good understanding of their needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. Action plans were created following audits and shared with all appropriate staff for completion.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary. Staff confirmed they were clear about their role and between them and management provided a well-managed and consistent service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager provided an open culture and encouraged people to provide their views about how the service was run. The views of people family members were gathered through care plan reviews, surveys and meetings. People told us they felt the service was well managed and they liked the registered manager. A visitor said, "The registered manager is wonderful. They know people well and really care."
- People received safe and coordinated care. There was good partnership working with relevant healthcare and social care professionals. This ensured people consistently received the support they needed and expected.
- Staff contributed to the way the service was run through team meetings and supervisions. They told us they felt consulted and listened to.
- The registered manager was transparent, and this was evidenced through effective communication and reflective practices which aimed at improving care outcomes for people.

Continuous learning and improving care

- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.

- The registered manager worked in collaboration with the local authority and attended appropriate workshops and training events.

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

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people. One staff member said, "I love working here. It is small and unique. We are like one big family."