Goldenpride Limited

Chestnut Court Care Home

Inspection report

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Ratings

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

Overall summary

We inspected the service on 4 and 8 June 2015. The inspection was unannounced. Chestnut Court Care Home provides care and support for up to 25 older adults, including people living with dementia. On the day of our inspection 22 people were living there. Our previous inspection in June 2013 found the service was meeting all regulations inspected.

There was a registered manager but they had recently left the service. They had yet to apply to be deregistered. 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.

The service had recently gone through a period of transition with the departure of the registered manager and some other established staff.

Summary of findings

The owner had taken prompt action to ensure disruptions caused by staff changes were kept to a minimum and to ensure staff were supported .A relief manager was in post and there was a very detailed improvement plan to ensure the quality of the service remained good.

The service had areas it needed to address for example staff needed to ensure they recorded what people had to eat and drink consistently to ensure they were monitoring people's wellbeing effectively. Where people lacked capacity to consent to aspects of their care and support this needed to be documented more clearly. People needed to be more involved in developing the service.

The relief manager was aware areas needed to be improved upon and had already started work to do so. A new manager was being actively recruited and the service was also advertising for care staff to fill vacancies. In the meantime vacant posts were being filled by agency staff.

The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated a good understanding of their individual needs.

People said they felt safe and there were appropriate processes in place to protect adults from abuse, to minimise identified risks and to ensure people received their medicines safely. Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home.

Staff received a range of training and their competencies were assessed to ensure they could meet people's needs. People received prompt assistance when they needed medical intervention or support as staff liaised with health care professionals appropriately.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place or had been applied for.

People were confident they could raise concerns or complaints and that these would be dealt with.

There was an open and inclusive culture within the service, with clear values which were understood by staff. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

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.

Staff had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

Identified risk to people and to the premises were managed effectively to keep people safe.

Staffing levels were sufficient and action was being taken to cover staff vacancies and to ensure staff vacancies were being filled.

People's medicines were managed appropriately so they received them safely.

Good

Is the service effective?
The service not always effective.

Improvements were needed in the way people's food and fluid intake was monitored and in the way the service assessed people who lacked capacity to consent to aspects of their care and support.

Staff were well supported and had training relevant to their role

Staff ensured people's day to day health care needs were being met.

Requires improvement

Is the service caring?
The service was caring.

Staff had developed positive caring relationships with people using the service.

Staff communicated effectively and encouraged people to use their skills.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People received personalised care and support in line with their needs and wishes.

There was a robust complaints procedure which was followed.

Good

Is the service well-led?
The service was well led.

There was a positive and open culture within the service and leadership was good.

Good

Summary of findings

There were effective quality monitoring systems in place to drive improvement.	

Chestnut Court Care 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.

The inspection took place on 4 June 2015 and was unannounced. We visited again on 8 June 2015. The inspection was carried out by two inspectors

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. Before the inspection, the provider completed a Provider Information Return (PIR). 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 this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with seven people who lived at Chestnut Court and with four visitors. We spoke with the relief manager and with six staff. We reviewed the care records of six people, and looked at other records relating to the management of the service such as staff files audits, policies and staff rotas.

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.

Good

Is the service safe?

Our findings

People said they felt safe at Chestnut Court and visitors said they had no concerns about the safety of people at the service.

There were safe processes in place to help to protect people. Staff described how they managed a situation where there was sometimes tension between two people who lived at Chestnut Court to ensure both were supported safely. They had done this well. Staff had received safeguarding training so they were aware of the different forms of abuse and what to do to protect vulnerable adults. Staff understood their rights and responsibilities under whistleblowing arrangements but felt confident they could raise any concern directly with the manager or senior staff. They knew which external agencies they could also report concerns to such as the local authority or CQC if they needed to.

Most staff knew the people they supported well. Staff were aware of people who were at particular risk for example of falls or of losing weight. There were written assessments to establish and monitor the level of risk to people and action was taken to reduce this where possible. For example, one person who had been identified as being at a high risk of falling had been referred to health care professionals who could provide specialist advice and support. There was a record kept of accidents and incidents. These mainly related to falls where the person had not sustained an injury. Where the fall had resulted in a minor injury staff had taken appropriate action by contacting health care professionals for advice.

The safety of the environment was assessed and action was taken to ensure people could move around as safely as possible by removing unnecessary clutter. General premises risk assessments were in place for example for legionella and for equipment used. A fire risk assessment had been carried out by an independent consultant and staff confirmed actions identified had been completed. People had a Personal Emergency Evacuation Plan (PEEP) which was reviewed and updated where necessary every month.

People said there were sufficient staff employed but some questioned the mix of skills and experience. One person said "I've never seen anyone waiting around. If a bell goes it is answered quickly. Another said staff were very attentive but "were rushed off their feet sometimes" They said there were not always enough staff of the right kind. Staff said it had been difficult with staff "coming and going"; it had been especially hard some days but said they were beginning to work together more as a team.

We observed staff generally responded to people quickly but at some stages for short periods of time there was not a staff member in the lounge, which was where most people were. This had not affected people in the lounge. However the relief manager said this should not happen and assured us they would resolve this.

The relief manager said there had been a recent period of upheaval in the service with the registered manager and some other established staff leaving. Senior management had responded by appointing the relief manager and were recruiting to fill the vacant care staff posts. In the meantime they were filling vacancies with agency staff. This showed the service had made appropriate arrangements to ensure staffing was appropriate and staff were supported during a period of change.

The provider operated a thorough recruitment procedure in line with their policy and procedure. Staff employed had the appropriate checks such as evidence of Disclosure and Barring Service (DBS) checks, references from previous employers and employment histories. These measures helped to ensure that only suitable staff were employed to support people who used the service.

People's medicines were stored appropriately and managed so that they received them safely. Up to date records were kept of the receipt, administration and disposal of medicines. Staff were able to explain when they would give 'as required' pain relief to people who could not necessarily say they needed this. Senior staff administered medicines. Staff received training in the safe administration of medicines and this was followed by competency checks. A medicines audit took place every month to ensure medicine arrangements remained robust. Where issues were picked up in the audit they were addressed immediately by the relief manager.

Requires improvement

Is the service effective?

Our findings

People said they were supported to live their lives in a way they would choose. One person said Chestnut Court was "very nice and comfortable" another described how they could decide on their daily routines and said staff would respect this.

People had their food and fluid intake monitored. Some people had this because their appetite was low and they needed to be reminded and encouraged to eat and drink. We looked at these people's records. Staff understood the necessary amounts of fluid each person needed to ensure they were properly hydrated. However there were gaps in a number of records we saw which indicated the person might not have had sufficient to drink on some days. It was not clear whether this was poor recording or whether people had not been provided with drinks at regular intervals. However people did not show obvious signs of dehydration during our visits. We discussed this with senior staff and with the relief manager. They said they would check this with the staff responsible and ensure this was improved.

We considered how people were supported to eat and drink. People who were able to say told us were happy with the food provided and said they had plenty to eat and drink. Care records contained information about people's favourite foods and drinks and reminded staff to provide lots of encouragement to eat for people who were underweight. They also gave staff advice about whether people needed a particular sort of diet for example they needed to eat soft food. Catering staff were aware of people's dietary needs and we saw people were given food in line with their dietary requirements.

We observed people were given a choice at mealtimes. For example, if they wanted an omelette rather than the prepared cooked meal. Staff provided assistance for people who needed help and people had adapted equipment such as plate guards to help them to eat more independently. Although staff offered support we observed they had variable success in helping people to eat their meals during one lunchtime. For example, one person was asleep by the time their lunch was served which meant there was a risk their food was not hot by the time they were eating it. Others had their plates cleared away with a significant amount of uneaten food on them.

Staff showed an understanding of the requirements of the Mental Capacity Act 2005.

Staff sought people's consent before they provided care and support .One person who lived at Chestnut Court said for example "If I want to stay in my room they let me." Staff said they always ensured people could choose when they wanted personal care. They said if people refused they would respect their decision but would go back later to ask again.

Where people lacked capacity to consent to aspects of their care this had been assessed and documented. Sometimes it had been documented a person lacked capacity to make decisions. It was not documented what decisions they lacked capacity to make. We discussed this with the relief manager as we felt this information could be made clearer.

Staff said they had completed training relevant to their role for example in moving and handling, food hygiene and safeguarding. New staff said they had shadowed other experienced staff on shift which made them feel more confident. We observed an experienced member of staff helping another less experienced staff make a person more comfortable. They were explaining how to do this step by step This showed staff were sharing skills and knowledge to help to support people.

Staff felt training was good. One said they had "never had so much training" They said the owner was very proactive in ensuring staff increased their knowledge and skills. Staff knowledge was tested for example they had been required to answer questions about infection control following their training to demonstrate this knowledge had been embedded into practice.

Staff were regularly supervised. Some supervisions were formal one to one meetings. This included a discussion about what was going well, what was not going so well what staff needed in terms of personal development and training. Other supervisions were observations of practice which helped to ensure staff were understanding and translating their training into supporting people effectively and consistently. Not all established staff had received an annual appraisal but this was being addressed by the relief manager.

Requires improvement

Is the service effective?

New staff were required to undertake a Skills for Care, Care Certificate as part of their induction. This is a nationally recognised standard to ensure those working in the care sector meet a level of quality when providing care and support.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The manager understood when a DoLS application should be made and had submitted applications to the local authority as necessary.

There was information recorded and staff were aware of people's healthcare needs. People said staff liaised well on their behalf if they needed a doctor or other health care professional. People who had specific medical conditions such as Parkinson's had regular contact with the Parkinson's nurse. A visitor said their relative was plagued with urine infections. Staff always picked this problem up quickly and ensured the person received swift medical attention. Visitors said staff always kept them informed of any changes in their relative's health.

Good

Is the service caring?

Our findings

All people who lived at Chestnut Court spoke positively about the staff saying “without a doubt” they were kind and caring. Another said “I get on alright with them “ and was seen laughing and joking with staff

A relative agreed saying “it’s a very nice, friendly, happy place.” Staff said they liked working at the home. One said, “The residents needs comes first and said about the home “It’s got that warm feeling to it “ New staff said more experienced staff were caring and said “they have been examples to me”.

We observed a lot of friendly interactions and laughter between staff and people who lived at the home. Some staff were quieter than others when interacting with people but they were calm and polite. We saw a lot of good practice for example we observed staff helping someone to move , they talked through the process with the person reassuring them along the way which helped to ensure the move was completed with minimum distress to the person. The chef checked with people after mealtimes to see whether they had enjoyed their meal. They said the feedback received had altered menus to include popular dishes like Banoffee Pie more often.

Staff involved people who lived at Chestnut Court by talking about things they knew about and were interested in. For example,they had casual conversations about food people used to eat and television programmes and personalities which used to be well known and popular. A number of people joined in this conversation. Staff had bought a person an “Are you being served” DVD for their birthday as they knew the person liked it. The person was watching this on one of the days of our visits and they looked to be enjoying it.

Staff knew people’s skills and ensured they continued to use them where possible in the daily life of the home. One person said they liked wood turning and said staff asked them to be involved for example in replacing door knobs. Another person helped to set tables at lunchtime.

Staff communicated well with people. We observed they wrote things down for people who were hard of hearing but who did not want to wear a hearing aid to ensure they had choices at mealtimes. The people concerned responded positively to this.

Staff provided discrete and respectful care. They were sensitive to people’s needs and feelings, for example they suggested to a person who was fairly new to the home that they may like to sit at a table with a particular resident as they had noticed they had got on well.

The importance of maintaining people’s privacy and dignity was highlighted at all stages of staff employment. Staff signed a dignity code declaration – saying they had read and understood the National Pensions convention and would abide by it during their employment. This document described how the rights and dignity of older people needed to be upheld.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Most staff knew the people they were supporting and caring for well.

Care plans and risk assessments had information to help staff to understand people's

needs, although some information needed updating or elaborating upon. We discussed this with the relief manager who showed us this had been already identified and was being addressed as part of the home's improvement plan

Staff said care plans were very helpful and said they had easy access to them. They were updated quickly as this was done electronically. Although staff said they referred to people's plans of care they also they also said they talked with people on a daily basis about what they wanted and how they wished to be cared for. Staff explained people's needs well to us paying attention to things which would make people more comfortable for example how many pillows they liked.

Where people had been assessed as having particular needs, consideration had been given about their comfort and safety. For example, equipment had been supplied such as air mattresses to help to prevent people's skin from becoming sore and broken. There was guidance for staff about what to do if people became agitated. When we spoke with staff they knew what this guidance was and confirmed they followed it. One person had moved bedroom as this suited them better.

The environment had some adaptations to help people with a cognitive impairment to find their way about. For example, there were pictures of relevance to people on their bedroom doors which helped them to identify their rooms. We asked the people concerned what these were and they confirmed these images meant something significant to them.

People had a 'key to me' these detailed things of importance to people such as their earlier life, their family, and employment. It also included what they enjoyed, what they preferred in their daily routines and what food they liked. Staff said this helped them to know people better. This document went with people along with other medical information if they were ever admitted to hospital. This helped ensure people had consistent and person centred care when they moved between services.

There were good links with the local community. Some people accessed local shops and were involved with local churches. People did things they enjoyed, for example one person told us they made cards and decorations from old Christmas and Birthday cards which were given to them by another resident. On one of the days of our visits a person who lived at Chestnut Court was making cakes and appeared to have enjoyed this. There were activities listed for one of the days of our visits which said the hairdresser was visiting and there were morning entertainers. The hairdresser was present but there was no entertainer. The weather was good but no one was outside. A visitor said "It's a pity they don't get out more "The relief manager said two staff had been recently appointed as activity coordinators and were planning an activity programme which would suit everyone.

People who lived at Chestnut Court said they had not needed to make a complaint. They said they knew who to talk with if they were unhappy about anything and felt they would be listened to.

There was a complaints procedure. We saw a complaint made had been responded to in a timely way in line with the procedure. Some changes to the service had been made as a result, for example the laundering of sheets was going to be outsourced to give staff more time to launder people's clothing.

Good

Is the service well-led?

Our findings

The registered manager had recently left and a relief manager was working at the home whilst arrangements were made to appoint a new manager. The post for registered manager had been advertised. The relief manager helped to ensure the transition between managers was as smooth as possible and ensured staff were being properly supported. Staff said the current manager was approachable and helpful. Senior staff worked on the floor and so understood people's needs and observed how staff worked. Staff were happy with the way the home was being managed. They said for example "Things are getting better each day." People who lived at the home couldn't think of anything staff could do better.

There was a notice on display in a communal area saying there was a residents meeting once a month. One person living at the home said these meetings had "slipped recently" The manager agreed and had included this on the home improvement plan which said these meetings were going to start again. The manager said they were also going to reintroduce resident satisfaction surveys about food and activities.

Staff were encouraged to be involved in developing the service. The business plan was available to view .The purpose of this plan was to 'give everyone a shared view of the future so they could all work together to make the long term goal a reality'. Staff confirmed they were asked their opinion about things in the home and said morale had improved because they were being listened to. One said "staff are smiling more."

Communication between staff was good. There were three handovers a day to share information about people's wellbeing. There was also a communication book and 'message of the day' This helped to ensure staff had information to care for people properly.

The service had clear vision and values. Staff understood the values of the home and said it was important to them to preserve people's dignity, offer people choices and "make everyone feel at home." Values of prospective staff were explored during interviews They were asked 'what do you think is involved in working as part of a team'. They were also asked to give an example of showing kindness to people. This helped to ensure people were employed in line with the vision and values of the service.

The organisational structure of the service was robust. Staff said "The owner is all for moving forward. He wants staff to do training and make the place better for residents and staff." The owner visited the home once a month and a head of care also visited the home regularly to provide support, guidance and to conduct regular audits. There were monthly meetings for managers within the organisation to share experiences and gain knowledge.

There were good quality assurance systems in place to help to ensure the service delivered care to an appropriate standard. We saw a detailed improvement plan which listed aspects of care we also felt could be improved. The improvement plan included how people who lived at Chestnut Court were going to be more involved in the development of the service. We had confidence the service would implement the improvement plan because prompt action had been taken to deploy a relief manager following the departure of the registered manager and the detailed improvement plan was under regular review by the relief manager, by the owner and by the head of care.