Fieldhouse Care Ltd

The Chestnuts Care Home

Inspection report

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Normanton
West Yorkshire
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 6 and 8 February 2018. There were 39 people living in the service at the time of the inspection. We previously inspected the service on 15 December 2016 and gave a rating of Requires Improvement. At this inspection we found improvements had been made in relation to people's risk assessments and governance of the home.

The Chestnuts 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.

There was a registered manager in post who had been managing the service for a number of years. 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.

We spoke to the director and registered manager in relation to the importance of window restrictors on first floor windows. A risk assessment had been completed on the first day of inspection for the people who this may be a risk for. On the second day of inspection the window restrictors had been put in place. The director responded by adding this to the environment audit to ensure this was checked appropriately.

Staff understood how to keep people safe, and knew how to report any concerns they may have. Individual risk assessments had improved since the last inspection and were completed in people's care records. However risk assessments had been overlooked for window restrictors. Staff were suitably trained and supported to carry out their work and they were confident and competent in their role.

The provider had systems and processes in place for managing medicines. Where there had been issues these had been identified by the robust audits which were in place and actioned appropriately.

Staff had a good rapport with people and we saw some kind and compassionate interaction. Staff responded well to meet people's needs and they involved people in their care and support. People and their relatives said they felt well cared for. However there were mixed views in relation to staffing levels.

Accidents and incidents were appropriately recorded, analysed and safeguarded where appropriate.

There was good support for people's nutrition and hydration and people really enjoyed their meals. Everyone we spoke with praised the food. Staff liaised appropriately with other professionals as required in relation to meeting people's care needs.

Care records had improved since the last inspection, however we did discuss with the registered manager to

ensure there were no gaps in any people's records. This had also been picked up through the audit process.

There was visible leadership and clear direction for staff; managers were involved in people's care and knew the needs of the service well. Audits were in place and were regularly discussed in staff meetings.

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 consistently safe.

Window restrictors were not appropriately in place before our inspection to minimise any risk to people. However this was completed on the second day of our inspection.

Individual risk assessments in people's care records were completed. However these had been over looked in relation to window restrictors. These were completed on the first day of our inspection.

People said they felt safe and staff understood how to ensure people were safeguarded from abuse. There were mixed feelings in relation to staffing levels within the home.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to carry out their work appropriately.

People enjoyed the meals and there was effective support for nutrition and hydration.

People's healthcare needs were met and they had access to a range of other professionals.

Is the service caring?

Good

The service was caring.

There was a caring and supportive rapport between people and staff.

Staff involved people and promoted their independence.

People's dignity was promoted and staff were respectful of people's individual rights.

Is the service responsive?

Good

The service was responsive.

Staff understood people's individual needs and personal preferences.

Activities were individual and meaningful and people told us they enjoyed what was available in and outside the home.

People and their families found staff mostly approachable to raise concerns if they wished to.

Is the service well-led?

Good

The service was well led.

People, relatives and staff felt the service was well managed.

There was an open transparent culture and staff worked well together.

The management team were aware of the improvements needed within the home and worked hard to achieve this.

The Chestnuts 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 checked 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. This was a comprehensive inspection which took place on 6 and 8 February 2018 and both days were unannounced.

The inspection, on the first day, was carried out by one adult social care inspector, a specialist advisor [Nursing] and one expert by experience who had experience with supporting people with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, one inspector attended the home. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with seven people who used the service, seven members of staff including the cook, the director and the registered manager. We spoke with four relatives of people who lived in the home. We spent time observing support given to people in their home. We looked at documents and records that related to people's care and the management of the service. We looked at four people's care plans. We also looked at the environment of the home.

Requires Improvement

Is the service safe?

Our findings

We spoke to the director and registered manager about the lack of window restrictors on first floor windows. People had not been risk assessed in relation to these which could have been a risk. The director completed these assessments on the first day of inspection which concluded two people could have been at risk. On the second day of inspection the window restrictors had been put in place at the home and these had been added to the environmental audit.

We saw, and staff rotas confirmed, staffing levels were appropriate to meet people's needs in a timely way, however some people and relatives expressed they did not feel sometimes there was always enough staff. One person said, "Sometimes there isn't enough staff and it can take a long time for them to come it was 20 minutes the last time usually at meal times when they are busy with meals." A second person said, "I just pull the buzzer, I stay in my room most of the time and they always come quickly." A relative told us, "My dad was very upset by having to wait and we complained to the manager, she said she would look into it and that it wouldn't happen again. It hasn't." We spoke to the management team about this. The director told us, "We have recruited another member of care staff to support with people's personal care needs. They start at 6am." We saw improvements in call times had improved and one person said, "No I haven't had to wait at all."

Recruitment procedures were robust and all necessary checks carried out to ensure new staff were suitable to work with people before they commenced their post. Staff stated that they had undertaken regular checks with the Disclosure and Barring Service (DBS).Staff confirmed this at the time of inspection.

Staff we spoke with said they knew people well and understood their individual abilities and any risks with their care and support. We saw when people were walking round the home, staff reminded them to use their mobility equipment where necessary and staff made sure this was in reach. We saw safe moving and handling practice and staff used individually named slings when supporting people in the hoist. Staff were confident when supporting people with their mobility and encouraged them to be as independent as was safely possible.

There were procedures in place in relation to safeguarding to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing. Staff were familiar with the provider's safeguarding and whistle blowing procedures. Staff said they had received training in the safeguarding of vulnerable adults and the staff training records confirmed this.

People told us they felt safe and received their medication on time. One person said, "Oh yes I feel very safe here, I've lived here for a long time they are all very respectful and I can have a joke with them I'm very happy living here." Another person said, "I'm safe here, the fact that I don't have to see anyone I don't want to, I would rather be at home of course."

We looked at systems and processes for managing medicines. Staff we spoke with had a clear understanding of their roles and responsibilities when supporting people with medicines and we saw people were always asked if they would like their medicine, with clear explanation as to what each one was for. Staff stayed with each person to ensure their medicine was safely taken before recording this.

Where people needed medicine 'as required' there were clear guidelines for staff to follow so this medicine could be given appropriately, such as for pain. Medicines were stored securely and there was a key safe which only authorised staff had access to. The medicines room was consistently locked and the medicines trolley, controlled drugs cupboards and refrigerator were secured. Room and refrigerator temperatures were recorded to ensure medicines were stored safely. Staff had access to medicines safety leaflets and information to help them know the possible side effects of each medicine. We observed staff in the home on a couple of occasions try to speak to the person who was completing the medication round even though they were wearing a tabard stating 'do not disturb'. We spoke to the director and registered manager about this to ensure staff did not disturb them.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire fighting equipment had been serviced. The home was visibly clean and free from odours. Staff made appropriate use of personal protective equipment such as disposable gloves and aprons. Fire exits were clear and staff understood what to do to support people in the event of an emergency evacuation. Individual people's emergency evacuation plans (PEEPs) were in place in care plans.

Good

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. All the people we spoke with said the staff looked after them well and they saw a range of healthcare professionals and specialists when they needed to.

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 application 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 concluded these were been met appropriately.

Staff understood the legislation and guidance around people's decision making and we saw evidence of best interest decisions and appropriate safeguards in place where people were deprived of their liberty.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, On one care plan, the person had agreed and signed their consent to using bedrails for their own safety and preference.

All the people and relatives complimented the catering staff and said how good the food was, the variety and quality of it. One person said," The foods absolutely beautiful." Throughout our meal time observations staff were attentive to people and where they needed the support this was provided to them. There were menus on the table and people could choose from a choice of food. The radio was playing throughout with music people had chosen that day. People had regular access to drinks and staff encouraged people constantly about this.

We spoke with the cook who understood people's dietary needs. They told us, "The menus are discussed all the time and we do try and ensure we have everyone's favourite meals. We go round every morning and ask people what they would like to eat. We make the changes immediately as a result of any residents meetings if people wanted something changing on the menu. All the catering staff will do whatever they can to accommodate peoples choices at mealtimes. I am fully informed of people's dietary needs and special medical conditions. This is a great place to work; I couldn't be more supported. I love my job."

We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they

needed to meet people's needs and fulfil their job role. One staff member said, "I am impressed with the training." The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff practice remained up to date. Training included, safeguarding, medication, moving and handling, first aid, mental capacity and dementia.

Staff said they received one to one supervision. They said they found the supervisions useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support to enable them to carry out their role well. Comments we received included: "We feel supported now in our role things have improved a lot." "We are kept informed and involved in everything going on at the home."

Good

Is the service caring?

Our findings

People we spoke with said that they felt the staff were kind and caring but were working extremely hard .One person was very complimentary about the care they received. They said, "They do everything for me they always treat me nicely and with respect, I can have a laugh with them." Another person said, "The staff do listen to you, can't fault the activities coordinator and catering staff."

Our observations showed that people who used the service had a very good rapport with staff. Staff knew people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On both days of our visit, the people who used the service looked well cared for; their personal appearance was well maintained, which is achieved through good standards of care. The staff answered people's questions and requests politely and patiently; giving explanations and information to assist people's understanding.

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed.

We saw staff respected people's privacy by knocking on doors and calling out before they entered bedroom or toilet areas. Where people needed support with using the toilet, staff assisted them very discreetly. People were encouraged to be as independent as possible and staff supported them to be as able as they wanted to be, whilst being on hand to assist if needed. People determined their own pace for support and staff respected this so people did not feel rushed.

Relatives we spoke with told us they were encouraged to come to the home and felt welcomed by staff. One relative said, "All the staff are very friendly, make us feel at home we are offered meals and cups of tea when visiting, They are very patient with (relative) when (they) are choosing (their) food because (they) can take a long time."

None of the people we spoke with were able to give us examples of how staff supported them to meet their diverse needs in respect of the Equality Act 2010. This is a law that prevents discrimination on the basis of a person's age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity and these are now known as 'protected characteristics'. We saw no evidence to suggest that people who used the service were discriminated against.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured staff were able to meet the needs of people planning to live at the home. We looked at an assessment that had been completed for one person who used the service. Records showed how people who used the service, their families and other professionals had been involved in the assessment.

The care plans we reviewed included the person's history, where they were brought up and previous occupations. They included the person's likes and dislikes and the name the person preferred to be called. One person their care plan extensively explored their preferences around wearing their teeth, their preferences to bathing, their choice of clothing and their personality. Life stories needed to be explored more for people and the activity coordinator was completing these with people and their families. We felt the information and therefore the care plans were very personal and made each care plan individual. Care plans showed evidence of regular monthly review. Where appropriate these had been reviewed with people and their relatives.

The home had two dedicated activity workers. We spoke to one activity coordinator who told us about the activities in the home and the support they have received from the home, they also discussed other network groups which they met up with every two months to discuss what worked and what didn't. The home had a talking newspaper every Thursday from the local area. This relayed the news verbally for people to listen to as well as newspapers being available for people around the home to read if they preferred. People were supported to access a five week foundation learning course. One person told us they had completed a course in arts and crafts. We saw many certificates for people around the home.

We spoke to people about the activities in the home and everyone was complimentary about these. One person said, "I'm content here I am busy, don't want to go out, one of my jobs is to look after the fish in the tank." Another person said, "The activities ladies are very good they ask you what activities you would like to do, they make suggestions, I enjoy doing the needle work." We saw evidence throughout the home and in people's rooms of what people had made and they were proud to show us these.

We saw the complaint's policy was available in the home and were told this was given to people and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaint's procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. We saw verbal and written complaints had been made these were completed in accordance with the policy.

Good

Is the service well-led?

Our findings

The director told us there was a system of a continuous audit in place. This included audits of care plans, medication, health and safety, bed rails, and the overall premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. We also saw that these audits were discussed and reviewed at staff meetings to make sure any learning was shared and actions taken. Policies and procedures were in place and all staff had signed each one to say that they had read and understood them. However window restrictors were not part of the audit process. The director told us this was an oversight and responded straight away to our concerns. These had been risk assessed and acted upon by the second day of our inspection.

At the time of our inspection there was a registered manager in post. The director was a visible presence at the home and all people and staff knew them well. One person said, "The manager can't do enough for you, everybody is treated the same, I've learnt to be patient I'm not the only person to be attended to." A relative said," I think it's a caring home it's got better over the last three months, the owner has been coming in which I think has been a relief helps take the pressure off the other staff. The home is a bit tired needs a bit of a redecoration; some of the furniture is tired." We saw an improvement plan the home had in place which showed new flooring and furniture had been purchased and on going work was in place within the home.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained. Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We also saw evidence throughout staff meeting minutes and regular updates including improvements which needed to take place within the home. For example, for staff to be responsive to call bells, the director stated that these were mostly under two minutes. Discussions around falls, gaps in recording, daily observations and medication were also discussed. Staff said there was a good emphasis on team work and they felt they had a 'good team'.

We saw resident and relative meetings were in place. The last meeting was in November 2017 where an agenda had been set in relation to staffing, medication, laundry and meals. All families present at the meeting wanted to express how hard they thought staff worked and how grateful they were for the care of their loved ones. Everyone was happy with the overall care of the home.

We saw newsletters were sent out for staff to keep them up to date on what was happening in the home.

The director completed a quality assurance report in relation to the summary of 2017. This was completed in December 2017 and looked into the quality of the service provision and the quality assurance questionnaire feedback. The report spoke about changes within the staff team and the use of agency staff. The goal of the provider was to ensure they are providing continuity for everyone and welcomed two staff to the home. Infection control was an overall compliance of 92%. Environmental health also awarded the home a five star rating in October 2017.From the quality assurance report the provider completed a 'you

said we did'. For example; where people had said more staff were needed as sometimes they could be waiting for staff especially on a morning. The provider responded by employing another member of staff to start at 6.00am to support with personal care needs. This has been effective throughout the home and call times had reduced. The director and registered manager had worked hard over the past six months to improve the quality of the service.

Any accidents and incidents were monitored by the management team to ensure any trends were identified and acted upon. The acting or regional manager confirmed there were no identifiable trends or patterns in the last 12 months. They also said that a record of any incident or accident was kept in people's support plan and any actions taken to prevent re-occurrence were documented and communicated to staff. Notifications were sent through appropriately from the home informing us of any changes.