

## The Orders Of St. John Care Trust

# OSJCT Chestnut Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

OSJCT Chestnut Court is a residential and nursing home which provides personal care to 80 older people and people living with dementia. The home consists of a home contains four individual units, a range of communal areas, including lounges, dining rooms and a reception area. At the time of our inspection 75 people were living in OSJCT Chestnut Court. The home is based in Quedgeley, next to amenities such as a medical centre and local shops.

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

Since our last inspection the management of the service had changed. The manager, deputy manager and representatives of the provider had identified a number of the concerns we had found prior to our inspection. However, actions at the time of our inspection were still ongoing and had not been fully implemented and evaluated to ensure people would always receive care which was person-centred to their needs. The provider and deputy manager were implementing systems, including a new dependency tool to help drive improvements.

At this inspection we found that people were still not receiving person centred care. Staff told us they did not have the time to spend with people and promote their wellbeing. People did not always receive access to a stimulating life which promoted their wellbeing and social needs. This was a repeated breach from our last two inspections.

People and their relatives told us the staff were caring, kind and ensured their healthcare needs were met. There were enough staff deployed to keep people safe. People received their medicines as prescribed and were safe living at OSJCT Chestnut Court. The provider ensured the home was safe, well maintained, clean and free from infection.

People received care and support from staff who had the training, skills and support they required. The provider was taking action to ensure all staff received effective line management and support to develop. Staff spoke positively about the training they were receiving and how this impacted on their work.

People, their relatives and staff spoke positively about improvements which had been made to the home, including a new twilight work shift and changes to the décor of the home. People, relative and staff were hoping the improvements were embedded and sustained and spoke positively about the impact of the management team.

The manager and provider ensured people's views were sought and listened to. Complaints were acknowledged and responded to in accordance with providers expectations.

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 requires improvement (published 4 April 2019) and we identified two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that improvements had not been sustained and the provider was still in breach of these regulations as well as other regulations. We have used the previous ratings of the service and enforcement action taken to inform our planning and decisions about the rating at this inspection. This service has been rated requires improvement for the last three consecutive inspections.

### Why we inspected

The inspection was prompted in part due to concerns received about the service from healthcare professionals and people's relatives. These concerns related to the quality of care people received, staffing skills and communication from staff at the service. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the 'Is the service Safe?'; 'Is the service Effective?'; 'Is the service Responsive?' and 'Is the service Well-led?' key question sections of this full report.

### Enforcement

We identified that people did not receive care and support which was tailored to their individual needs. People did not always receive meaningful engagement.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with and work alongside the provider to monitor progress. We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# OSJCT Chestnut Court

## 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 three inspectors.

#### Service and service type

OSJCT Chestnut Court 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 not a registered manager at OSJCT Chestnut Court. 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. A manager was in place who was registering with CQC. However, shortly after the inspection the manager left OSJCT Chestnut Court.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider and manager completed a provider information return prior to this inspection as we had brought the inspection forward due to concerns. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight people who used the service and eight relatives about their experience of the care provided. We spoke with 19 members of staff including care staff, senior care staff, a dementia care lead, the deputy manager, the manager and four representatives of the provider. 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.

We reviewed a range of records; this included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We spoke with local authority commissioners who routinely visits the service, we also provided information to clinical commissioning group commissioners regarding issues raised by the provider.

# 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 Requires Improvement. At this inspection the rating of this key question Improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe and protected from abuse at OSJCT Chestnut Court. People and their relatives told us they felt the home was safe. Comments included: "I've been here a long time and have no complaints"; "I have no worries and I am well looked after" and "I do trust the staff, they do keep people safe."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the manager or provider and knew which organisations to contact outside the home if required.
- The manager and provider reported and shared appropriate information with relevant agencies to safeguard people.
- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- The provider used Incident and accident audits to identify possible improvements to staffing arrangements or people's support. For example, the manager had ensured an additional member of staff was available on one unit, following feedback and analysis of incidents, accidents and near misses.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's skin integrity care needs were identified and assessed by nursing and care staff at OSJCT Chestnut Court. Depending on the unit, nursing or care staff completed risk assessments in relation to people's health and wellbeing as well as the actions required to reduce these risks. One person was living with a pressure ulcer which nursing and care staff supported them with. Nursing staff had engaged with healthcare professionals to ensure the support they provided was effective and followed their guidance to support their treatment plan. Additionally, care staff had clear guidance on the support the person required including the equipment they required and how often they needed to be assisted to reposition.
- Risks assessments had been completed in relation to people's mobility needs, falls and medicines management. Each person had a detailed mobility risk assessment which included guidelines provided by healthcare professionals. We observed care and nursing staff assisting people with their mobility and following their assessed care plans. Staff used recognised safe techniques to assess people with their mobility.
- Where people had been assessed at risk of falls, staff followed clear guidance. For example, one person had a sensor mat equipment in their room, due to their risk of falling if they attempted to move unaided. Staff ensured this mat was in place, to alert them and help reduce the risk to the person falling. Staff understood the importance of monitoring people after a fall, especially if they were on blood thinning medicines or had knocked their head, to ensure people's health and wellbeing were promoted.
- The home was clean and well presented on both days of our inspection and staff protected people from

the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection. Where necessary the service had sought the advice and guidance of Public Health England.

- People could be assured the building and equipment used to assist people with their mobility was safe and routinely service and maintained. The provider had systems in place to ensure any health and safety and maintenance issues were addressed.

#### Using medicines safely

- People received their medicines as prescribed. Nursing and care staff kept a clear record of the support they had provided people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of maladministration of their medicines. Nursing and care staff received training to be able to administer people's prescribed medicines. Nursing and care staff's competency to manage and administer people's medicines were assessed to ensure they managed people's medicines safely and effectively.

- People were given time to take their medicines in a calm and patient manner. Staff asked people who had 'as required' pain relief medicine staff asked if they wanted these medicines and acted upon their wishes.

- People's prescribed medicines were stored securely, and care and nursing staff followed recognised good practice regarding the receipt, storage and disposal of prescribed medicines.

#### Staffing and recruitment

- There were enough staff, at any given time, to meet people's personal care needs. The service used agency staff while they were recruiting to maintain safe staffing levels. The management tried to ensure all agency staff were block booked to promote the continuity of people's care. The service was incorporating staff from another home operated by the provider which was in the process of closing.

- Staff told us that there were enough staff to meet people's health needs, protect them from harm and meet their personal hygiene needs. Comments included: "We manage to make sure people are safe and get the personal care they require"; "We keep people safe" and "In the past staffing hasn't been right but I think we are getting to the point where we have enough staff. We look at skills mix of staff, so agency staff don't work without experienced staff." However, the deployment of staff to ensure people's social and emotional needs were met needed to improve. We have addressed this in the responsive section.

- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.



# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not always ensured that staff had the training and support they required to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made by the provider to meet the regulation.

- Staff had the training and support they needed to meet people's needs. People spoke positively about the nursing and care staff that supported them and felt staff had the skills to meet their needs. Comments included: "Staff are gentle when they help me with my care"; "The staff are good to me, I couldn't have it any better" and "staff are lovely, very good."
- Staff spoke positively about the training they received and felt they had the skills required to meet people's needs. Staff had opportunities for professional development, including completing qualifications in health and social care. Staff comments included: "My induction [training] was brilliant" and "In the last year things have improved, I have done my dementia training which has really helped and I've just started my NVQ 2 (a qualification in health and social care)."
- The provider and manager had a clear overview of the training needs of all staff working at OSJCT Chestnut Court. They operated spreadsheets which detailed the training staff had received, where training was due and where training had been completed.
- A representative of the provider told us they were ensuring all staff had a 'trust in conversation' (a one to one meeting with their line manager). Plans were in place to ensure all staff had this support to enable staff to raise their views and developmental needs. One member of staff said, "I have an appraisal and support meetings and feel the way in which these were conducted were beneficial to me."

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

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals.
- People had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes for people. One person told us about the support they received with their dietary needs, "I have thickener in my tea so I can swallow it."
- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. Staff at Chestnut Court used recognised systems which identified the deterioration in people's healthcare needs to ensure their support remained effective. This ensured staff

delivered evidence based-practice and followed recognised and approved national guidance.

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

- People had access to a varied and balanced diet. People spoke positively about the food they received during the course of our inspection, although some concerns had been raised about the quality of the food, following unforeseen kitchen staff changes. The manager and provider were aware of this and had taken effective action. Comments from people included: "I can't grumble about the food. The food is nice and we get plenty of drinks"; "food is getting better, however there have been issues, [manager] is aware and sorting it" and "Food is smashing, I am very satisfied."
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. All staff were aware of people who required a textured diet, including pureed food or thickened fluids. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from the risk of aspiration.
- Where people were at risk of malnutrition this information was shared with all staff and a record of the support people required was clearly documented and readily available for staff. The deputy manager carried out a monthly malnutrition audit, which clearly identified who was at risk of malnutrition, the support they required from staff, including extra snacks or fortified drinks and how often their weight should be assessed.

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

- Care and nursing staff worked alongside GP's (who was allocated to the home as part of the agreed local clinical commission group arrangements) and other associated healthcare professionals to meet people's needs and respond to any changes in their needs. Staff made referrals to healthcare professionals if they felt someone required specialist input. The service was working with local commissioning group commissioners to improve these working relationships to benefit people's health and wellbeing.
- Advice from health care professional helped inform people's care plans to enable staff to meet people's needs. For example, one person was assisted with their nutritional needs through a Percutaneous endoscopic gastrostomy (PEG) tube (a way of assisting people who could not take all of their food and drink orally). This person's care plan contained clear information of the support the person required.
- The registered manager and staff ensured people were aware of additional healthcare services they could access.
- Each person's oral care needs had been assessed. This included the support they required with cleaning their teeth or dentures. One person was supported with ensuring their dentures were kept clear. Staff were assisting the person with their oral care and had made a referral for dentistry support.
- Staff told us they understood the importance of promoting people's oral health, including assisting people to do as much for themselves as possible, such as using a toothbrush.
- People spoke confidentially about the support they received with their oral care. One person told us, "My dentures are well looked after, they are cleaned every night."

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

- Since our last inspection, the provider had made changes to the home, to maintain people's safety and promote their wellbeing. On the dementia units, there were memorabilia items, books, different sports balls and stuffed animals for people to engage with. One person sat next to a large dalmatian dog, which they enjoyed stroking.
- People could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. People spoke positively about accessing the home's contained courtyard. We observed people enjoying the home's "pub" area, garden lounge.

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.

- People told us their choices were respected. One person told us, "I have the choice about whether I sit in my wheel chair or a lounge chair, and when I go to bed."
- Where people were living with dementia, staff supported them to make an informed choice, by providing clear options. Comments included: "I always give choice around clothes and food, people with support can make these decisions" and "It's supporting people to make a choice and then if they have capacity, respecting that choice."
- The dementia care lead ensured Deprivation of Liberty Safeguards (DoLS) had been applied for people. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the DoLS. The service monitored people's DoLS including outstanding applications and any conditions of the authorisations (and if these were being met). Where the service had applied to DoLS there was a clear record of mental capacity and best interest decisions, identifying the reason for the restrictions.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's care. For example, one person's Power of Attorney for Health and Welfare had been clearly involved in making decisions in relation to their relative's 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 had remained Good.

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

- People were supported by dedicated and committed nursing and care staff. People and their relatives spoke positively about how kind, caring and compassionate the nursing and care staff were. Comments included: "They [staff] are good to me, I am well looked after"; "The staff are really kind to me" and "The staff here are great, they do [relatives] hair nicely, she is always clean and well dressed. It gives me peace of mind."
- Staff positively engaged with people and ensured they were comfortable and happy. We observed care, nursing and domestic staff engage with people in a respectful and natural way. For example, one member of domestic staff assisted someone who was anxious and was feeling cold. The member of staff ensured the person was comfortable with a blanket before they left. The person told us, "They're very nice. I always feel cold, it's just me."
- People told us how staff knew them and their needs and promoted this confidence and wellbeing. Comments included: "They [staff] know me and respect me" and "They give me confidence. I am content, I don't have to worry, and my family don't either."
- People were encouraged to do as much as they were able to. One person explained how staff supported them to maintain as much of their independence as possible. They said, "I like my independence, I can wash myself and make my own bed."
- Staff told us how they respected people's dignity and the importance of making sure people were comfortable. We observed that staff ensured people's personal spaces were always respected. For example, knocking on their bedroom doors before entering, announcing their presence as they entered rooms and by talking and engaging with people before assisting them, whether with their meals or their mobility.
- The service respected people's diversity. Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff clear guidance.

Respecting and promoting people's privacy, dignity and independence

- People's communication needs were known, recorded and understood by care staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making.

For example, one person struggled to communicate verbally. Staff had clear guidance to give the person time to make themselves understood. This included assisting the person to point to items and using a memory book to reassure them.

- Where people were unable to verbally communicate their needs, care staff looked for changes in their body language to identify if they were in pain or any discomfort. One member of staff told us, "We do our best to keep our eyes out when people become anxious or if their body language changes."
- People were at the centre of their care and where possible were supported to make decisions. One person responded positively when asked if their decisions were support. For example, the person had been supported to continue managing their prescribed medicines which promoted their independence. The person discussed how this was their choice and that it was important to them.

# 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 Requires Improvement. At this inspection this key question remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had not always ensured that people received care and support which was tailored to their individual needs and preferences. Additionally, people's care was not always planned holistically, and care plans were not always current or personalised to people's needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements made to people's care plans, however people were not always receiving care which was tailored to their needs or promoting their wellbeing and social needs. This was the third consecutive inspection this regulation had not been met at OSJCT Chestnut Court. Action we have taken is recorded at the end of the report.

- People did not always receive care and support which promoted their wellbeing. Care staff and other staff did not always have a consistent approach to meaningfully engaging with people and providing positive interactions. For example, on one unit we observed people went for a period of time up to an hour and half without any engagement from staff. During this time people were asleep or withdrawn. One relative told us, "People sleep a lot, there is not always stimulation."
- During another observation we observed three people were sat in their wheelchairs following lunch for at least one and half hours. Some people use wheelchairs to enable them to go to the dining room. During this time these people were not assisted to sit in a lounge chair. Staff discussed that they try and support people to sit in lounge chairs, however on this occasion this support had not been provided.
- Staff working on three units expressed they did not always feel able to support people with their emotional needs and to promote activities because they did not always have enough time. Comments included: "I don't feel we're able to provide emotional support"; "Everything gets done in terms of care support, but we can't meet people's wider needs"; "I try my best to be as person-centred as possible, but it's not always possible" and "Activities here could be better, we have been told we could support residents with activities, but we don't have the time to do this."
- The provider had implemented activities boxes for staff to use to provide meaningful engagement. Staff expressed they were aware of these boxes when asked, however did not feel they had time to use them. One member of staff said, "I know we have an activity box; however, I haven't used it. I don't always know where it is."
- People's requests in relation to their care and treatment had not always been acted upon. We observed people who required support with their meals did not always receive it in a timely manner. Additionally, where people requested a cup of tea or a biscuit, they were left waiting before this support was provided.

One member of staff told us, "We are currently telling residents we will come back to do something later, we can't do things in the here and now."

- We discussed these concerns with the manager and representatives of the provider. They informed us they were aware that further improvements were needed to ensure people experienced a meaningful day. They discussed staffing levels within OSJCT Chestnut Court with us at inspection. Following the inspection, we met with the nominated individual for the provider who informed us of the actions they were planning to take, including addressing the leadership and support for staff to enable them to provide meaningful engagement to people.
- There was limited evidence that people were protected from the risk of social isolation. Where people were unable to engage in group activities or chose to spend their time in their rooms, there was not always a record of the support they received. Staff sometimes documented where they had visited people, however these records did not detail the support or engagement provided to the person to protect them from the risk of isolation.
- Care staff did not always take appropriate action to promote people's health and wellbeing. One person had required a hospital appointment to be rearranged as staff had not opened the person's mail in reasonable time to enable them to book suitable transport. We discussed this concern with the manager, who told us that a transport could've been made available which would've supported this appointment to go ahead.
- Where staff had identified people had behaviours that challenge, there was no behaviour management plans documented. Behaviour management plans can be used to help staff to understand and reduce behaviours that challenge, thus lessening the impact on the person and other people.
- Staff did not always respond in a timely way where people may be at risk. One person was at risk of their skin breaking down and required quick and effective responses from staff if any red skin had been identified. Concerns about red skin had been identified two days prior to our inspection. There was no further record of this concern and the action staff had taken. We raised this matter with the deputy manager who assured us that the person was receiving the correct support, however had identified that the concern had not been triaged to nursing staff.

People did not always receive care which was personalised to their needs and promoted their wellbeing. This was a continued breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People spoke positively of group activities which they could access. Comments included "We have bingo, quizzes, singing and exercise" and "We have various activities we can attend."
- The home employed two activity co-ordinators. One activity co-ordinator discussed the support they provided people. This included engaging with external organisations such as a local supermarket, local schools and nurses as well as dementia choirs. They told us, "We find out what residents like and try to facilitate it, staff have told me when people do get to do activities it helps them sleep much better."
- Since our last inspection, the provider had ensured that people's care assessments had been updated. People's care plans were person centred and often provided clear guidance for care staff to follow. There was information on people's likes and preferences. For example, one person's love for sports were documented.

#### 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.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages.

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

- People's complaints were responded to in accordance with the providers policies. The manager kept a clear record of concerns, complaints and compliments. The manager used complaints as a way to drive improvements within the home. For example, staffing had been reassessed on one unit and financial processes had been reviewed following a complaint made by a relative.
- People and their relatives felt able to raise their concerns to the manager and provider and were confident they would be addressed. Comments included: "I have faith in [manager]. I raised concerns around the kitchen and [manager] explained how they were dealing with it" and "I have no cause for complaint. However, I would make sure I could talk to someone, I would talk to the boss if I wasn't happy."

#### End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available for people to maintain their comfort at the end of their life. One person was moving towards the end of their life, nursing staff acted quickly to ensure the person was kept comfortable and free from pain. Staff explained that people's families would be contacted at the end of life and staff were ensure no one was left alone during this time.
- People's views on their end of life care had been sought. Staff were comfortable discussing people's advanced decisions and views to ensure the end of life care they received was tailored to their wishes. One person told us, "Everything's arranged for when I die, I have arranged some things and some things staff have been involved in."



# 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. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection, there had been a change in the management of the home. A new manager was in place who was supported by a new regional operation management team. The service had a Service Improvement Plan (SIP) which detailed their long term goals for the organisation. The SIP was formulated from actions generated through audits and quality visits carried out by the provider.
- While the provider and manager had identified concerns and had implemented an action plan there had been no immediate mitigating action taken while these plans were being implemented. For example, concerns had been raised regarding people's lack of stimulation in March and August 2019, however the manager and provider had no current system in place to be assured that people were receiving the support they needed to meet their well-being needs and protect them from social isolation. We discussed these concerns with the manager and the provider who told us they would take action to address these concerns.
- While the service had complex monitoring systems in place, there was not always clear evidence of the actions that had been taken or when actions had been concluded. Some monthly monitoring audits in relation to malnutrition and had not always been clear in identifying the support people required to meet their wellbeing. We discussed this concern with the manager and deputy manager. The deputy manager had been implementing new monthly monitoring tools which clearly identified actions required to meet people's health and wellbeing including nutrition and tissue viability.
- Staff were not always aware of their roles and had felt there was not always effective support. A number of staff expressed views that they were disconnected from the provider. During the inspection our observations indicated that care staff did not always benefit from shift leadership or day to day guidance. This meant that some shifts did not function as expected by the manager and provider, impacting on people's wellbeing and engagement. We discussed these concerns with the manager and representatives of the provider. Following the inspection, we were informed of actions the provider was taking to address these issues.
- This is the fourth consecutive inspection of OSJCT Chestnut Court since April 2017 where the provider has not met all of the relevant regulations.

The provider had systems in place to identify concerns and drive improvements, however there was not always mitigating actions to ensure that while action was being taken people received an appropriate service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified OSJCT Chestnut Court as a service which required support. As such a range of management support was being provided at Chestnut Court by the provider to help drive improvements. The provider was focused on supporting the service to develop and were aware of the challenges the service faced.
- The service had robust systems in relation to infection control, health and safety and the management of people's medicines. These audits identified where actions were required and appropriate action had been taken.
- Staff were supported to reflect on incidents, accidents and near misses to help improve the quality of care people received. Staff reflected on an incident around people's mobility and skin integrity. This led to staff raising their awareness of people with reduced mobility and the impact this had on people's health and wellbeing.

#### Working in partnership with others

- The provider worked with other organisation to help promote people's health and wellbeing. The service were building links with local healthcare professionals to improve the support people received after a period of difficulty.
- The service had sought and acted on the advice of local charities. Gloucestershire Inclusion visited the service in February 2019. The feedback from this visit had been provided to staff and actions had been taken in relation to staff supervision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Staff spoke positively about the manager and the impact they had on the service. Comments included: "[Manager] has been fantastic"; "[Manager] is approachable and will work with residents" and "The new manager is more organised."
- The manager and management team supporting the home were increasing their engagement with staff through meetings and 'trust in conversation' (one to one discussions with line managers) to start communicating their expectations of staff as well as ensuring staff felt supported.
- The manager was providing meetings and newsletters for people and their relatives to keep them updated about changes and improvements to the home. People and their relatives spoke positively about the manager and discussed improvements they had seen within the home. Comments included: "I do have faith in [manager]. They need time to straighten the home out. They communicate with us"; "We had a residents meeting two or three weeks ago. We were asked if there is anything we wanted to talk about, we talked about the quality of food"; "I've noticed a huge improvement at Chestnut Court over the last few months. Improvements include new equipment, updated and regular training as well as better pre planning with regards to staff and rotas" and "There has been definite signs of improvement recently."
- The manager discussed support they provided people and staff to achieve things which were important to them. One person and staff had been supported to raise money for charity (something the person had a desire to do). The person was encouraged and alongside staff had raised money which they spoke positively about.
- People living on one unit spoke positively about how they were involved in the home and empowered to maintain as much of their independence as possible. Following the inspection, the provider discussed how they would review their good governance systems to focus on people and their experiences.
- People, their relatives and staff spoke about the need for consistency in management at the service. This view was shared by the provider. Following our inspection, the manager left OSJCT Chestnut Court. The provider communicated this with us and also informed us of the plans they had in place to improve and maintain the continuity of the service people received.

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

- The manager, deputy manager and provider were aware of their legal responsibility to notify CQC of notifiable events. The management team and provider understood their responsibility to be open and honest when an incident had occurred.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had systems in place to identify concerns and drive improvements, however there was not always mitigating actions to ensure that while action was being taken people received an appropriate service. Regulation 17 (1)(2)(a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People did not always receive care which was personalised to their needs and promoted their wellbeing. Regulation 9 (1)(a)(b)(c).

### **The enforcement action we took:**

We issued the provider with a warning notice which the service must meet by 31 January 2020.