Chestnuts (Arnesby) Limited

Chestnuts Arnesby

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
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?	Requires Improvement

Overall summary

This inspection took place on 3 November 2014 and was unannounced.

The Chestnuts, Arnesby provides accommodation and personal care for up to 15 people accommodated over two floors. This includes care of people with physical and mental health needs. On the day of the inspection 11 people were living in the home.

A registered manager was not in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The current manager had been in post since January 2014 and had applied to become the registered manager.

Staff had received training on how to protect people who used the service from abuse or harm. They demonstrated they were aware of their role and responsibilities in keeping people as safe as possible.

Summary of findings

Assessments of people's individual risks had not always been undertaken in order to inform staff of how to manage and minimise risks from happening.

Staffing levels were assessed based on the dependency needs of people who lived in the home so staff were available at the times people needed them.

The provider supported staff by an induction and some on going support, training and development. However, comprehensive training had not been provided to all staff. The manager enabled staff to share their views about how the service was provided. This was by regular staff meetings and supervision.

The Mental Capacity Act (MCA) is legislation that protects people who may lack capacity to consent to their care and treatment. Improvements were needed to ensure that the provider was following this legislation.

People who lived in the home had their dietary and nutritional needs assessed and planned for. People received a choice of what to eat and drink that supported them to maintain their health.

People's personal and health care needs had been assessed and referrals to health professionals had been made in a timely manner.

People who lived in the home and a relative told us they found staff to be caring, compassionate and respectful. Our observations found staff to be kind, friendly and attentive to people's individual needs and preferences.

People who lived in the home were able to participate in discussions and decisions about the care and treatment provided. This also included sharing their views and experience of the service in regular group meetings.

The provider's quality and monitoring procedures required improvement to ensure that the quality and safety of service was monitored.

We found some concerns with regard to fire safety. The manager told us that action would be taken to address these issues.

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.

People told us they felt safe in the home. Staff were aware of how to report concerns to relevant agencies if the service had not acted properly to protect people.

People told us that staff were available at the times they needed them and arrangements were in place so they received their medicines safely.

Assessments of people's individual risks had not always been undertaken in order to inform staff of how to manage and minimise risks from happening.

Recruitment procedures designed to keep people safe had had been followed.

Good

Is the service effective?
The service was not consistently effective.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service had not always met the requirements of these safeguards (DoLS). The manager stated she would quickly follow this issue up.

The provision of training required improvement to ensure that this was comprehensive and staff had the up to date skills and knowledge they needed.

People were provided with appropriate assistance and support and staff understood people's nutritional needs.

People reported that they received appropriate healthcare support. They had been referred to relevant health care professionals in a timely manner.

Requires Improvement

Is the service caring?
The service was caring.

People said staff were always kind and caring, treated them with dignity and respected their choices.

People were supported to express their views on the care they received. We saw that staff provided care in accordance with people's wishes.

Good

Is the service responsive?
The service was responsive.

Staff had up to date information to be able to meet people's changing care needs.

The manager sought peoples' opinions and ensured care was delivered in line with their preferences.

Good

Summary of findings

People told us that activities were arranged and they could choose whether to participate in these.

People told us that they knew how to make a complaint, however not all issues raised were recorded as complaints and there was a risk that these would not be addressed.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

People told us the management team listened and always acted on any suggestions they raised. It was evident that the manager knew people well.

Staff told us that they were well supported in their job roles.

Quality assurance processes were not fully robust in order to check the quality and safety of service provided.

Chestnuts Arnesby

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 3 November 2014 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service. This included notifications of issues that the provider is required to report to us. For example, if people had received serious injuries due to falls. However, this information did not include the provider information return (PIR). It is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We sent this to the provider but it was not returned. We took this into account when we made the judgements in this report.

During the inspection, we spoke with the manager, three care staff and the cook. We also spoke with one visitor and eight people who lived in the home. We observed the lunch time meal service.

We looked at the plans of care and associated care records for four people and other records which related to the management of the service such as training records and policies and procedures relevant to our inspection.

Good

Is the service safe?

Our findings

All of the people we spoke with said they felt safe in the home. One person said, “I feel very safe. The girls are always about offering a helping hand.” Another person said, “Yes, I feel perfectly safe here.” People said they would speak to the staff or manager if they had any concerns.

People told us that there were enough staff on duty, and they did not have to wait when they needed staff to help them. One person said, “There are always sufficient [staff] around to be able to catch their eye or call.” Another person said: “The staff are occasionally a bit pushed, especially around morning getting up time, but I don’t feel rushed. There’s not a bad one amongst them.’’ Another person said, “There is always someone at hand to assist you to use the lift. This reassures me and gives me confidence.”

We spoke with three people with mobility difficulties who had walking aids. All of these people had experienced recent falls and we discussed this with the manager. They explained that the emphasis of the home is on promoting people’s independence. They stated that they would ensure that risk assessments were reviewed and measures put in place to reduce the risk of these people experiencing falls in the future.

We looked at three staff files and overall safe recruitment processes were followed. However, references had not been received from some staff members’ previous employment. This would have provided a more robust picture of prospective staff member’s suitability to work at the home. The manager stated this would be put in place for the future to ensure a more robust system for keeping people safe.

The provider had safeguarding policies and procedures in place. These were designed to protect people from harm. Staff we spoke with had a good understanding of their responsibilities in relation to this and told us they would immediately raise any concerns with their line management. They were confident that the management team would then take action to report the concerns raised to the local authority safeguarding team. If not, staff knew of relevant agencies to report their concerns to. There had been no safeguarding incidents for the previous 12 months.

People told us they received their prescribed medication. We observed staff giving people their medication at a meal time. Staff appropriately prompted people to take their medication.

We looked at fire records as we saw a fire door had been propped open in a living area, which potentially compromised fire safety. Fire alarm tests had been carried out at regular intervals. The fire extinguisher servicing was up to date. A fire drill instruction had been carried out within two months of this inspection. However, there was a recommendation in the independent health and safety report the service had commissioned in January 2014 that stated that a fire drill for the night staff had been needed. There was no evidence this had happened. The manager recognised this lack of instruction for staff as a risk to people. She stated she would arrange a fire drill and she later confirmed to us that this had taken place.

Requires Improvement

Is the service effective?

Our findings

A person who was living in the home told us: "If I were to comment on what this home excels in, it is the staff; they are absolutely wonderful. They all know what to do and are well trained in my particular needs. Everyone is reliable. All are very pleasant too."

Assessments had been undertaken to identify risks to people who lived in the home. This included nutritional risk. The assessment for one person showed that they had been assessed as being at nutritional risk as they only ate small amounts. The information stated that staff should encourage the person to eat. We found this was the case when we observed at lunchtime and in the afternoon. We spoke with staff who told us they had been aware of this care plan and had always encouraged the person to eat. This meant this person's health needs had been promoted by staff.

Breakfast was just finishing when we arrived. The people we spoke with all said it was good, they enjoyed it and that a cooked breakfast was available on request. People told us that whilst there was little choice for the main meal, they said, and the cook later confirmed this, that if they asked for something else, an alternative could usually be provided.

People were encouraged to eat their meals themselves with sufficient staff on hand to assist if necessary. We observed that staff proactively supported people during this time. A person chose to have their meals in bed. This ensured that people were able to exercise choice in their preferred meal arrangements. Drinks were offered and served throughout the day. People told us that one occasions the home provided a choice of alcoholic drinks, which they enjoyed.

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). We found staff had not been certain about how to help people with limited capacity to make decisions, as they had not received training in this area. The manager told us that there were no Deprivation of Liberty Safeguards (DoLS) orders in place as no one had been deprived of their liberty. Some people were persuaded not to go out on their own but it had not been necessary to restrict their movements. The manager acknowledged that staff had not received training in this area and stated she would ensure this was followed up.

People who were living at the home told us that they thought the staff were sufficiently trained to fulfil their job roles. Staff also told us that they were provided with sufficient training. However when we looked at the staff training matrix we saw that staff had not always been provided with training in line with the provider's annual training programme. This meant they may not have the latest knowledge and skills in key topics needed to deliver effective care. For example, although staff had received safeguarding and food hygiene training, not all staff had training in essential areas such as mental capacity and DoLS, challenging behaviour and a number of health conditions. This meant people were risk of not receiving care that met their needs as the provider had not ensured a consistent approach to staff training. Shortly after the inspection, the manager sent us information which covered a number of these issues and indicated when this training would be provided for staff.

We discussed with the manager the provision of care for people with dementia. We noted that there was an absence of provision such as memory boxes, which are boxes where people keep valued items which can be used to discuss their past and what was and still is important to them. There were no staff specifically trained in the provision of activities for people with dementia. There was no colour coding or signing of doors to orientate people as to the use of these rooms. For example, colour coding of toilet doors and to display themed pictures and artefacts on corridors meaningful to people such as local area history, commemorations of the past and holiday destinations.

We spoke with three people who told us that if they were ill, the GP would be called to see them and their relatives informed. We saw evidence in care plans that this was the case. We saw that visits from health professionals were recorded and staff had followed their recommendations. This showed that people's health had been promoted.

Good

Is the service caring?

Our findings

All the people we spoke with were very positive about the staff team. Comments included; “I could recommend this place to anyone,” “The staff are all lovely. They help you no end,” “You know, the [staff] are great with me. You could get a bad ‘un but I’ve never come across it here,” “They are all gentle and kind,” “They are always there for us” and “It’s the staff who make this place special.”

People we spoke with said that staff were kind. We observed staff encouraging a person to transfer from a wheelchair to her chair after lunch. This was completed with consideration and with staff providing reassurance. We observed friendly relationships between staff and people. Staff actively listened to what people were saying and responded appropriately.

People told us that staff respected their privacy. One person told us that staff were careful in respecting their dignity when they supplied personal care. We spoke with staff who gave us many examples of how they respected people's dignity and privacy and promoted her independence. For example, to always knock and wait for permission before entering peoples' bedrooms and to call people by their preferred names.

A visitor told us he had visited for over two years and said “The standard of care is excellent.” The person he was visiting said the quality of care was excellent. “They are very gentle but very thorough. One thing they don’t do is rush me, which I appreciate….they come quickly when I want them. I have a buzzer but I hardly ever need to use it because they are always popping in to see if there is anything I want.”

Care plans contained people’s likes and dislikes. This included people's food choices. This showed that the service aimed to provide care that was individual to people’s needs. However, people we spoke with told us that they had not been involved in reviews of their care, but did not express any concerns about this. The manager stated she would look at introducing this for people and their representatives.

Good

Is the service responsive?

Our findings

All of the people who lived at the home we spoke with told us they were confident that staff knew their needs. We observed that staff were aware of the likes and dislikes of each person. One person said; “I feel very assured with them around.” Before we spoke with a person who was living with dementia staff told us the person liked sport. We found from our discussions with the person that they enjoyed rugby and motor racing. This demonstrated that staff had knowledge of people's interests.

Staff told us they were pre admission assessments were undertaken and we saw these within people’s care records. These were undertaken so that people’s individual needs were assessed prior to admission to the home, in order to establish whether their needs could be met there. These were then used to complete more detailed assessments to provide staff with the information to deliver appropriate, responsive care. We saw that care plans and risk assessments had been reviewed on a regular basis. This information meant that care staff had been aware of changes in people’s care needs, which enabled them to provide appropriate care to meet their needs.

We spoke with three staff members about people’s preferences and needs. Staff were able to tell us about the needs of the people they were caring for and what they liked and disliked. For example, a staff member told us that a person liked to shave himself when getting up and also to have another shave after breakfast and he was able to do this. This showed that staff were aware of people's preferences and their independence was promoted. People told us they had a choice about the gender of staff that provided their personal care. This showed us that people's choices were respected.

Staff told us that daily handovers took place so that the next staff on shift were updated about people’s needs and if any changes in their care had been identified. Staff we spoke with told us the handover was a good source of information to be able to meet people's changing needs.

People told us that the management team responded positively if there had been suggestions put forward or concerns raised. We saw information in the hallway if people needed an advocate, to raise issues on their behalf.

People told us they felt comfortable if they ever needed to complain but no one could recall ever having to do so. People told us that staff always listened to them. We asked staff what they would do if a person made a complaint about the service. They stated that there had not been any complaints but they would record any issues in the person's daily notes. This meant that there was a risk that some issues raised had not been recorded and investigated as complaints. The manager stated this would be followed up and acted on.

There was a programme of activities which varied from reminiscence sessions to physical (chair aerobics), social and faith events. People told us they were not pressurised to join in. A person told us “I tend not to like stuff like bingo and whatever and no one insists I do it.” We observed people reading their newspapers. A person told us that he liked watching the TV in his own quiet corner of the lounge and he was able to select his own TV channel. People we spoke with told us that there were activities arranged every day. We saw an ‘activities timetable’ which outlined the activities the service provided. This showed that people had opportunities to take part if they wanted.

Requires Improvement

Is the service well-led?

Our findings

The home had not had a registered manager in place for 18 months prior to the inspection. The current manager had been in post since January 2014 and had applied to become the registered manager. A registered manager is considered essential to ensure management stability in the service and responsibility for the running of the service. One person who was living in the home told us; “In my mind the new manager is doing a very good job.” Another person said; “ [The manager] is lovely. She cheers me up. I get depressed sometimes but not when she’s around. She listens.’’

People told us that if they had any queries, this would be dealt with quickly by staff or the management team. For example one person told us; “The manager is always around if we need to ask about anything and it gets done there and then. “ People living in the home and staff spoke very positively about the manager. They said she was always available to speak with and she tried to help them with any issues they raised.

Throughout our visit we observed the manager having very positive interactions with all the people living in the service. She knew people's names and preferences. This showed that the manager had a keen interest in people's welfare.

Before the inspection, we reviewed the information we held about the service. However, this had not included the provider information return (PIR), as this document has not been sent to us by the provider as we requested. The PIR is important as it contains information about the performance of the service. This would have assisted us to plan the inspection more effectively and to assess whether the service was fully meeting the needs of people living there.

There was evidence that regular group meetings for people had been held. These provided an opportunity for people to feedback comments or concerns to management. For example, we saw evidence that people had been asked whether they wanted to have their bedrooms painted in their own preferred colours and whether they wanted new curtains. We also saw that in a meeting it had been recorded that a person had offered to recite a poem at the Christmas dinner. He was complimented for this offer and on his poetry reading by staff. This told us people's views had been sought and their suggestions warmly welcomed. This demonstrated a positive culture which was open, inclusive and empowering.

All the staff said that the management team supported them well. One member of staff told us, “Management are good. We know they will always follow things up if they can.” We also saw evidence of regular staff supervisions and team meetings which demonstrated management support for staff.

There was an incident management system in place. Accidents had been recorded, though there was no analysis of individual accidents and incidents, or of trends and themes so as to learn from incidents and accidents. This meant there was a risk that staff would not learn from these situations and help to prevent and reduce the potential harm to people. The manager recognised this and stated she would follow up this issue.

There were a small number of quality assurance and audit processes in place, such as a bed rail audit and a mattress check. There were no audits in place regarding important issues such as medication, staff training and care planning audits. These would have helped management identify any issues with regard to the running of the service and the protection of people's welfare. For example, whether people had needed to have mental capacity assessments in place to protect their rights. This showed us that quality assurance systems at the home were not fully robust and required improvement to ensure risks were identified and rectified.