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The Chestnuts Residential Care Home

Inspection report

169 Norwich Road
Wisbech
Cambridgeshire
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Chestnuts Residential Care Home is registered to provide accommodation up to 23 people who require nursing or personal care. At the time of our inspection there were 23 people living at the service. The service is a two storey premises located on the outskirts of Wisbech with accessible garden areas. The service has communal lounges and dining areas. The service has the home has 21 single rooms and one twin room with en-suite toilet and washbasin.

This unannounced comprehensive inspection was undertaken by one inspector and an expert by experience and took place on 18 July 2017. At the previous inspection on 12 March 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection but they were on leave. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff knew what procedures to follow to keep people safe from harm.

Accidents and incidents such as medicines recording, were identified and acted upon when required.

People were supported with the safe management and administered of their prescribed medicines.

Where people had been identified as being at risk, risk assessments such as those for malnutrition and skin integrity were being used to help manage risks effectively.

There were enough competent staff with the right skills to provide people with support when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively.

People were effectively supported with their health care and nutritional needs. Staff supported people to access external health care professionals promptly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with compassion by staff who respected people's dignity and privacy.

People were given the opportunity to feed back on the service and their views were acted on.

People were offered and took an active part in a wide variety of interests and pastimes that were provided. People's needs were responded to in a person centred way.

The registered manager had had created an inclusive atmosphere within the service and this had fostered an open and honest team culture.

A quality assurance system was in place and this helped identify any shortfalls which were used to help drive improvement in the service.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Chestnuts Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 July 2017, was unannounced and was undertaken by one inspectors 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. Their area of expertise was with caring for older people and people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we made contact with the local authorities who commission people's care, including social workers. This was to help with the planning of the inspection and to gain their views about how people's care was being provided.

We spoke with seven people and four relatives. We also spoke with the deputy manager, two senior care staff, two care staff and the chef. We also spoke with a visiting health care professional.

We observed how people were cared for to help us understand the experience of people who could not talk with us.

We looked at four people's care records, medicines administration records and records in relation to the management of staff and the service. We also looked at records of accidents and incidents, concerns and compliments.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service with reasons given including that staff were quick to respond to requests for care and support. One person told us when asked if they felt safe from harm, "Oh yes, I feel safe enough." Another person said, "The staff make me feel safe."

Staff demonstrated to us that, as a result of their training in keeping people safe, that they understood how to avoid any potential for harm. This included the knowledge about how to recognise, act upon and report any instance of harm or any potential allegations should they ever arise. People were assured that they would be kept safe by staff who had been trained on how to keep people safe from harm.

Records showed that risks to people were identified and robust control measures were put in place to reduce these risks. For example, we observed that staff adhered to the required regular repositioning of people to help support people's skin integrity. One person said, "I am always prompted and reminded to be careful [when walking]. I do use my [walking] frame." However, we found that there was a lack of a personal emergency evacuation plan for each person. The fire safety risk assessment only included the risk in each person's room. Staff were able, however, to tell us the support each person needed in the event people needed to be evacuated. The deputy manager told us they would add each person's details to the fire safety risk assessment would be added within two days. Accidents and incidents such as falls, medicines recording, were identified and acted upon when required.

We observed, and people and their relatives told us, that there were enough staff to meet each person's care needs. The deputy manager explained to us how each person's levels of dependence was discussed at least weekly. They said, "[Registered manager] is very good if we need more staff. It all depends on the care people need." One person said, "If I use my [call] bell they [staff] come quite quick. If they are doing other [care tasks] things, they just let you know that they will be with you soon."

The provider told us in their PIR that, "The registered manager vets each candidate personally. Proof of address and photographic identity, written references, enhanced DBS [checks for criminal records] check, and work history is all collected on prospective employees and analysed before making final recruitment decisions. Staff we spoke with confirmed that they had been subject to this recruitment criteria. One staff member said, "I didn't start work until all my checks had been [satisfactorily] completed."

There were processes and procedures in place to maintain the safe management and administration of people's medicines based upon current management of medicines guidance. We found that the recording, storage and disposal of medicines was only undertaken by staff who had been deemed competent after their training in medicines administration. One person said, "Medication is always on time and they [staff] always watch while I take it." We observed people being safely supported with their prescribed medicines. For example staff made sure each medicine was taken on time.

We did however; find that there was no clear process in place to support people with their medicines if they were to be administered covertly. This is where medicines are disguised, such as in the person's food. The

person's care plan only detailed how the medicines had to be administered but did not detail which foods could be used to administer the medicines or the consistency of the foods. However, staff were able to tell us the correct foods and consistency of the foods that were to be used. The deputy manager provided specific information that we requested within 24 hours. This meant that staff had the information they needed to safely administer covert medicines. These records showed the person's GP had agreed the medicine was to be given covertly.

Good

Is the service effective?

Our findings

People told us, and we observed, that they continued to be supported by staff who had been trained with the right skills according to their needs. The provider told us in their PIR, "We have a staff training matrix that helps identify which staff need specific training. We also run pre-booked annual training with sessions running every other month." One person said, "They [staff] do [my care] ever so well. I have lived here for years. I know what I can and can't do. I get help when I need it." Another person told us that staff were, "Very good. They know what I like and what I don't like such as when I like to be on my own." The provider had received positive feedback about the activities undertaken by people which they had been sent from Cambridgeshire Dementia Champions trainers.

Staff confirmed to us, and records showed, that they continued to receive the support they needed to undertake their role effectively. This support was provided in several ways such as supervision, working with experienced staff (shadowing), annual appraisals, training and daily handover meetings. As a result of this support staff were enabled to care for people based upon the latest good practice. Staff had been working very closely with external agencies including local NHS training and practice development in the areas of dementia care and functional mental health. This had helped staff to further their dementia care practice. Four members of staff had achieved 'Dementia Champion' status and have been instrumental in changing the lives of residents in the home. One staff member said, "I get amazing support from [registered manager]. He has developed me with my level five qualifications in care."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA by staff who understood the key principles of the MCA. One person said, "I am always offered a choice of clothes, food, activities and they [staff] respect my choices." People were enabled to be as independent as they could possibly be. For example, people were provided with adapted cutlery and plates or walking aids where necessary.

People told us, and we observed, that the home made food at the service met their nutritional needs. One person showing us their empty plate said, "It must be good and I can't wait for pudding." The chef showed us how they determined the foods people preferred as well as any support people needed such as a soft diet, help with eating or any allergies if ever these were a risk. People were offered drinks during the mornings and afternoons and fluids were much in evidence in their rooms. Another person told us, "I sometimes eat in the dining room or in here [their bedroom]; I please myself." The food is very good." We were told that the deputy manager is the Cambridgeshire Dietetic link person and works closely with the dietetics service to ensure that people's needs are identified early and acted on swiftly.

Records and our observations showed us that each person received the practical support they needed to eat. For example, we observed that staff offered to cut up people's food for them or help them use the cutlery. However, we observed that meals were served already plated up. This limited people's ability to

remain independent and limited choice such as where, or how much things such as gravy they wanted.

People's healthcare needs were met. One person said, "If I said I didn't feel well they [staff] would soon get me one [a doctor]." The registered manager and their staff had a good working relationship with external health professionals such as GP's and district nurses. A visiting health care professional told us that, "Staff are very good at having all relevant [healthcare] information ready and if I need any other details this is always available." People, where required, were enabled to access external healthcare professional support as soon as this was required such as a dietician or tissue viability nurse. The provider informed us that staff have worked closely with local GP's and the Mental Health Trust to foster relationships based on openness and trust which has resulted in a faster and more tailored and effective service for people living in the home.

Good

Is the service caring?

Our findings

People told us, and we observed, that staff provided people with care that was compassionate and dignified. We observed several examples where staff respected people's confidentiality by discreetly identifying a need for personal care such as in busy communal areas. One person told us that their care was "excellent". Another said, "I get on alright with the staff. I can't think of any way they could improve." The person told us that the reason for this was that whatever they wanted, staff always responded positively. A relative told us, "I can't fault anything at all about the care. [Family member] is very happy here as they tell me each time I visit how nice the staff are."

We observed staff spending meaningful time with people in the lounges, people's rooms and in the gardens and interacting with them in a thoughtful and considerate way. For example, by speaking clearly, at eye level and treating people in an individual way. Staff continued to know people's care needs well such as when they wanted a snooze, the quantities of sugar in drinks as well as asking if people wanted a tabard to protect their dignity. One person told us, "I think the staff know me as a person and know what I like and what I don't like." We saw that as a result of staff's interventions that people were calm and relaxed.

The home had a very strong emphasis of empowering those people with dementia care needs to lead as full and as active life as possible. People were encouraged to help with their care planning by a number of ways including discussions with people and their families. People and their relatives are also given a booklet which enabled them to try a build a picture of the person's life as well as their likes and dislikes. This booklet contained pictures scrap book entries, photographs and memorabilia which all helped staff understand the person they were caring for.

The registered manager and their staff involved people as much as possible in making decisions about their care. Various methods were used such as talking with people as well as conversations whilst providing care. One staff member told us, "It's amazing what people tell you when they are relaxed, happy and in private."

Other ways people were involved included the use of an advocate or person with lasting power of attorney for health and welfare to help determine people's choice of meals, health care and hobbies. One person said, "I don't know about that [care plan] but when the GP comes they [staff] bring a folder and record things which is fine by me." A relative told us, "I represent my [family member] as their advocate and they [staff] encourage me to discuss anything affecting them." Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

People remained as independent as possible by staff who helped them keep the skills they already had such as tidying the laundry as well as gaining new skills. These skills gained, included being able to dress independently, helped people uphold their dignity and respect. People's care records provided staff with the appropriate guidance to help staff support them in the way they preferred to be cared for. For example, employing and putting staff in place who shared the person's interests such as with baking. As a result of the way staff cared for people staff had received numerous thank you cards and letters of commendation from relatives.

People and relatives we spoke with told us that visits to the service were without restriction. One relative said, "I come most days at different times and they [staff] welcome me. I always get a drink."

Good

Is the service responsive?

Our findings

People told us that all staff knew them well and staff were able to describe in detail what people's needs were. One person said, "They [staff] do the things for me I like and need." We saw how another person was encouraged to help staff with cleaning up the dining room tables and setting the cutlery in a way so that people could easily pick the knives and forks up independently. The person said, "I have always helped out even before I came to live here." We also observed a person who liked to fold laundry helping out with this task with minimal staff interventions.

As part of people's daily living people benefitted from the provision of person centred and individualised care. Examples of this included staff who championed people living with dementia to attend a local cinema hosting films which these people could associate with and reminisce about. On another occasion we saw people helping to prepare and make fresh scones. There was much laughter, discussion and pleasure that we saw in people's faces at their achievements.

Where people needed assistance to visit family or friends they were enabled to do this with staff support. People were further involved in the service such as making a sign in letters, which people had individually painted and personalised for the new 'hobby room' where a dementia friendly environment was planned. This was in addition to the current signage and decoration which aided people's ability to navigate their way around the home without having to rely on staff. One person said, "Staff are always offering things for me to do but I like staying in my room and watching out of my window." This was supported by our observations and speaking with staff about people's needs.

People's care records contained personalised information about them, such as their hobbies, life history wherever possible, pastimes and preferences. One person was keen to explain to us how they fed the fish both in the home's tank and in the outside ponds. In response to people's interests a set of raised flower beds had been planted with flowers that were now in full bloom. One person said, "I read the paper, watch television and I play dominoes with other residents twice a week."

As a result of these hobbies and interests, which also included knitting, doing puzzles, sing-alongs, painting bird tables, making signs and partaking in various arts and crafts, people told us they led meaningful lives that they enjoyed and gained great benefit from. People described to us what these benefits were such as having better wellbeing. This was as well as having an appropriate amount of social stimulation.

Records of residents' and relatives' meetings and from what people told us we found that they were listened to about their views on the service. We saw that suggestions such as improvements to meal choices had been acted upon as well as the appointment of a new chef who sought people's comments about the meals offered. This was as well as catering for individual needs such as vegetarian or low sugar diets. One person said, "I do attend meetings which are very informal. They [staff] act on our comments and I like all the food."

One person told us, "I complained about [having to wait a while] for help to go to the toilet and things improved straight away." Another person told us, "At first I had a male carer and I was not happy about that.

We had a talk with the management about it and sorted it out. He is still my carer and everything's fine." A relative told us that they only ever had compliments about the home and its staff. Concerns were acted upon such as minor niggles before they became a complaint. Records confirmed this.

Good

Is the service well-led?

Our findings

People continued to benefit from the same registered manager who remained in post. At the time of our inspection they were not present. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager and a team of staff.

The registered manager promoted a positive, transparent and inclusive culture within the service with constructive supervision and observation of practise. One person told us, "I regularly see the [registered] manager; he's a nice man, very nice, couldn't be better really." Another person told us, "I know the owner [registered manager] by name as well as all the girls [staff]. They are always asking me if I need anything." Feedback from people using the service, relatives, staff and external health professionals was actively sought. This was achieved through a quality assurance survey, meetings and daily contact with them. For example, a visiting health care professional told us, "I can always speak about anything that needs changing or if I have any suggestions." Another fed back to the registered manager, "I also believe that a care home sinks or swims on its leadership. I congratulate you on your skills, energy, commitment and support of and trust in your team."

Improvements were planned to extend the service as it was regularly fully occupied. This was as well as on-going development of the staff team who were supported to gain qualifications appropriate to their role. One staff member said. "He [registered manager] is always around and so supportive of the staff team." Another staff member said, "I have seen my career here develop as a result of [registered manager's] help." Staff were given the motivation they needed to develop their skills.

Staff told us they were completely comfortable in being able to share any suggestions or concerns with the registered manager, safeguarding or the CQC if needed. Staff's views were frequently sought and acted upon such as introducing additional ways to support people living with dementia to live a normal a life as possible. This was confirmed in the staff meeting minutes we looked at.

The service had links with the community. Examples of this included visiting entertainment such as musicians, school choirs, going to the cinema, shopping and trips out with families.

The registered manager kept themselves aware of current care practise. This was for subjects such as dementia and diabetes care as well as adhering to CQC guidance. This was as well as contributing to a national charity to further the interests of people in need of social care. We found that their role had contributed to promoting high standards of care for people using their service. In addition, frequent and timely meetings with health care professionals were used to drive improvements at every opportunity. The deputy manager told us that as a result of the staff champions for people living with dementia; people had been enabled to be more involved with the service.

One person when asked about the quality of care provided said, "Oh yes, I would recommend this place to others." A regular programme of audits was in place for areas such as care plans, medicines, nutrition, people's weight and fluid monitoring. Action taken after these audits had made improvements such as recording of medicines administration and storage temperatures. As a result of our inspection the deputy had contacted the registered manager who acted upon our findings straight away to help drive improvements in the quality and safety of care that was provided.