

Chestnut Court Care Limited

Chestnut Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Chestnut Court provides 24 hour care, including personal care for up to 62 older people. This includes nursing care for people living with dementia and those with physical needs. The service is a large purpose built property. The accommodation is arranged over three levels. There were 59 people living at the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We inspected Chestnut Court on 27 and 28 April 2016. This was an unannounced inspection. At this inspection we found four breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 regarding, medicines management, staffing levels and supporting staff. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

People were not safe at the service. There were poor arrangements for managing medicines and there were not enough staff available to meet people's needs and keep them safe. Risk assessments did not always cover all areas of risk relating to people to ensure their risks were minimised and managed.

Staff did not always receive up to date training, supervision and appraisal. Staff did not always treat people with respect and dignity. Peoples care plans were not always regularly reviewed. There was a lack of activities at the service for people to take part in. There was poor record keeping and quality monitoring tools used by the service did not identify issues of safety and quality. Staff had mixed views about the staff culture and management team.

People and their relatives told us they felt safe using the service. Staff knew how to report safeguarding concerns. There were effective and up to date systems in place to maintain the safety of the premises and equipment. We found recruitment checks were in place to ensure new staff were suitable to work at the service.

Appropriate applications for Deprivation of Liberty Safeguards had been made and authorised. People using the service had access to healthcare professionals as required to meet their needs.

Staff knew people they were supporting. People using the service and their relatives told us the service was caring. Staff respected people's privacy and encouraged independence. People and their relatives knew how to make a complaint. The service enabled people to maintain links with their culture and religious practices.

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 not safe. Medicines were not always administered safely. People, their relatives and staff felt there were not enough staff available to meet the needs of people living at the service. Risk assessments did not always cover all areas of risk relating to people to ensure their risks were minimised and managed.

People and their relatives told us they felt safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

The provider carried out regular equipment and building checks.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff did not receive training, appraisals and supervision to support them in their role.

People's health and support needs were assessed and reflected in care records.

People were supported to maintain good health and to access health care services.

People had access to nutritious food and drinks.

Some staff had a good understanding of the Mental Capacity Act (2005).

Requires Improvement ●

Is the service caring?

The service was not always caring. Staff did not always treat people with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service were involved in planning and making decisions about the care and support provided at the service.

Requires Improvement ●

The service enabled people to maintain links with their culture and religious practices.

Is the service responsive?

The service was not always responsive because peoples care plans were not always regularly reviewed. There was a lack of activities at the service.

There was a complaints process and people using the service and their relatives said they knew how to complain.

Requires Improvement ●

Is the service well-led?

The service was not well led. Effective systems were not in place to monitor the quality of the service.

Staff had mixed views about the leadership and staff culture of the service.

People using the service and their relatives told us they found the registered manager to be approachable.

Requires Improvement ●

Chestnut Court

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.

On the first day of the inspection, the inspection team consisted of two inspectors and two specialist advisors. On the second day the inspection team consisted of one inspector and one specialist advisor. A specialist advisor is person who has professional experience in caring for people who use this type of service. Before the inspection we looked at the concerns raised and information we already held about this service. This included details of its registration, previous inspections reports and information the provider had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with 15 people and nine relatives of people who used the service. We spoke with 21 members of staff. This included the registered manager and deputy manager for the service, a senior care assistant, three domestic staff, the chef, maintenance person, five nurses and eight care assistants.

We examined various documents. This included 17 care records relating to people who used the service, 59 medicines records, ten staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures.

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 to us.

Is the service safe?

Our findings

The service was not safe. We found medicines were not administered or managed safely. Medicines taken as needed or as required are known as 'PRN' medicines. Some people were prescribed PRN medicines for pain relief. We saw that the majority of the PRN protocols for pain relief stated 'voicing of pain' as a reason to administer PRN medicines including for people living with dementia. However we noted from the blister packs and individually labelled PRN medicines on the shelf that very few doses were given to people. We did not see any evidence that staff carried out regular pain assessments for people prescribed these medicines. There were no assessment tools or documentation of how and when pain assessments had been carried out.

We saw that people whose medicines were administered covertly had a covert administration form completed. We observed that these were mostly signed by the registered manager and the GP only. We inquired why this was the case and staff told us that people's next of kin were in agreement and supported the decision but they forgot to give them the form to sign their consent.

Medicines dispensed for individual people were not always securely stored. We found a significant amount of medicines not stored in locked trolleys or cupboards but on open shelves in the clinical room. There were records of daily fridge temperatures; however staff were not aware that they needed to monitor the maximum and minimum temperature reading to ensure it remained between 2 and 8 C. On the day of inspection, we recorded a minimum temperature of 0.1°C and a maximum of 22°C on one of the fridges. Room temperatures were appropriately monitored.

Medicines were not appropriately managed, including controlled drugs (CD). Controlled drugs are medicines which the law requires are stored, and are subject to special storage and recording arrangements. The CD register had several entries stating that the medicine had been returned to the pharmacy however there were no documentation on the returned medicine log book that these CD were actually returned, hence they could not be accounted for. A number of entries on the MAR chart were hand written, although there was no date, signature or second check to verify that these transcriptions were accurate. Although some CD doses administered to people were part used ampoules, there was no documentation of the amount of drug wasted in the CD book.

We found four jars overfilled with mixtures of tablets and capsules in the CD cupboard on the 2nd floor and two jars on the 1st floor. Staffs told us that these were medicines that people refused when offered. We inquired from staff which people were likely to refuse their medicines, and which medicine they were refusing. We looked at one medicine administration record (MAR) chart of the resident we were told refuses her medicines often, and noted that these were signed on the MAR chart as though they had been taken. Staff told us that on several occasions at the start of their morning shift, they would pick up tablets from people's beds or the floor despite the fact that the previous night doses were signed as administered.

Medicines received from the pharmacy for each person were recorded in their medicine administration records (MAR) charts. People receiving medicines that needed regular blood monitoring and dose changes

were appropriately managed. Controlled drug medicines were stored safely and securely.

Risk assessments were carried out for people using the service. We looked at 17 risk assessments documented in people's care files which identified the risk and detailed actions needed to minimise and manage risk for the person. These assessments included risks associated with specific medical conditions, pressure areas, mobility and falls, bed safety rails, behaviour that challenges the service and nutrition. Risk assessments were reviewed six monthly or sooner if a new risk was identified. Staff we spoke with were knowledgeable about people's individual risk management plans and knew actions needed to minimise the risk. However, we noted that for some people using the service the risk assessments included limited information about their individual risks. For example we looked at risk assessments for 11 people who had a stair gate guarding their doors. Only four people had a risk assessment relating to this. This meant people may be at risk of harm as risk assessments did not contain information about the reason for the use of the stair gate and not all had signed consent by the person or their relative.

The above findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We spoke with the registered manager about these concerns. Following our inspection we contacted the registered manager for an update. Processes had been put in place for returning unused medicines and for accounting for returned controlled drugs to the pharmacy. The pharmacy had completed an audit on 25 May 2016 and medicines training had been completed on 26 May 2016 for staff responsible for administering medicines. The provider had requested further unannounced audits, to be carried out by the pharmacy. Medicines audits and fridge temperature audits had been completed by the provider and we saw records of this.

People using the service, their relatives and staff told us they felt there were not enough staff available to meet their needs. They told us there were delays when they required support. One person using the service told us, "I have been here for 5 years. It is horrible, there is no staff. They need more staff especially for the night shifts. Sometimes I have to wait for 20 minutes to get someone to assist. I use the buzzer, I expect someone to come in about two minutes, but you have got to sit and suffer until they come to you." Another person said, "It is really bad, they have a lot to do. Here we have about 3 members of staff for the night shift, one must be with another resident. The money we pay to live here, what care is there when you have to wait." A third person told us, "I could wait any time, during the day or night for someone to come in and help."

One relative we spoke with told us, "Sometimes my [relative] has to wait for 30 minutes to have someone to help to the toilet. I cannot do it myself, so [relative] has to wait, this could be 2-3 times a week." Another relative said, "They could do with more staff always chasing around they have too much on their plate so I feed my [relative] myself." "If they had more staff they could change his clothes a bit more often." A third relative told us, "Staff are so busy that I don't feel like I'm giving [relative] the best care. Staff are on the go all the time. Other people living here sit with me for company I can't fault the staff but there's not enough and too many changes. I wonder if they would know if something happened to my [relative], would they notice."

Staff including non-care staff told us they were concerned about the level of staffing at the service. One staff member told us, "They [care workers] need more staff or reduce the number of people who live here." When asked what they thought of the staffing levels one staff member replied, "Not enough staff. Five (staff) in the morning. One of us has to be with [person using the service] who needs one to one." They also said, "Not enough staff on the floor. We are rushed off our feet." Another member of staff said, "We are not meeting the needs, we are too scared to take a break." A third staff member said, "I have seen a lot. We have not got enough staff, the needs of the clients have changed, they are more advanced."

During the inspection we observed people waiting to be assisted by staff who were busy attending to other people. One person had pressed the call bell for assistance but no staff member had responded. We observed two care staff walk past the person's door and comment "Someone's buzzing." But did not attempt to find out who needed assistance. We intervened and asked them to assist the person. They briefly went into the person's room and said they would get another staff member as they did not work on that floor. After 10 minutes the person was assisted. We spoke with the staff member who assisted the person they said, "I'm so sorry. There's not enough staff so I was turning someone else and I couldn't get to [the person] I can't hear the buzzer from other rooms. There is not enough staff it kills my back all this running around all the time."

We observed peoples mealtime experiences were also affected by staffing levels. We saw one member of staff serving up bowls of hot food and placing them on a trolley while another member of staff plated food and served to people in the dining room. Staff told us the food on the trolley was for people eating in their bedrooms. We noted that the food on trolley was not immediately given to people in their bedrooms and the majority of the food was still sitting on the trolley 15 minutes later. This meant their food was potentially cool to eat. One relative we spoke with said, "The meal is not warm enough by the time it gets go my [relative] I have spoken to the staff about it. It takes some time for the meal to come to this floor." Staff were not always available to help people during lunch as they were serving food to people in their bedrooms which meant some people were not supported. We heard one person say loudly, "Will someone cut my food up. It is getting cold."

We looked at the staffing rota for the service and noted that planned leave was covered by agency staff. Sickness was covered by moving staff from other floors or using agency staff. We were concerned about staffing levels and spoke with the registered manager about our concerns. Following our inspection we asked the registered manager to provide an update regarding actions taken to address our concerns. They told us they had reviewed the dependency levels of people using the service against the dependency tool and that, "Current staffing levels were found to be acceptable." We remained concerned that the staffing levels were impacting on the safe care and treatment of people using the service. The above findings were a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

We found the service did not always take appropriate action to ensure people were safe when moving around the service. On the first day of the inspection we found the sluice rooms on each floor for storing soiled laundry and for disposing or cleaning soiled equipment were not locked. There was a key hanging on a hook beside each door. We asked the deputy manager about this. They told us the sluice areas should be kept locked. We also noted that a clinical treatment room where medicines and equipment for clinical use on the ground floor, was also unlocked. We were concerned that people using the service may inadvertently go into these areas and may be a risk of harm. We spoke with deputy manager about this and action was taken to ensure the room was locked. Following the inspection the provider ordered and installed security locks operated by a key pad.

During this inspection we found building safety checks had been carried out. For example records showed boiler, water hygiene and electrical checks were carried out annually. Other checks on equipment such as hoists, water temperature and fire alarms were carried out monthly or weekly. All communal areas of the service were checked daily by the maintenance person and weekly with the registered manager. Any repairs identified were logged and completed.

On the first day of the inspection we noted equipment and furniture including mattresses were stored inappropriately in the plant room. A record of a fire safety inspection carried out in July 2015 had highlighted this as a fire risk at the time and instructed that the items should be removed. We spoke with the deputy

manager about this. They told us immediate action would be taken. On the second day of the inspection we noted that the items had been removed and stored in a vacant bedroom within the service. The deputy manager confirmed that an outdoor storage unit would be purchased to store the furniture and equipment.

People we spoke with and their relatives told us they felt safe at the service. One relative said, I was worried about safety in care homes when [relative] move in but I think they are good here and I feel it's safe. Another relative said, "Its top notch here for safety." The service had a safeguarding policy and procedure in place to guide practice. Safeguarding training for staff was mandatory. We looked at records of this and spoke with staff who told us they had completed safeguarding training. The staff we spoke with had a good understanding of safeguarding adults and gave examples of the different types of abuse. Staff were knowledgeable about the process for reporting abuse and knew who to notify. The service had a whistleblowing policy and procedure. Staff we spoke with knew how and where to raise concerns about unsafe practice at the service.

Accidents & incidents were managed by the service. We saw records of incidents that had taken place involving people who use the service and noted recommendations had been made and recorded in the accident file to prevent reoccurrence. Serious incidents were reported to the local authority safeguarding team as appropriate. Staff we spoke with knew the procedure for reporting accidents and incidents.

There were effective recruitment and selection processes in place as staff records showed they had been subject to appropriate and necessary checks prior to being employed by the service. We saw that copies of proof of identity, their application form, which included their employment history, were kept on file. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. We saw that references had been obtained to ensure people were of good character and fit for work. Records also showed that staff's nursing registration, criminal checks and visa status where relevant had been monitored on a regular basis to ensure they were eligible to practice or work. One staff member told us, "They did a DBS check and I had to wait for it to comeback (before commencing work)." Another staff member said, "I had DBS and references before I started working."

The registered manager told us and records confirmed that appropriate disciplinary action had been taken to address poor practice and ensure safety of people using the service.

Infection control policies and procedures were in place. The registered manager told us and records showed infection control carried audits were out monthly. Staff we spoke with were clear about infection control procedures including those put in place when people using the service had symptoms of a suspected infection. We saw staff wearing aprons and gloves when serving meals, carrying out cleaning or preparing to support people with personal care. We observed staff washing their hands and removing aprons before leaving peoples rooms or moving to different areas of the service.

Cleaning rotas included cleaning of all areas of the service and records confirmed this was carried out. Domestic and laundry staff we spoke with told us about the process for ensuring the service was clean and the risk of infection minimised. This meant the service had processes in place to minimise the risk of the spread of infection.

Is the service effective?

Our findings

The service was not always effective. Staff did not always have the necessary support they required to carry out their roles. The provider's staff development policy dated May 2010 stated staff should have supervision every two months and an annual appraisal. The updated policy dated April 2016 stated the development of staff is supported through regular supervision and appraisal through a defined programme. At supervision meetings, staff and their manager can discuss the staff member's on-going performance, development and support needs, and any concerns.

Staff told us that they did not have access to supervision meetings with their manager for support to discuss their practice. One member of staff told us, "I never have had supervision." Another staff member said, "We [senior staff] have a conversation but we don't sit down." A third member of staff told us about supervision, "We are meant to but haven't yet. Must have been over a year ago or longer." We looked at ten staff files and noted the most recent supervision recorded was for 28 April 2014. Most staff files did not have formal supervision records. One staff member had started employment with the service 27 October 2015 however had no supervision records in their file. We spoke to the deputy manager if this person had received supervision since being employed. The deputy manager told us, "I don't believe she has." We spoke to the registered manager about the lack of supervision records for staff.

The registered manager told us they had identified staff that were not getting regular supervision. They said this was due to the turnover of staff and the increased use of agency staff in the home but had recently started to carry out these meetings where performance issues had been identified. On the second day of the inspection the registered manager showed us recent supervision records for six staff members carried out between February and April 2016.

Staff told us and records confirmed they were not receiving a regular annual appraisal. Staff should receive regular appraisal of their performance in their role to identify any training, learning and development needs any other support that is needed.

New staff were given an induction which included shadow shifts (working alongside an experienced colleague) and a programme of training. One member of staff told us, "I did a three day induction. Watching what people doing and what they wanted me to do. I had to do training before I did hoisting." From October 2015 it was a requirement that new staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within 12 weeks of starting. We saw that people's induction was not always accurately recorded and that their competency was not assessed.

Staff we spoke with told us they attended training courses relevant to their role. Staff told us training was done mostly online and was useful. The service had a program of training which was divided between mandatory training and essential training for staff that required it for their specific role. Mandatory training included moving and positioning, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, infection control, food safety, health and safety and dementia. Essential training included medicines and first aid. We

found that most staff were up to date with mandatory training. However, records showed many staff had not completed essential training. For example of the 76 staff working at the service five had completed equality and diversity training, two had completed diabetes training and eight had completed training about death and dying. This meant, staff were not always supported to receive training to enable them to fulfil the requirements of their role.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we asked the registered manager for an update regarding staff support. They told us they now had a programme in place which meant all staff would receive a supervision meeting by the end of June 2016. The new supervision policy would be sent to all staff and a new induction format was in place to support and monitor the progress of new staff. We saw records of this.

People told us they enjoyed the meals at the service. One person said, "I like the dinners here." Another person said, "It has been fine, the food is well cooked" One relative we spoke with told us they chose the menu options for their relative as they were unable to do so. They said, "Here they try their hardest with the meals, there's always porridge and a cooked breakfast in the morning and people can have both." Another relative said, "There's a good variety of food and my [relative] enjoys it."

The service had a four weekly rotating food menu. People who used the service were asked in the morning what they wanted from the menu and a list was completed on each floor which was then sent to the kitchen. The list showed people's dietary and cultural needs regarding their food. We found the staff were familiar with people's dietary needs. Records showed people could request an alternative meal to those on the food menu. For example, on the first day of the inspection the main menu option was roast beef however we saw people had requested an omelette as an alternative. We saw drinks were offered to people throughout the day and during the mealtimes. People's food and fluid intake was monitored. We looked at records which were completed daily and showed that people received the recommended amount of fluid daily. People's weight was monitored monthly or more often if necessary. We saw records of this and referrals made to the dietician if required.

There was a variation in people's experience at mealtimes in the units we observed. We observed lunch being served in the three dining rooms at the home. Condiments such as salt and pepper and sauces were not on the dining room tables or offered to people. We saw one person ask for salt but staff did not acknowledge the request. Staff were not always available to assist people during meal times promptly. We did however see people were supported patiently and staff interacted with them during meal times. For example, we observed a nurse sitting next to a person supporting them to eat. The nurse was holding the person's hand to comfort them while eating. One staff member we spoke with told us there was one person who liked them to have lunch together in the person's room. The staff member explained that this was something they both looked forward to and tried to make sure this happened as often as possible.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and deputy were knowledgeable about the MCA and how to obtain consent before

giving care. Nursing and care staff we spoke with were able to tell us about MCA and DoLS and we saw records of training they had attended. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection the majority of people who used the service had authorised DoLS in place because they needed a level of supervision that may amount to deprivation of liberty. We found the home had completed all appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found the provider had sent in notifications to the CQC about the decisions of applications submitted for Deprivation of Liberty Safeguards.

Best interest meetings were carried out for people using the service. We noted from records that these had taken place but the decisions were not always well recorded. People who had stair gates at their bedroom doors did not have mental capacity assessments completed relating to consent for the use of the gates. Some people we spoke with did not have an understanding of why they had the stair gates. Other people and their relatives were clear about the reasons for their use and were agreeable with the idea of having a stair gate in place. They reported feeling more secure. They told us the reason for the stair gate was to prevent other people using the service from entering their rooms. One person told us it didn't always work well as people still came into their room at night even with the use of a gate. Another person said, "I am happy for the gate to be here, it is to keep [person using the service] out. One relative said, "I put it there myself' I wanted to make sure my [relative] is safe. There is one resident who would just come in. There was also another resident who used to wonder around, but they have gone now." We spoke with the registered manager and other staff about the gates. They told us it was a necessary measure to prevent people wondering into other peoples rooms and disturbing them. They said people had consented to the use of gates although this was not evident in peoples care records.

Staff were knowledgeable about how to obtain consent when supporting people. They told us they would ask permission and explain what they were about to do before carrying out care and we observed staff asking people before they carried out any aspect of care. We saw staff knock on bedroom doors and wait for a response before entering. Peoples care records showed they had signed consent to care where able to do so.

People had access to health care services. People and their relatives told us they were able to see a healthcare professional if they needed to. We saw records of visits to the service from various health care professionals. There were records of visits from the, psychiatrist, district nurse, end of life team, optician, chiropodist, dietician and speech and language therapists. Peoples care records contained information relating various appointment letters following up from referrals. People had access to their GP. Records showed GP care plans for all people living at the service with updates recorded relating to their on-going healthcare needs.

Is the service caring?

Our findings

The service was not always caring. We observed a variation in people's experience regarding staff approach. Some staff spoke about people in a way that did not respect their dignity. One member of staff interrupted a conversation we were having with a person using the service saying loudly, "I have to take her to the toilet about 20 times a day. Don't I have to take you. She drags me with her so we all know where she's going." We observed another member of staff enter someone's room with their meal tray while they were having personal care saying, "I've brought your lunch." They then left without apologising to the person. This meant people's dignity was not always respected by staff.

We observed most staff interacting with people in a kind, respectful and personalised way. One member of staff was observed supporting a person mobilising with a frame. They spoke gently saying, "Move your feet towards the frame, bit more darling. Well done." We saw staff laughing and chatting with people in the lounge area. We saw a member of staff speaking with two people at lunch time who said they wished they were "ladies that lunched." The member of staff said, "Why not, let's make this lunch time special." The member of staff then spent time talking and laughing with each person making their lunchtime experience enjoyable.

Staff told us how they promoted people's dignity, choice, privacy and independence. They said they ensured doors were closed when assisting people with personal care. We observed staff discretely speaking with people who required personal care during the day and supporting them back to their rooms where personal care could be carried out.

People and their relatives told us they thought the service was caring. One person said, "This man here [deputy manager] is a wonderful man. He helps me a lot" "They are very gentle with me." Another person told us, "It's lovely here. It's nice to have the company otherwise it's a lonely life. The staff are lovely but it's hard for them they need more staff." One relative told us, "We are very happy with the home." Another relative said, "The staff are very helpful, very friendly and polite." Another relative said, "They are really caring and patient." People using the service told us staff attitude was good. One person said, "They are very nice." One relative we spoke with said, "I chose this place because it is appealing and you always get a fantastic welcome here. Everyone is friendly"

Each person had a named nurse or senior care worker who was responsible for overseeing the care the person receives and liaising with other professionals involved in a person's life. Staff we spoke with were able to describe how they developed relationships with people they supported. This included speaking with the person and their family and gathering information about their life history, likes and dislikes. People's preferences were recorded in their care files and both nursing and care staff were knowledgeable about people's preferences.

Staff understood and facilitated people's wishes regarding preferences that contributed to their wellbeing. One person told us, "I used to be a chef so I help with the menu planning and I suggest speciality foods that people will like." We saw staff speaking with people in a way that promoted independence. Staff we spoke

with told us they tried wherever possible to support people to do as much for themselves as possible to remain independent. People and their relatives were involved in decisions about their care where possible. One relative told us, "Bed time routines were discussed with us and also in the morning if my [relative] wants a lie in then that's what happens." Another relative said, My [relative] had a fall and they told me straight away and kept me up to date with any follow up care they were doing."

People's needs relating to equality and diversity were recorded and acted upon. This included providing cultural and religious activities and access to their specific communities. For example, representatives from two religions visited the home to support people in their spiritual activities. One relative told us, "There's a church service at least once a month here."

We saw plans in people's care files regarding their wishes for end of life care. We saw that where people were unable to make decisions regarding this, their relatives were fully involved. There were clear plans detailing the support staff needed to offer as a person's health deteriorated. The registered manager told us this was an area the staff were proud of and ensured appropriate care was given. They said, "This is so important for people and their families." The service worked closely with the end of life facilitators and made referrals promptly. We looked at records of this.

Is the service responsive?

Our findings

The service was not always responsive. Records showed care plans should be reviewed each month by the person's keyworker and updated as necessary. Each person using the service had a keyworker. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person's life. Some care plans did not have monthly reviews carried out. We spoke with one of the nursing staff about this. They told us that this should be done but was sometimes missed. They could not give us a reason for this.

Care plans were personalised and covered areas including personal details, personal care, medical conditions, medicines, eating and drinking, weight management, tissue viability, continence, health promotion, communication, dignity and privacy, challenges and strengths, moving and handling, emotional and spiritual needs, activities, religious and cultural needs, and daily communication. However we found that the care plans did not always include plans relating to risks identified. There was no behaviour management plan for some people whose behaviour may challenge the service. One person's behaviour meant they required one to one support. We did not see this documented in their care plan. This meant people using the service may be at risk of receiving inappropriate care or support as staff may not be aware of how to manage their needs or behaviour. These findings were a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Care records reviewed had details of a pre admission assessment carried out before people came to live at Chestnut Court however, we found some contained limited amount of information about people's background, and some were not dated.

There were individualised person centred care plans for each person. Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans and risk assessment to ensure appropriate care was given to meet their needs. The deputy manager told us and records confirmed that there was a 'residents need to know' and handover folder which included a summary of peoples individual needs. This was referred to during staff handover at the end and beginning of shifts.

People using the service received regular physical health checks depending on their medical needs. For example, weekly or monthly blood sugar checks for people who were diabetic, weekly blood pressure checks and wound progress and management checks.

People we spoke with said there were not enough activities to do at the service. when asked about activities at the service one person said, "It would be nice to do other things. I like music." Another person told us, "Bingo, I would like that, but they have not got the staff to spare." One relative said, "People are not getting stimulation here." Another relative told us, "Its quiet in the winter months but the church does come in once a month."

Staff we spoke with told us there were very little activities. They told us there had been a meeting for people living at the service to give their suggestions for activities a few months ago. They said people wanted to go

on outings but nothing had been planned. One staff member said, "They need an entertainment person here. You can tell, when I play music, people would start clapping, etc. They have not got enough staff to care for the residents and are expecting the carers to be entertaining them as well." Another staff member said, "We don't have an activities person but we really need one." A third member of staff said, "We haven't got time to do activities, [Registered manager] will tell us to do activities. We haven't got time to do activities and change people."

On the first day of our inspection we observed people listening to music in the lounge and a member of staff dancing with one person. On the second day of the inspection, we observed people decorating cupcakes. We spoke with staff and people during the activity. They told us they enjoyed these times but said an activities co-ordinator would ensure this happened more frequently.

The service had a complaints policy and procedure which was displayed in the service. People and their relatives knew how to complain if they needed to. One person told us they had needed to make a complaint to manager and "It was sorted out." One relative told they had recently made a complaint. They said, "went to see the manager, things got done." Another relative told us they had spoken to the registered manager about a concern and this had been addressed and resolved to their satisfaction. The registered manager and staff were able to explain how they would deal with a complaint. Records showed complaints received had been responded to and resolved in line with the providers' complaints procedure.

Is the service well-led?

Our findings

We found the service was not always well led. We found some people's care records were not always up to date. For example, care plans were not reviewed monthly by their keyworker, pre-admission assessments did not always include information relating to people's background, consent forms were not always signed and dated and behaviour management plans were not evident in some care files. Applications for Deprivation of Liberty Safeguards although completed were not always included in people care files. This was not identified during audits carried out by the management team.

Quality monitoring systems were in place however, they had not identified the other issues we had identified during our inspection such as poor medicines management. This meant people were not protected against the risk of inappropriate or unsafe care and treatment by regular monitoring of the quality of the service provided. The registered manager and deputy manager were responsible for completing audits. We looked at records of weekly and monthly audits carried out. These included care planning, risk assessment, allergy audits, infection control, falls monitoring and medicines management. The service had an action plan which was on-going. Although this showed the service had identified some of our concerns not all had been addressed at the time of our inspection. The above findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Meetings for people using the service and their relatives took place to improve the quality of the service or to address concerns. We looked at records of residents meetings which included discussions about activities and food at the service. Relatives told us meetings took place every three to four months and were facilitated by the registered manager. One relative said, "I go to the meetings, they are very useful."

The management team and staff told us and records showed monthly team meetings had taken place on each floor. Staff said they found the meetings useful and were kept up to date with changes to work practice and people's needs.

People and their relatives told us they found the registered manager and deputy manager approachable. One person said, "This man here [deputy manager] is a wonderful man. He helps me a lot." One relative told us, "She [registered manager] is a wonderful person. Easy to talk to." Another relative said, "I've got a good relationship with [registered manager] and all the staff. I can talk to them." We observed people using the service chatting with the management team during our inspection and seemed happy to see them.

Staff we spoke with had mixed views about the leadership of the service. We found that some staff had a better relationship with the management team than others. Some staff said they were very happy with their role and the interaction with the management team was good. However, other staff did not share this view. One staff member said, "She [registered manager] doesn't support us." When asked if they would go to the manager about any concerns another staff member replied, "I'd rather not." A third staff member said, "She [registered manager] is alright. Not really an open door." Staff told us that when they raised concerns with the manager they did get a response to their concern but they said there was a lot of change needed. One staff member said, "The manager would then send a memo around, may be there would be an

improvement for a couple of weeks, before things start slipping again." Another member of staff said, "I can raise things with them [management team] and the nurses on our floor are really conscientious and helpful."

Some staff were concerned about the culture in the service. While staff said they enjoyed working with people using the service they told us about difficult relationships between some staff and said some did not work as a team and they felt the management team did not understand or address this. One staff member said it was difficult because the management team were, "Putting people who do not get on, on the same shift."

One staff member said, "We are lucky, on our floor we are fine, we all work together but I could not say the same about the other two floors." Another member of staff said, "We should all be in it together." In contrast a third member of staff said, "I really enjoy it here the teams really good. I really like it on this floor, everyone is conscientious."

The registered manager and deputy manager told us there had been a lot of staff changes at the service over the last year and this had affected staff morale. The management team said they felt well supported by senior managers and were able to contact them easily for guidance or support.

The service worked in partnership with other agencies and health professionals. One health professional told us they found the service "well run." The working relationship with the service was good and they were happy with processes in place to ensure effective communication of people's health needs. Another health professional said, "The manager has a very good understanding of dementia. There's good communication between us and they highlight any concerns."

During the inspection the registered manager was open about areas of improvement. All staff we spoke with were helpful, co-operative and open.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not carry out collaboratively with the person, an assessment of the needs and preferences for care and treatment of the service user. 9(1)(3)(a)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not properly managed in line with policies and procedures of current legislation and guidance to address supply and ordering, administering and recording 12(1)(2)(g)</p> <p>The provide did not assess the risks to the health and safety of service users receiving safe care and treatment. 12(2)(a)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements. 17(1)</p> <p>The provider did not maintain accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation</p> |

to the care and treatment provided. 17 (2)(c)

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 | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet peoples care and treatment needs. 18(1)</p> <p>The provider did not ensure staff received appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform. 18 (2)(a)</p> |

The enforcement action we took:

Warning notice