Goldenpride Limited

Chestnut Court Care Home

Inspection report

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New Milton
Hampshire
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12 June 2017

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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 inspection took place on the 08 and 12 June 2017 and was unannounced. Chestnut Court Care Home provides accommodation and support for up to 25 older people including people living with dementia. At the time of our inspection there were 20 people living at the home.

At the last inspection in June 2015, the service was rated Good overall. At this inspection we found that they remained good.

The home had a registered manager who has been registered since January 2017. 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.

People felt safe living at Chestnut Court Care Home and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Chestnut Court Care Home to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew

what was important to people and encouraged them to be as independent as possible.

The registered manager maintained a high level of communication with people through a range of newsletters and meetings. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

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 remains good.	**Good**
Is the service effective? The service had made improvements and was now rated as 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**

Chestnut Court 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 08 and 12 June 2017 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 kind of service.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the home and two family members. We also spoke with the registered manager, the deputy manager, quality assurance manager, chef, activity coordinator and four care staff. We also spoke with a health professional who was visiting the home.

We looked at care plans and associated records for five people, staff duty records, four recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas.

Good

Is the service safe?

Our findings

People and their families told us they felt safe living at the home. One person told us, "I feel very safe here, with my alarm sensor mat in place at night". A family member said, "The safety here is fantastic, [resident's name] has only had one fall in two months, at home he fell over all the time. He looks really well. At home, he was always complaining about aches and pains. He also got a lot of urinary infections. All of this has stopped since he has been here".

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "Safeguarding, I would report it straight away and monitor it". The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. People benefited from staff that understood and were confident about using the whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to an external organisation. One staff member said,
"Whistleblowing I'm happy to take further if I needed to".

There were sufficient staff to meet people's care needs. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. Absence and sickness were covered by permanent staff working additional hours or the use of regular agency staff. This meant people were cared for by staff who knew them and understood their needs. The registered manager told us, "We are using regular agency staff from the same agency to cover calls. We have five spare beds at the moment we are not filling till permanent staff are in place".

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. These measures helped to ensure that only suitable staff were employed to support people who used the service.

People were supported to receive their medicines safely. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Medicines and MAR charts were accessed electronically on a computerised system which meant any

changes to medicines were updated immediately and staff had all the latest information. People's medicines had to be scanned before they could be administered which helped ensure medicines were for the right people and informed staff which medicines were available for people. If medicines were not due staff would not be able to administer, which helped ensure there were sufficient gaps between peoples medicines. This meant that the risk of errors occurring was reduced.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and people were supported in accordance with their risk management plans. For example, for one person's records showed that they were living with diabetes. Their risk assessment provided staff with information on what action to take should the person present with symptoms of illness in relation to their diabetes. Another person was at risk of slipping out of the chair. Staff were reminded of the important of asking the person to ensure that before they sat down they had the backs of their legs touching the chair. A staff member told us, "Risk assessments are all on the computer, it was daunting at first. Now it's good as they are easy to access and easy to manage. As we review them each month, we add more as things change".

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place with a local care home in case people had to leave the building in an emergency.

Good

Is the service effective?

Our findings

People and their families praised the quality of the food and said they had choice at meal times. One person told us, "There are always two things to choose from if you don't want them you can have omelettes or jacket potatoes". A family member said, "[person's name] enjoys his food."

Improvements had been made to ensure that people at nutritional risk were effectively supported. Staff were aware of the risks of malnutrition and dehydration and these were effectively managed. People's weights were monitored regularly and records showed that professional advice was sought promptly in the event of sudden or unexplained weight loss.

Staff were all aware of people's dietary needs and preferences and people's needs and preferences were clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks. There was a choice of two hot meals at lunch time and a choice of two different puddings. If people did not want the choice on the menu they could chose an alternative. Staff walked round the home in the morning and spoke to people about what was on the menu that day. The chef was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food.

Staff were attentive to people, offering them additional portions and encouragement to eat. People on specialist diets were identified. The chef told us, "Two people are on puree food and I always puree each food separately so it looks colourful and looks like a meal". They also told us how they are aware of people's food preferences and said, "I have a comment book and I go round and ask people if they liked lunch and any comments they make, for example, too much or about the vegetable I write it down so I know for next time."

The Registered Manager said, "Residents can have breakfast whenever they want depending upon how they slept and felt. Residents who ate a late breakfast were not expected to eat such a large diner". This demonstrated that residents could choose when they got up and when they ate breakfast and that daily nutrition was monitored.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff praised the range of training and told us they were supported to complete any additional training they requested. One staff member said, "Training is in house and in my last moving and handling training, I was taught some different ways which was useful". Another staff member said, "You can request any training in your one to one. I asked to do end of life training and I have now been put on it".

New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "Induction was good I had three weeks of shadowing which

was good as you got to know people. All the staff have been very welcoming and friendly and made me feel part of a team since day one". The registered manager said, "In staff induction we go through what's expected of them and the values and vision of the service and always evaluate with staff to see if we can improve it in any way."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff had annual appraisals, which linked in with supervisions. One staff member told us, "I had my appraisal which went okay. I had to fill in a self-assessment beforehand which was five to six pages long".

Improvements had been made which ensured that where people lacked capacity to consent to aspects of their care that this had been assessed and documented. Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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's care plans showed, where necessary, people's capacity to make specific decisions had been assessed and recorded. Staff knew how the principles of the MCA applied in the home and what to do if they were concerned about a person's ability to make decisions.

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. People's consent to care and treatment was sought in line with legislation.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met. Relevant applications for a DoLS had been submitted by the home and had either been authorised or were waiting to be assessed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People had access to health and social care professionals. We spoke to a health professional who regularly visited the home. They told us, "People are very relaxed when I come here, people seem peaceful and happy. It's really nice here". Records showed people were seen regularly by GPs, social workers, opticians and district nurses. People's general health was monitored and they were referred to doctors and other healthcare professionals when required.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "I like it here [at the home]". When we asked what was the best thing about living at the home, they said, "The banter with the staff". Throughout the day, it was obvious that the staff had a good relationship with all the people living at the home. A family member told us, "The staff are extremely kind and welcoming". One staff member told us, "I absolutely love my job." Staff spoke with people in a friendly manner and we heard laughter as people and staff shared humour and jokes. We heard staff engaging with people as they walked around the home, offering the people encouragement throughout and giving guidance where necessary.

Staff told us that privacy and dignity was adhered to and we observed care was offered discretely in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care was provided in their own rooms. One staff member told us, "Privacy and dignity try to respect things the way people want things done and how they want". Another staff member said, "I knock before I go in, it's important to ask permission and to close windows and doors and work at their pace". The registered manager told us, "Dignity and respect are covered in supervision and by my daily walkabout the home. Staff also sign up to the dignity code as well".

Staff understood the importance of promoting and maintaining people's independence. A staff member told us, "I see what they can do for themselves and if appropriate get them to do as much as they can." Peoples care plans had details of how to support people to do things as independently as possible. People who required prompting to use mobility aids, were prompted to be as independent as possible, and staff stayed with them and prompted safe use without over supporting and taking away people's independence.

People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. A family member told us, "I did fill in a very comprehensive form before [person's name] arrived here, it had details about his past, work, children, and was quite detailed". Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. For one person their care plan stated that they like to join in any musical activity, and we saw this taking place and the person was happy singing along to music being played in the lounge.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured confidential information could not be overheard.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. One family member told us, "How they make him get in the shower amazes me". We spoke to the Registered Manager, about how staff were achieving this; they explained that they were ensuring a flexible approach, "We are asking him at different times of the day, in different ways, using different people".

Care plans provided information about how people wished to receive care and support. Care plans were on a computerised system and staff had laptops around the home to enable them to read and update records. The information was secure and only able to be accessed by staff.

Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. The communication care plan for one person stated they were partially deaf in their left ear, and advised staff to communicate by speaking to them in their right ear. For another person they had a tendency to wake during the night and had difficulty sleeping. Their care plan stated that if they awoke during the night a dressing gown was kept near their room for staff to put on before going in and offer a hot drink to orientate them into bedtime routine.

Staff told us they reviewed care plans with people monthly. Records of care confirmed that people received appropriate care and staff responded effectively when their needs changed. People or their relatives had signed care plans demonstrating they had been involved in identifying how their needs would be met. One staff member told us, "We review all risk assessments and care plans monthly. Residents and their families are involved in care plan reviews. We sit with them and talk about their interests and what they like to do."

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to undertake. One person told us, "We had a 'zoo day' here with goats, rabbits, guinea pigs and other small animals". The activities coordinator said, "The 'Zoo day' went well and we are organising another in September". Around the home there was evidence of a dog having visited. One person's room had a dog bowl in it, they told us, she had been visited by the 'pat dog' earlier that morning. Other residents told us they had petted a dog and a cat at the care home.

Organised activities were held in the morning and afternoon. These included card games, bingo, cookery, live music, reminiscence and manicures. When we visited the home, music was playing in the main lounge which people were clearly enjoying as some people were singing along to the various tracks. There were good links with the local community. Some people accessed local shops and were involved in local churches. On the day of our inspection it was a general election and the activities coordinator had taken some people to the polling station to cast their vote. Others were able to cast their vote by post or telephone. This demonstrated that the home supported people to maintain their right to vote and participate fully in the community.

We spoke to the activities coordinator who told us, that each day she tried to see as many people, who

stayed in their rooms, as she could. As an example, they said, "I saw [person's name] and went through his picture box with him, this took a long time. I see [person's name] every day because she only likes short visits, so I stay maybe ten, maybe fifteen minutes. I take a resident into town every week. On the way back we stop in the park because she is tired. We sit on a bench and chat for about twenty minutes." The registered manager told us about a recent mad hatter's tea party the home had held. They said, "Residents made hats and lots of people attended and we raised money for red nose day."

Residents meetings' were held regularly and people's families were also invited to attend. A staff member told us, "We hold resident and relative meetings. When the last one was scheduled only one resident and their daughter came. So we are looking at making it information based with talks and information to make it more appealing so people will attend more." The registered manager also sought feedback through the use of an annual quality assurance questionnaire which was sent to people living at the home and their relatives. . The feedback from the latest quality assurance survey, showed people were happy living at the home and the responses were positive about the care and support they received. Feedback from relatives showed, 100% of relatives were satisfied they were being treated with dignity and respect. Concerns were raised about missing laundry and the registered manager told us they were dealing with this and addressing people's concerns.

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. One person had made a complaint about a staff member from the agency who was caring for them. Their family member said, "I was surprised that the manager took the allegations so seriously and took immediate action". The Agency staff member was asked not to return. Both the registered manager and the manager of the agency apologised to the person and their family. Another family member told us she felt, "Happy to complain to the manager, if there was a need".

Good

Is the service well-led?

Our findings

People felt the home was well led. One person told us, "[registered manager's name] should take more time off". A health professional said, "The manager is very approachable and friendly and is making the home more homely which I prefer." We spoke to a member of staff employed from the agency who told us, "I always come back here; this is one of my favourite homes". Another agency worker said, "I enjoy working here its homely and I get on well with staff and residents. I know residents really well." They also told us, "I do feel part of the team I have been coming on and off for about three years now and the management are great."

Staff were positive about the support they received from the registered manager and management within the home. One staff member told us, "Managers are really supportive to me, I can't thank them enough." Another staff member said, "Doors are always open for staff." Other comments included, "I am happy working here I'm confident I made the right decision." As well as, "No problem with management always very supportive and have an open door where you can discuss any concerns."

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. One staff member told us the staff meetings, "Last about an hour and go really well. We talk about any problems or concerns about residents." Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. Staff were issued with a handbook which informed staff about the values of the company and mission statement. The handbook also included details of the MCA and important telephone numbers on safeguarding as well as staff benefits of working for the company.

A quarterly newsletter was sent to all staff to update them on staffing issues, training and any updates to the service. A newsletter in December 2016 showed updates on recruitment and upcoming events as well as the 'carer of the month' who won a paid day off as a reward for their hard work. 'Carer of the month' is where staff vote each month for a staff member they believed had gone above and beyond and the reasons why they should receive the award. Latest policies and procedures were also attached to staff newsletters to keep staff informed of the latest practice and guidance.

A quarterly newsletter was also sent out to people's families and copies were available in the home. A newsletter in January reminded people and their families that they could review the service on line with information on how to do this as well as upcoming events and staff information. A newsletter in April informed people and their families that the service had been recently awarded Bronze Investors in people for staff working at the home.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control, weight loss, pressure area and health and safety. The registered manager told us that in addition to the audits they walked round the home daily and carried out daily room checks and mattress checks.

In addition to the audits, a quality assurance manager visited the home once a month. They told us they looked at all aspects of care delivery which included direct observation.

There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The registered manager informed us they kept up to date by attending training as part of the company leadership training. They told us, "I definitely feel supported in my role I have just completed leadership training which was very aspiring." They also attended monthly meetings with other managers within the company to share best practice. They said, "I have lots of support from other managers and I have a mentor who is a very experienced registered manager from another home within the company. The owner also comes in once a month. I gets lots of support I'm very lucky." The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.