

Ms Doris Mary Kneen

Chestnut Grove Rest Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Chestnut Grove Rest Home is a residential care home which is registered to provide care and support to 12 older people. The detached home is situated in Lostock Hall.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection visit we found the service remained Outstanding.

People continued to receive personalised care which was responsive to individual need. Staff had an excellent understanding of people's individual needs and life history so care could be provided with support which was individual to them. Services were flexible and people could decide how and when their care was provided.

People, relatives and professionals all agreed the service continued to be exceptionally well managed. Everyone praised the skills of the management team and their ability to provide an exceptional service. Governance was embedded within the service and was based upon good practice guidance.

People, relatives and health professionals told us the care provided was effective and people experienced positive outcomes whilst living at Chestnut Grove Rest Home. Professionals told us they considered the home one of the best in the area.

People continued to receive a highly effective service which was person-centred and put them at the heart of their care. People and relatives told us staff were empathetic and motivated to provide compassionate care. There was a continued emphasis on privacy, dignity and human rights. Relatives praised end of life care provision at the home.

The registered provider was extremely responsive in seeking feedback from people and relatives to ensure people were happy with the service provided.

Links within the local community continued to be a priority. Excellent links had been forged with the local hospice which provided training and support to both staff and people who lived at the home. The home had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged.

People who lived at the home and relatives repeatedly praised the quality and choices of food provided. Healthy eating was promoted.

The registered provider understood the importance of providing holistic health care. People had been

supported to effectively manage negative life experiences which had impacted upon their well-being.

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. Consent to care and treatment was actively sought.

Staff turnover was low. Staff at the home said they experienced high levels of job satisfaction and good team morale. They said that as a result staff often went the extra mile.

People and relatives praised the way in which safety and risk was managed within the home. We were repeatedly told by relatives and professionals that people remained safe whilst living at the home.

Systems, processes and practices were embedded to safeguard people from abuse and risk of harm. Good practice guidance had been followed to keep people safe. Staffing levels were continuously reviewed to ensure there were enough staff on duty to provide flexible care.

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?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains outstanding.

Is the service responsive?

Outstanding ☆

The service remains outstanding.

Is the service well-led?

Outstanding ☆

The service remains outstanding.

Chestnut Grove Rest 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.

Chestnut Grove Rest Home is situated in Longton. The service provides accommodation and personal care for up to 12 older people. The home has communal facilities and a secure outside garden.

Before the inspection took place, we spoke with the local authority contracts teams, and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We received no information of concern.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

As part of the inspection process we reviewed information held upon our database regarding the service. This included notifications submitted by the registered provider relating to incidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

This comprehensive inspection took place 15 and 25 October 2018. The first day of the inspection was unannounced.

The inspection was carried out by one inspector. The inspector was supported by an expert-by-experience on the first day of the inspection visit. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people.

We spoke with five people who lived at the home, six relatives, two visitors and two health care professionals to seek their views on how the service was managed.

We also spoke with the registered manager, the deputy manager, the maintenance person, the activities coordinator and three members of staff who were responsible for providing care and support to people who lived at the home.

To gather information, we looked at a variety of records. This included care plan records relating to three people who lived at the home and recruitment records of four staff members. We also looked at other information related to the management of the service. This included health and safety certification, policies and procedures, accidents and incidents records and maintenance schedules.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People and relatives told us safety continued to be a priority at Chestnut Grove Rest Home. Feedback included, "There is nothing to worry about here. I know [family member] is safe here." And, "I have no concerns about health and safety or safeguarding at this home. I have knowledge about this and would know if something is amiss."

We found systems and processes were in place to safeguard people from abuse. The registered provider had a safeguarding policy which reflected local authority guidance. Staff could explain reporting procedures and told us they would not be afraid to challenge poor practice. One staff member said, "I would go straight to my manager."

Systems were in place to manage risk and ensure people's safety. Risk assessments viewed were person centred and individualised for each person who lived at the home. We observed staff practice and saw that staff routinely monitored risk. This was done in a subtle and discreet manner to protect dignity.

Concerns regarding individual's safety had been discussed with appropriate professionals to ensure risk was suitably managed. Professionals we spoke with commended how risk was managed and addressed at the home. We saw accidents and incidents were documented and reviewed by the management team to ensure lessons could be learned and risk assessments amended to promote safety.

We found suitable recruitment checks were in place. The registered provider carried out pre-employment checks on each applicant to ensure they were suitable for working with vulnerable groups.

The registered manager monitored and assessed staffing levels to ensure sufficient staff were available. People and relatives praised the staffing levels. One person said, "There's always staff around if you need help." A relative told us, "There's always somebody on hand all the time, the residents aren't left on their own at all." Staff told us staffing levels were flexible according to people's needs. They said extra staff could be called upon when required and said the management team would provide support if required. No agency was used at the home. This meant people were supported by familiar staff who knew people's needs.

Medicines were administered in line with good practice guidance. Since the last inspection, the registered provider had identified and implemented a new medication system to improve the way in which medicines were administered. One staff member said, "The new system has made a great difference. It's almost fool-proof." Staff had been provided with training from the pharmacy to use the new system and were also required to undertake regular competency checks to ensure they were following the good practice guidance. We reviewed medicines administration records, (MAR) to ensure people were receiving the right medicines at the right time. We noted no concerns. This indicated medicines were being administered as directed. When people required 'as and when required' medicines there was clear direction for staff to follow.

We looked around the home and found it was clean, tidy and well maintained. People, relatives and visitors

all told us they were happy with the standard of cleanliness. One visitor said, "It always looks nice and clean and it doesn't smell. It's like coming into a B&B." All staff employed held joint responsibility for ensuring the home was appropriately cleaned and had received training to ensure infection prevention and control techniques were followed. The registered manager oversaw hygiene standards at the home, regularly carrying out audits of cleanliness.

Is the service effective?

Our findings

People and relatives told us they received effective care which contributed to positive outcomes and exceptional results. One relative told us, "My [relative] has come on since coming here. They are doing well."

Relatives praised the way in which people's health care needs were addressed and managed at the home. One relative told us staff had a good understanding of their relative and could pre-empt when they were ill. They said this allowed staff to respond proactively and sensitively to meet their family members health needs. Relatives told us health professionals were consulted with in a timely manner if their family members health needs changed.

Both health professionals we spoke with commended the way in which the service met the health needs of people living at the home. We were told the service provided was of excellent quality and was described as one of the best homes in the area. One health professional told us the provider worked effectively in partnership with the medical centre. This helped maintain people's health and well-being to enable people to be treated in the home and to prevent hospital admissions. Another health professional praised the competence of staff and their ability to address and manage people's health needs.

Good practice guidance was considered when meeting the health needs of people. For example, we saw reference to good practice guidance in relation to management of pressure ulcers. We spoke with one relative whose family member required support to maintain their skin condition. The family member told us staff worked hard and successfully to ensure their relatives skin was appropriately maintained.

Staff understood the importance of meeting people's holistic health care needs. One person who lived at the home told us they had been supported to manage a negative life event which had impacted upon their mental well-being. They told us the support they had received had enabled the person to consider leaving the home and living independently once more.

People were consulted with regard to their care and support. One person said, "You can be involved if you want to be." Relatives told us they were consulted with when appropriate. People told us they did not have formal reviews of care plans. We discussed this with the registered manager who told us care plans were monitored and updated as required. We saw this was the case.

People, relatives and professionals praised the skills and competency of staff working at the home. Staff were described as, "excellent," and "knowledgeable." The registered manager had continued to maintain links with the nearby hospice who liaised with the registered manager to identify and provide ongoing training for staff. Staff told us they received appropriate training and support to carry out their roles and were happy with this.

People were supported to have a healthy diet. We noted fresh fruit was available in communal areas for people to snack on. We discreetly observed people eating their lunch time meal. People commended the quality of food provided. One person said, "This is blooming lovely." Another person responded, "Amazing,

as always. Good enough to eat!" Meal times were flexible and people were consulted with about the variety of foods and timings of meals.

Care plans showed people's preferences and any associated risks related to eating and drinking. When people had specific dietary requirements, we saw records relating to these needs were up to date and concise. One person who lived at the home had a specific dietary need. We saw provision was made to ensure they received a nutritious meal which met their individual preferences. One relative praised the efforts made by staff to ensure people's individual preferences were considered and met. They said, "Anything she wanted they would go out of their way to buy and cook for her."

The registered provider was working within the principles of the Mental Capacity Act. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We discussed the principles of the MCA with the registered manager and staff. They could demonstrate a good understanding of the process. We saw evidence of process being followed when one person lacked capacity and had restrictions in place.

People and relatives told us the home was like a, "home from home." They said the design and adaption prevented it from having a sterile, institutional feel. One person said, "It's just like a little guest house." People said the welcoming feel contributed to people's well-being and comfort. We saw that people were encouraged to decorate their rooms according to their own taste. For example, one person had brought in furniture from their home. They said this enabled them to feel settled and comfortable and had contributed to a successful move. The registered provider employed a maintenance person. We saw the maintenance person supported people to keep their rooms homely and well maintained. For example, they had supported one person to put picture frames on their wall. In addition, they had consulted with people who lived at the home about proposed changes in the environment.

Is the service caring?

Our findings

People and relatives told us care and support continued to be outstanding. They repeatedly told us care continued to exceed expectations. "I would rate it the best possible for how people are treated. It is the best." Also, "They've always got a smile and nothing's too much trouble for them."

The service continued to have a strong person-centred culture. The registered manager said the home was built upon a philosophy of, "love and belonging". We observed interactions and we saw this was the case. We observed staff enquiring about people's welfare, offering comforts throughout the visit. One person told us, "Staff are kind, I feel I'm important, I feel I'm somebody who matters, it's a wonderful feeling."

People and relatives told us staff continued to go the extra mile to ensure people were happy and cared for. Staff were described as, "Extremely dedicated." And, "Absolutely first class." One relative told us, "We took [my relative] out for the day. When we returned they were warming [relatives] nightclothes and bed socks on the radiator ready for them." This demonstrated that staff valued and cared for the person. Additionally, staff were known to go into work on their days off to support people to do activities of their choosing. One person liked going shopping, staff would come in to enable the person to go out.

People told us staff continued to be sensitive, providing care and support when they were in need. One person who lived at the home told us they had been supported by staff with a bereavement. They said staff had supported them to discuss and deal with their grief and had enabled them to learn to deal with their grief in a positive manner. The person had been supported by staff to visit the garden of remembrance in the hospice grounds. They said, "I no longer carry the burden. I have left that in the hospice grounds."

Dignity continued to be at the heart of the service. The registered manager said because of cuts to funding people were no longer provided with specific personal care aids. They said people were now being prescribed pads which affected people's dignity and independence. The registered manager said if necessary, they personally bought pads for people at an extra cost to promote their dignity. They said, "Current austerity measures mean dignity is affected. I don't like seeing their dignity and independence being taken away from them."

We saw technology was considered and promoted to build people's independence. On the first day of the inspection we saw some information had been recorded on a display board to act as a visual prompt to a person who lived at the home. On the second day of our inspection visit we saw the registered manager had purchased an electronic virtual assistant device which was on display in the lounge. The registered manager said they had purchased this so the person could have some independence and could find out information themselves rather than having to rely on staff. We saw staff encouraging people to try to use the equipment to develop their skills and awareness.

Relatives told us people received exceptionally compassionate care from highly motivated staff. One person who lived at the home had been nursed in bed for a long amount of time. We spoke with the person's relative. They said, "I can't fault the care. My [relative] wouldn't be alive if they weren't being cared for here."

They always go out of their way to care for them." Additionally, another family had given some written feedback upon their experience of care provided. They said, 'We would like to thank you from the bottom of our hearts. The love and care you give is certainly outstanding.'

During the inspection visit we were made aware one person who lived at the home had a phobia about a specific household item. This had been developed due to negative experiences in their childhood. We saw the service had acted promptly removing this item and replacing it with an alternative item so the person was not reminded of their past and the associated negative experiences.

Relationships were fostered and developed with people's families. Relatives told us the home was welcoming and said they could visit at any time. They commended the way in which they were welcomed and made to feel at ease within the home. Staff supported people to maintain relationships with family members who could not visit. One relative told us they could not visit their family member on a frequent basis. They told us staff would encourage and support the person to have regular contact by telephone.

Care and respect for people continued after a person had passed away. When people had passed away, a photograph of the person was placed in the hallway. The registered manager said they did this to honour the person and their life.

The registered provider understood the importance of ensuring equality and diversity was embedded within the service. They said in the past they had supported several people to uphold their human rights in relation to their own self-identity. They said people were treated sensitively and with empathy to protect their preferred characteristics.

The registered provider was signed up to specific groups to promote and develop peoples' equality and diversity. In addition, the registered manager had a resource pack to use which supported staff to meet the needs of people with protected sexual characteristics. We spoke to staff about equality and diversity. One staff member said, "[People's beliefs and preferences] shouldn't make a difference to how they are treated. We are all people, all the same. "

The registered manager spoke passionately about having an inclusive community. They told us, "I won't see inequality in this home." The registered manager said the management team from Chestnut Grove Rest Home had been present at The Manchester Pride event that summer. They hoped their presence allowed people to see their home as inclusive to all.

Is the service responsive?

Our findings

People who lived at Chestnut Grove Care Home told us they continued to receive outstanding person-centred care. They repeatedly told us they had their own routines which were respected and followed by staff. Feedback included, "I can do what I like here." And, "They care for everyone individually." We observed staff providing support around people's wishes and needs. For example, one person had wanted to stay in their nightdress. Staff understood how important this was for the person.

All professionals and relatives we spoke with praised the way in which person-centred support was implemented throughout the service. They told us that due to low staff turnover at the home, staff continued to have outstanding skills and an excellent understanding of people. They said this enabled person-centred support to be delivered at all times. One relative told us there were specific times of the year when their family member was known to experience low mood. They praised the way in which staff prepared for this and provided additional support to the person at these times. They said, "I would say they are outstanding. They always keep an extra eye on [relative] at special anniversaries."

When asked, staff could talk in great description about people's needs and aspirations. We observed staff talking to a person about their life history. The person reacted positively and joined in the conversation enthusiastically.

Entertainment at the home was centred around people's needs and wishes. One person who lived at the home had a specific interest in football. The person told us it was an important factor in their life. The registered manager had therefore subscribed to a sports TV package so the person could watch their football team. The registered manager said because not all games were available on the one sports package they had also purchased an additional sports package so the person could watch all their teams' games.

The service continued to employ an activities coordinator to arrange activities within the home. The activities coordinator said activities were flexible and were provided according to people's needs and interests. They told us they regularly carried out quizzes, games, and armchair exercises. They said they had tried art and drumming, but these hadn't been successful. This demonstrated activities were flexible and tailored to people's needs.

People and relatives told us activities regularly took place. Feedback included, "I join in the activities, I never get bored." And, "I read the daily paper and books. I like word puzzles and art stuff. I join in the activities and I enjoy them, especially the quizzes."

During our inspection visit we observed activities taking place. We observed people taking part in quizzes and reminiscing. Activities were spontaneous and reflected the needs of people at that time. On the second day of our visit a nail technician was at the home offering people the opportunity to have a manicure. This was well received and people were proud of their nails when finished. The registered manager said this activity was offered to all people who lives at the home on a fortnightly basis. They said this opportunity to have their nails clean and tidy promoted people's dignity.

People were encouraged to be independent and be active members of their community. Throughout the inspection visit we saw people leaving the home to take part in activities of their own choosing. One person told us they liked to walk in the gardens of the hospice and visit their tea-room. Additionally, we saw the community was invited into the home. We saw evidence of people attending the home to meet people's religious and cultural needs.

We saw evidence of the service being a key role in the local community. One person who lived at the home had a specific interest in the armed forces and had requested poppies were available at the home for people to purchase. We saw this request was followed up and poppies were on sale. The registered manager told us they decorated the home and people's breakfast trays with poppies on Armistice Day, We also saw written documentation to confirm the service was going to donate to the charity on behalf of the home. Additionally, the home had also sponsored an animal charity and had supported their local hospice with fundraising events. People who lived at the home were actively encouraged to support these fundraising events.

Relatives, visitors and staff spoke excitedly of the arrangements made at Christmas time. They told us the registered manager went "all out" to make the festive occasion special for people. Relatives told us the registered manager purchased gifts for all the people who lived at the home and staff. One relative said, "[Registered Manager] gives them a proper Christmas, we have carols on Christmas day, she buys them all a sack full of Christmas presents each." Another relative told us the home provided an excellent Christmas dinner for residents and guests if they wished to join in. They told us, "Christmas dinner is everything, it's beautiful."

Activities and experiences within the home had been captured by photo. The home maintained photo albums showing people's experiences. We saw people laughing and beaming when taking part in activities. Many activities had taken place within the home. This had included celebrating the royal wedding and other events such as barbeques and other key events during the year. The registered provider encouraged community presence within the home welcoming visitors and family to attend events. Family members we spoke with repeatedly praised the efforts made by the registered manager to make the home a hub of activity. One relative said, "They go all out to welcome us in. They make sure the home is extra homely."

During the inspection we spoke with two visitors. The visitors told us they both had relatives who had historically been cared for at the home. Although their relatives were no longer cared for at the home they still visited the home to see the people who lived there. They said the registered provider had encouraged and developed relationships between family members as well as people who lived at the home. They told us links with the home continued even after people had left the home.

People at Chestnut Grove Care home were supported at the end of life to have a comfortable and dignified death. The registered manager spoke compassionately about support offered at the end of life. It was evident they understood the importance of providing high quality care at the end of people's lives.

Good practice guidance had been considered and implemented when people were requiring support at the end of their lives. For example, information regarding a best interest decision had been made for one person. We spoke with the person's relative about provisions in place. They told us they were assured their relative was getting the best care possible from a well-qualified staff team.

The registered manager had continued to maintain links with the local hospice to increase training and awareness of staff in the event of supporting people at the end of their life. The registered manager was a qualified nurse who kept their clinical skills up to date. Non-nursing skills and knowledge were transferred to

providing compassionate care for people at the home.

We spoke with a visitor at the home who had experienced end of life care and support provided to their relative within the home. They told us, "[Registered Manager] is an angel on Gods earth. I can't thank her enough for what she did for my [family member,] they looked after them beautifully to the end."

End of life care was included within people's plans of care and covered topics including pain management and cultural needs. Families told us when appropriate they had been involved in discussions. Staffing arrangements were flexible so that people who required additional care or comfort at the end of their life could be supported. Emotional support was provided to people who lived at the home, relatives and staff when they had experienced a bereavement.

People told us they were offered opportunity to be involved in planning their own care. One person said, "You can be involved in planning your own care if you want to." Relatives also confirmed they were consulted with when appropriate and praised the way in which they were included in the care planning process. One relative told us, "I've spoken about the care plan recently. I asked them to put something on and it was added."

Areas for improvement were actively sought. During the inspection process two people made suggestions as to how their care could be improved. The registered manager acted immediately to consult with these two people to ensure their thoughts and wishes could be acted upon.

The registered manager told us they had not received one formal complaint since they had taken over the home. They said they were committed to speaking with people about their experiences and dealing with any concerns before they became a complaint. People who lived at the home were aware of their right to complain and who to complain to. At the time of the inspection visit no one had any formal complaints. One relative told us, "I have never had to make any complaints, I know [family member] is well cared for."

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. Providers of NHS and publicly funded care are legally required to ensure people with a disability or sensory loss can access and understand information they are given. We saw some information was offered in easy read templates and we were informed the home has access to talking books and newspapers for people with a sensory impairment.

Is the service well-led?

Our findings

People who lived at the home and relatives told us Chestnut Grove Rest Home continued to be an exceptionally well-led service. Feedback included, "The service is excellent." And, "It's outstanding. I just can't praise it enough." Also, "The service is exceptional. This home is a little gem."

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

The management and staff who worked at the home continued to have a good understanding of the importance of person centred care and how this impacted upon the happiness of people. We saw that person-centred care was placed at the heart of all interactions. This had enabled the positive and vibrant atmosphere within the home to develop and continue.

Staff told us they continued to be supported by an approachable and caring manager. One staff member said, "[Registered manager] invests a lot in staff. The things she does goes above and beyond. She makes us feel valued." Staff repeatedly told us teamwork at the home was good and morale was high. One staff member said, "We all bounce off each other."

At the time of the inspection visit, the home was in the process of completing an external accreditation process. The registered manager said they had completed the initial assessment and were working to maintain 'silver status.' This meant the home had been judged by the external assessor as working above the expected level to ensure the service was well managed by a professional workforce.

We saw there was a shared responsibility within the staff team for ensuring care provided was safe and of exceptional high quality. Relatives and professionals told us the small team and 'whole home' approach to providing care enabled positive outcomes for people. We were repeatedly told by professionals and relatives all staff were knowledgeable and could be approached for any matter.

People and relatives were actively consulted with. We saw people had been consulted with about food, their care and entertainment within the home.

The registered manager continued to understand the importance of partnership working. They continued to maintain links with other providers including health professionals, community groups and key stakeholders to develop and improve the service. We saw the registered manager had identified areas for development and had sought assistance from a third party to ensure they were compliant with new laws and regulation.

Oversight at the home continued to be good. The registered manager worked within the home and provided hands on care to ensure care and support was appropriate to people's needs. Additionally, audits continued to be effective to ensure high quality care was provided. We saw a range of audits were carried out by the management team. These included cleaning audits, care plan audits and falls audits. We saw action had

been taken to ensure lessons were learned after incidents had taken place.

The registered manager continued to understand their roles and responsibilities. We saw statutory notifications were submitted in a timely manner and the home had its rating certificate on display at the home.