

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Chestnuts Nursing and Residential Care Home

72 Church Road, Altofts, Normanton, WF6 2QG

Tel: 01924220019

Date of Inspection: 09 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Respecting and involving people who use services | ✓ Met this standard |
| Care and welfare of people who use services | ✗ Action needed |
| Safety and suitability of premises | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |
| Records | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Bond Care Limited |
| Registered Manager | Mrs. Anne Bradley |
| Overview of the service | <p>The Chestnuts provides personal and nursing care for up to 41 older people. It has its own grounds and is situated in a residential part of Altofts, between Wakefield and Castleford. The Chestnuts is owned by Bond Care Limited.</p> <p>There is a passenger lift between floors to assist people who have mobility difficulties. Bedrooms provide single accommodation and there are assisted baths with hoists for those who require it. There is at least one qualified nurse on duty at all times.</p> |
| Type of service | Care home service with nursing |
| Regulated activities | <p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p> |

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

We saw people were mostly happy and well cared for in safe premises. People told us they enjoyed living at the home. They said "it's grand". People made choices in their daily lives, such as what they wore, when they got up and what they wanted to eat. People said "the food is delicious" and they chose their own food at mealtimes. We spoke with staff who told us that they knew people's personal preferences. People said staff respected their privacy and dignity. We saw staff that staff attended to people's personal care discretely, they knocked on people's bedroom doors before going in. People attended residents' meetings and gave their views about the service.

People told us they had enough to do. We spoke with the activities co-ordinator who told us that people's personal interests are taken into account when arranging activities. One person said they were looking forward to the singer, who came during the inspection. We noticed the televisions were playing and nobody was watching them. One person told us they did not like the televisions on so much. We saw that on occasion, people had to wait too long in wheelchairs to be appropriately seated, such as for their lunch and to watch the entertainment. We also saw that care records did not sufficiently reflect people's lived experiences or needs and preferences.

We saw that appropriate records were kept to ensure safe running of the home and systems were in place to check the quality of the service.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 07 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care. We observed staff were confident in attending to people's needs overall. We saw staff engaged in conversation with people and they addressed people in a clear and appropriate manner. Staff had positive relationships with people and engaged in good hearted banter. People told us that they liked the staff and the care. One person said "they are so good to me and they are kind". One person said "it's grand". The provider may wish to note that on occasion we saw lack of person-centred practice. For example, we noticed that staff had conversations about people rather than speaking with them and that some terminology used by staff was not appropriate. For example, staff referred to tasks as 'feeds' and 'toileting' and people's finances as 'pocket money'.

People were appropriately dressed and some of the women chose to wear make-up and jewellery. People told us that they chose their own personal routine and could get up and go to bed when they liked. People said they could choose the food they wanted to eat and they had drinks when they liked. People said "the food is delicious". We spoke with the catering staff who told us that people's choice was very important. They said that they talked to people about their favourite food so this was included in their choices. The provider may wish to note that people said there was no menu on show for them to know what was for lunch.

People told us how they had birthday parties and that their families were invited along to celebrate. The manager told us that every person's birthday was acknowledged and staff made special occasions of these days. We saw photographs of some recent birthday celebrations.

We saw that staff respected the privacy of people and they knocked on their doors before going into their rooms. Staff were discrete when delivering personal care so as to promote people's dignity.

The manager told us that there were meetings for people who lived there to express their views and be involved in making decisions. People told us they were consulted about their

individual care. We spoke with staff who said they involved people in discussions about their care and respected their decisions. For example, one person preferred to spend most of their time in their room and preferred their own space.

People told us there was enough for them to do. One person said "I like reading and doing crosswords". Another person said they like to go to church on Sundays with their relatives. We spoke with the activities co-ordinator, who was employed to arrange events for people to enjoy. She told us that people had choices of activities and she tried to match people's interests to events. Other activities included movement to music, nail care and bingo. On the day of our visit there was a singer, entertaining people. We spoke with care staff who said they did not think people got out and about much, such as on trips, although no-one has asked to.

We spoke with relatives who described the staff as "very nice and helpful". They said they had "not a bad word about them". They said that their family member was treated with respect and dignity and their independence was maintained.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People's needs were not assessed and care was not planned and delivered in line with their individual care plan.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the care records for four people. Information was filed in an orderly way with clearly indexed pages. However, we noticed that information in the care records did not adequately consider all aspects of people's individual circumstances or reflect their changing needs. For example, one person was without their hearing-aid because this was being repaired, but there was nothing in their care records to show what was being done about this to meet the person's needs. Another person, who was unable to communicate verbally, showed signs of being distressed and agitated at lunchtime. Staff arranged for them to have their lunch by themselves in another room. We checked the care records which showed that the person enjoyed the company of staff and other people. This person's experiences were not in keeping with their care records and did not illustrate a person-centred approach to their care.

At times, we saw that some people had to wait a long time before being attended to. For example, one person sat in the hallway in a wheelchair for ten minutes before being taken into the dining room for lunch. We saw other people wait up to half an hour in the dining room before their meal. People we spoke with said they had been waiting for too long in the dining room. One person was assisted into a wheelchair to go to watch the entertainment in the afternoon but was then left waiting for ten minutes without being given any explanation. This meant that people's needs and rights were not fully protected. We spoke with the manager who explained that there are a lot of people who need assistance and so getting everyone seated for lunch or entertainment can take a long time.

We saw that whilst the activities coordinator helped people to make some choices about their daytime activities, the televisions were constantly playing and nobody was watching them. People were unable to watch their choice of programme. For example, one person said that they enjoyed watching sport but this was not seen to be showing on the television. One person told us that the television is positioned next to their chair so they cannot see it and another said they did not like the television on.

We spoke with staff and found that they knew people's individual personalities and

preferences. Staff said they knew each person very well and were aware when there were changes to their health or wellbeing. Staff were clear about what to do and who they would inform if such changes gave rise to concerns. Staff said that they sometimes shared people's care plans with them and people we spoke with confirmed this.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The manager gave us a tour of the premises and we found them to be suitable, safe and accessible. People were protected from potential hazards because adequate risk assessments were carried out and reviewed. As well as care staff, the provider employed additional staff to help to maintain the premises. Staff explained that if they identified any problems they noted this on a maintenance worksheet and the work was completed without delay. We looked at this record and it showed the home had briefly lost hot water and this had been addressed the same day.

We looked at maintenance records which showed that people are protected by regular safety checks of gas and electricity. We spoke with staff who were confident about what to do in an emergency. Staff had access to a contact list for any emergencies that may occur out of hours. Staff had up to date fire training and the maintenance manager confirmed that fire alarms and equipment were tested and exits kept clear.

We saw that many people were able to move around and be independent in their daily living. For those with limited mobility, call alarm systems were accessible. People were able to personalise their own rooms with items of choice, such as their photographs and furniture. Private areas for families to spend together were available. People told us they could access the garden areas and we saw that these were well maintained.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to assess and monitor the quality of service that people receive and to identify, assess and manage risks to the health, safety and welfare of people who use the service.

Reasons for our judgement

We spoke with the manager who told us that there had been improvements made to ensure compliance in the quality of service provision since the last inspection. We saw documented evidence that there were systems in place, such as weekly health and safety audits, risk assessments, equipment checks and infection control audits. The manager told us that she reviews records and carries out a monthly accident analysis to establish and monitor the causes.

The manager told us that there were no deputy arrangements in place but that she tried to be present or contactable at all times. Staff told us that there was always a senior member of staff on duty, a nurse or the manager to discuss issues and report incidents to. Staff were clear that in the absence of the manager they would refer to the nurse on duty. Staff told us that there were some staff meetings held, but these were not frequent. We spoke with the nurse who was responsible for the staff rotas and she told us how she matched people's abilities with the work to be done. The provider may wish to note that whilst staff were involved with people's care overall, on occasion we saw the deployment was not effective. For example, there were five staff gathered watching the singer with the people in the dining room.

The manager told us that she had begun to audit care plans. She said she had audited three plans so far and this work was ongoing. We saw evidence of audits in relation to mattresses, pressure cushion decontamination and first aid equipment.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We spoke with the manager and she told us where to find relevant documentation. We saw that this was filed securely, with regard to people's confidential and sensitive information. The cupboard containing care records was locked and all other documentation was securely stored in the office and the nurses' room. We spoke with staff who said that they understood records must be kept confidential.

We asked the manager what had been done in response to concerns raised at the last inspection about the recording of money used by people. The manager told us that this had been addressed. She said that in addition to people's personal money, there was an amount that could be accessed if they spent more than they had available. The manager showed us a file used to document expenditure and she said there was now a clear audit trail of monies.

We saw care records and saw that information was indexed and orderly, Accident and incident records were in place as were documents to support the management of the premises. We looked at the complaints record and noticed that no complaints had been recorded. We spoke with the manager, who told us that there have been no complaints, but said she would record them should they arise.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services |
| | How the regulation was not being met: People's needs were not adequately assessed and care was not planned and delivered in line with their individual care plan. Care plans lacked necessary detail to show how individual needs were being met. |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 07 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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