

## The Orders Of St. John Care Trust

# OSJCT Chestnut Court

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

OSJCT Chestnut Court is a residential and nursing care home registered to provide nursing and personal care to 80 older people and people living with dementia. One of the four households of OSJCT Chestnut Court had become a dedicated assessment unit, supporting the local clinical commissioning groups winter pressure / COVID-19 initiatives. This household had only been active for three days. At the time of our inspection 57 people were living at OSJCT Chestnut Court or receiving respite care. Three people were being supported on the assessment unit.

People's experience of using this service and what we found.

The service had clear infection control processes in place and looked clean. Staff were wearing appropriate PPE and following recognised guidance. People and their relatives were kept informed of any changes and spoke positively of the communication they had received from staff during the Covid-19 pandemic.

The service had adopted a whole home approach to activities and engagement. Activity and care staff spoke positively about the engagement they provided people and that people now benefitted from access to more activities which promoted people's wellbeing.

People were supported with a range of activities which were tailored to their individual needs and preferences. The service had outdoor areas which provided green spaces, in which people could take part in gardening activities.

The activity staff, care staff and domestic staff had kept records of the support people had been provided with to support their wellbeing. Changes in people's abilities and needs had been identified and appropriate care and support provided.

Staff spoke positively about the consistent leadership provided in the home and how they now felt supported and valued. This was also reflected in feedback the service had received from people and their relatives. This consistency had led to improvements within the home, which were having a positive impact on the caring culture of the staff team.

The registered manager, deputy manager and provider had implemented robust governance systems to monitor the quality of care people received. There were systems in place focusing on the clinical care needs of people, including tissue viability, falls and weights to ensure people's health needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was Requires Improvement (report published 28 November 2019) and we identified two breaches of the regulations. This included a breach of regulation 17 (Good Governance) and

regulation 9 (Person Centred Care). We issued a warning notice to the provider in relation to regulation 9 to be met by the 31 January 2020.

We found significant improvements had been implemented and sustained at this inspection and the provider and registered manager were now meeting all of the relevant regulations.

#### Why we inspected

We undertook this focused inspection to identify if the service had improved and to confirm they now met the legal requirements. We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control practice was safe, and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OSJCT Chestnut Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We were assured the service were following safe infection prevention and control procedures to keep people safe.

**Inspected but not rated**

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# OSJCT Chestnut Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

OSJCT Chestnut Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. Due to pressures from COVID-19 we gave the service 48 hours' notice of our visit.

Inspection activity started on 18 November 2020 with a visit to the care home and continued with desk top activity which ended on 4 December 2020.

#### What we did before the inspection

We reviewed the information we held about the service since the last inspection. We reviewed information

we had requested from the registered manager and representatives of the provider in relation to a range of the service's management and quality assurance systems. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around the building and reviewed housekeeping and social distancing arrangements. We spoke with the registered manager, deputy manager, area operation manager, two activity co-ordinators, nine care staff, a head of care and one member of housekeeping staff.

#### After our site visit

We continued to review evidence provided by the service provider in relation to people's person centred care and the management of the service.

# Is the service safe?

## Our findings

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

At the last inspection in September 2019 the provider had not always ensured that people received care which was personalised to their needs and promoted their wellbeing. This was a breach of Regulation 9 (Person - centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning notice to comply with the regulation by 31 January 2020. Due to the COVID-19 pandemic, our return to check on any actions was delayed. At this inspection we found improvements had been made and the regulations were now being met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving care which was personalised to their needs. People's care plans focused on their individual needs and preferences. This included how people liked their care to be provided and how they preferred to spend their days.
- People's care plans detailed the way they may present if they were unwell or in discomfort. One person's plan stated their appetite often decreased when they were in pain and documented the support the person required. Staff spoke positively about knowing people's needs and the support they required. One staff member told us, "We have more time with people now. There is less agency too. The residents get better continuity of care."
- People were supported to maintain their independence. One person's goal was to return to their own home. The person was supported to take positive risks, including using kitchen accessories to help them develop and maintain their skills.
- People and their relatives were engaged with the home prior to their admission and throughout their care. The home employed a Customer Relationship Manager who communicated with relatives and passed on relevant information to the care staff.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had reflected on the activities and engagement provided to people. A whole home approach towards activities had been adopted. This meant all staff were involved in supporting people with activities. Activity grab packs were available on each household and one to one activities and interactions were encouraged.
- All staff regardless of their role documented the support they had provided people. Domestic staff had supported people to be involved in basic cleaning tasks, which provided people with further opportunities for meaningful engagement.
- People had been supported to grow plants in an allotment and balcony area. During 2020, an allotment area had been developed in the home's grounds and some pot plants placed on a balcony area. People were supported to be involved in maintaining the plants growing in these areas. Staff identified that this had



a significant impact on one person who often declined to be involved in activities. With some gentle encouragement the person started caring for the plants without support.

- Activity staff had kept a record of a range of activities and events they had organised during the COVID-19 pandemic. This included arts and crafts, gardening, parties and chocolate tasting. They had also arranged for people to access services which met their religious and cultural needs.
- People enjoyed positive and tailored activities from staff. We observed staff spending time with people with one to one activity and engagement, including reminiscing, puzzles and walking. People enjoyed a number of positive interactions with staff during our visit.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain their relationships with those who were important to them, particularly during the COVID-19 pandemic lock down. Staff understood the importance of this in maintaining people's wellbeing. People had been supported to keep in contact with their loved ones through video calls and social distanced visits.
- At the time of our visit, the home were implementing a visiting room which was designed in accordance with government guidelines. The service discussed the importance of supporting people's relatives to visit and this impact this had on people's emotional wellbeing.
- The registered manager and deputy manager ensured relatives were kept informed of their loved one's wellbeing. They provided clear information on when was a good time to contact the home and speak with their relatives. Activities staff provided a monthly newsletter for people and ensured relatives were kept up to date with changes and activities in the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people's first language was not English, the service identified a way to support the person to receive appropriate communication and to make their choices known. For one person, a communication system had been set up which included pictures, the name of the picture in their native language and in English.
- Where required staff assisted people with their communication needs. People's care records documented the type of support required, when they had a sensory loss, which helped them make their wishes known.

Improving care quality in response to complaints or concerns

- People's complaints were responded to in accordance with the providers policies. The registered manager kept a clear record of concerns, complaints and compliments. The registered manager used complaints as a way to drive improvement in the home. One complaint had related to the quality of care a person had received. The registered manager had investigated this and ensured lessons around communication had been passed to staff.
- In response to the COVID-19 pandemic, the registered manager and provider had implemented relative meetings through video conferencing. These meetings were to be carried out monthly and will be used to seek and understand relatives' views, including any concerns they may have.

End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available to maintain people's comfort at the end of their life. People's relatives were supported to visit safely at the end of people's lives, in accordance with recognised infection prevention and

control guidance.

- People's views and choices regarding their end of life care had been recorded. This enabled staff to provide care which was tailored to the individual person's preferences.
- During the summer of 2020, staff organised a memorial service for people who had passed away during the period of the COVID-19 lockdown. People's relatives and people who used the service were invited. Each relative was given a booklet with comments from staff and others who had known the person. The memorial was a way to remember people who had passed during a time where it was difficult for people to say goodbye.

# Is the service well-led?

## Our findings

Well-Led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not always operated effective good governance systems to maintain and improve the quality of care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider supplied us with an action plan detailing the action they planned to take to meet the relevant regulations. At this inspection we found the provider had taken appropriate action.

### Continuous learning and improving care

- The registered manager and provider had comprehensive systems to monitor and improve the quality of care people received, as well as to assess people's care to ensure it was effective. The registered manager and deputy manager carried out monthly quality and clinical governance meetings, which discussed people's care, incidents or accidents and any concerning trends. This ensured all staff had relevant information so lessons could be learnt and communicated throughout the home. Any actions were identified and addressed during these meetings, as well as informing the service improvement plan for Chestnut Court.
- The registered manager, deputy manager and unit leads carried out a range of audits in relation to people's prescribed medicines, the dining experience, people's care plans, health and safety and accidents and incidents. These audits were carried routinely and demonstrated continued improvements had taken place since our last inspection. When shortfalls had been identified these informed an action plan which was allocated to set staff to complete.
- The provider ensured they carried out their own quality and regulatory checks of the service. A representative of the provider visited the home and had documented the improvements they had seen since the registered manager had come into post.
- The service used 'in the moment' forms, which were used to document when staff had spent time with people. These were also used when supporting staff to reflect on their practices and any incidents, with the aim of identifying and implementing improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff spoke positively about the service and felt it had improved since the last inspection. Staff also spoke positively about the service having a 'whole home approach' and having time to engage with people. One member of staff said, "People are getting more personalised care, the care plans are more personalised. We're getting to know people better."
- The provider had supported all staff, including the home's management team to reflect on the history of

the service as well as their last inspection. Staff were clearly included in discussing how to improve the support they provided people to promote positive, person centred outcomes. The provider's chief executive had also visited the service to acknowledge the work and commitment of the staff.

- Staff spoke positively about their opportunities to develop and that they now felt listened too. One member of staff said, "Support has improved immensely." Another member of staff spoke positively about how they were supported during the COVID-19 pandemic. They had discussed the risks to them with the management team and a support plan had been implemented so the staff member could continue to work, whilst minimising their individual risk.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered manager had implemented monthly discussions with relatives. There were clearly defined routes for ideas or concerns to be communicated to the provider.

- Staff were involved in helping to improve the service. There was a clear focus on recognising staff efforts and achievements and celebrating these. A staff appreciation initiative had been implemented by the Area Operations Manager on behalf of the provider. Each month staff were nominated under five categories which reflected the values of the provider. This resulted in a reward ceremony each month. This initiative was being rolled out across the provider's other services.

- The management team discussed the COVID-19 pandemic and the impact this had on staff. They explained how staff supported each other as well as their relatives. Managers took time to provide feedback to staff to help develop teamworking and confidence between the management team and staff, which had historically been an issue in the home.

- Staff told us they felt valued and respected by the management team. They also told us there were more opportunities to develop and for their skills to be recognised. Comments included "Communication is better, our support has improved immensely" and "We felt recognised for the work during the pandemic. We feel like we're part of something bigger now."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were supported by the registered manager and provider and understood their individual roles in supporting people. Comments included "The home is more settled. [Registered manager] and [deputy manager] are amazing, they listen to us", "There is more stability now. It's good to have a management team which has been here for a while" and "I feel we get more direction. We're given more information, direction and opportunities."

- The registered manager and provider were fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following up concerns; they had ensured people and their representatives, as well as appropriate authorities, had been informed.

Working in partnership with others

- The service had strong connections with the local community which had a positive impact on people's wellbeing. The service had used these links to encourage engagement with a local school. Plans were in place to make an advent calendar on the front of the building, which would lead to a nativity scene. Children from a local school were involved in a project which would provide colour, through pictures, for the local community.

- Prior to our inspection, one household of Chestnut Court was being adapted to provide assessment beds in accordance with the local authority and clinical commissioning group's winter pressure/COVID-19

initiative. This was a separate entity to the main home, with its own entrance and dedicated staffing team. One of the provider's clinical leads was involved in setting up this unit, whilst implementing changes informed by other assessment units the provider operated.