Acer Healthcare Operations Limited

Chestnut Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Inspected but not rated
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Chestnut Court Care Home is a residential care home providing the regulated activities personal and nursing care and treatment of disease, disorder or injury to up to 62 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 60 people using the service.

The care home is purpose built over three floors, with care being provided on all floors.

People's experience of using this service and what we found
Systems were in place to help protect people from the risk of abuse. There were enough staff working at the service and the provider had robust staff recruitment practices in place. Accidents and incidents were reviewed and analysed to help reduce the risk of further such occurrences. Steps had been taken to ensure the premises were safe. Infection prevention and control measures were in place. Medicines were managed safely. People's risks had been assessed to help ensure they were supported in a safe way. People had access to health care services as needed.

People and staff told us there was an open and positive culture at the service. People were supported to express their views. Quality assurance and monitoring systems were in place to help drive improvements at the service. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 18 October 2018).

Why we inspected
The inspection was prompted in part due to concerns received about people not being referred to relevant health agencies in a timely manner. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We 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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chestnut Court Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Chestnut Court Care Home

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 Health and Social Care Act 2008.

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 an 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 type of care service.

Service and service type
Chestnut Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chestnut Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with four people who used the service and five relatives. We spoke with 19 staff, including the registered manager, deputy manager, eight care assistants, three nurses, the maintenance person, the housekeeper, a senior carer, a unit manager, a member of the provider's quality executive team and the regional director. We observed how staff interacted with people. We looked at a number of care and medicines records for people and staff recruitment files. We examined records related to the running of the service, including policies and procedures.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. The provider had procedures in place for safeguarding adults. These made clear their responsibility to report any allegations of abuse to the local authority and Care Quality Commission. Records showed that allegations of abuse had been dealt with in line with the procedures.
- Staff had undertaken training on safeguarding adults and understood their responsibility to report any suspected abuse. One member of staff told us, "I would report it (an allegation of abuse) straight away, I would go straight to the manager."
- People and relatives told us they felt safe using the service. A relative said, "(Person) has been in about eight months, they had a couple of falls (at home) and was in hospital. So, we decided they couldn't look after themself anymore. So, we feel they're safe here now." The same relative added, "The staff are friendly and it's a homely place." A person told us, "Before I came here I did try to stay at home, like I got a chair lift and that but my (relative) was worried about me and suggested I try this place here. So, I came, and it's like peace of mind for us both."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people which included information about how to mitigate the risks they faced. Assessments were in place for various risks, including choking, falls, moving and handling and skin integrity. Assessments were subject to regular review, so they were able to reflects risks as they changed over time.
- We found on the second-floor, risk assessments were not in place for diabetes management for two people. We discussed this with the staff member in charge, and they put these assessments in place by the end of the inspection. Risk assessments covering diabetes were in place for all others in the service with this condition.
- Checks were made to help ensure the premises were safe, including checks on electrical installations, gas, fire alarms and emergency lighting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

● The service was built over three floors, and care was provided on each. We did not find any concerns with staffing levels on the first two floors, but we did on the top floor. Staff and relatives of people who lived on the top floor expressed concerns about the staffing levels there.

● A relative told us, "That's our overriding concern, yes short of staff up here, yes definitely not enough staff on." A member of staff said, "I would say definitely no (there were not enough staff to keep people safe). It's a very demanding floor, you are constantly up and down." These comments were typical of what others told us. Staff said it was particularly difficult in the morning when they were at their most busy providing support with personal care.

● We discussed these issues with the registered manager and regional director at the end of the first day of inspection. When we returned five days later for the second day of inspection, we found improvement actions had been taken. Staffing levels on the floor had previously been two care staff on duty plus the unit manager between 8am and 2pm. An extra care staff had subsequently been agreed for this period, seven days a week. We saw there was an extra person on shift and that the rota reflected this change. The registered manager told us this had been agreed by the regional director.

● The registered manager also said a further staff member was now in place working the same extra hours as a 'floater' between the bottom two floors, depending on where there was the most need. This meant the provider had taken swift action to remedy concerns we found about staffing levels.

● The provider had robust staff recruitment practices in place. Various checks were carried out on prospective staff to evaluate their suitability to work in a care setting. These included criminal records checks, employment references, proof of identification and a record of past employment history.

Using medicines safely

● We found some isolated errors with the management of medicines. Protocols were in place to advise staff when to administer PRN (as required) medicines, but we found one instance where this guidance was not in place. We discussed this with the nurse who drew up a protocol during the course of the inspection.

● We found one instance where a medicine had not been given but was recorded as been given, on the evening before our inspection. When we brought this to the attention of the nurse in charge they followed the provider's policy on dealing with missed medicines. This included seeking advice from the GP and reporting the matter to the registered manager.

● However, overall, we found medicines to be managed in a safe way. Medicines were stored securely in temperature-controlled conditions. Medicines administration records were maintained. Staff signed these after administering a medicine so there was a clear audit trail in place. Appropriate arrangements were in place for controlled drugs. Where people were given their medicines covertly, this was as the result of a mental capacity assessment and included input from the GP and pharmacist.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● 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.

Visiting in care homes
● At the time of our inspection there were no restrictions in place on visitors to the service. Visitors were able as often as they wished and visit people in their own rooms. This was in line with current government guidance at the time.

Learning lessons when things go wrong
● Steps were taken to learn lessons when things went wrong. The provider had an accident and incident policy in place to guide staff and accidents and incidents were recorded, along with details of follow up action. Accidents and incidents were analysed for trends and patterns to see what actions could be taken to reduce the risk of further similar occurrence.

Inspected but not rated

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was rated Good. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

Supporting people to live healthier lives, access healthcare services and support

- A safeguarding allegation was raised with the local authority relating to the service not seeking medical attention for a person in a timely manner in November 2021. This allegation was found to be substantiated.
- Since then, the provider has taken steps to help ensure this does not happen again. The issue has been raised with all staff during both team meetings and staff 1:1 supervision, where the importance of seeking medical intervention at an early stage was stressed by the senior staff.
- A daily flash meeting has been introduced where clinical staff discuss with management any emerging or on-going clinical risks that may need to be referred to a medical practitioner.
- Records showed people had access to a variety of medical professionals, including GPs, Tissue Viability Nurses and speech and language therapists.
- During the inspection we spoke with a visiting health care professional who had worked closely with the home for the past four years. They told us staff were knowledgeable about people's medical conditions and sought appropriate intervention in a timely manner where necessary.
- People and relatives confirmed there was access to health care services. A relative told us, "The doctors been in to look at their legs, they were scratching a lot so now (person) has got a cream they put on."

Good

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 our last inspection we rated this key question Good. At this inspection the rating has for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a positive culture that was person centred and open. Most staff we talked with spoke positively about the registered manager. One said, "The are very good, knowledgeable and approachable. They will sit with you and explain how to do things." Another member of staff said of the working culture, "It's a really nice care home. I always find the staff are available to teach and improve you, we help each other."
- There was a person centred ethos at the service, which was demonstrated by the individualised nature of the risk assessments we saw, which were personal to the risks of the person, rather than being generic.

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

- Where things went wrong, the provider had been open and honest with people about this. Systems were in place to address when things went wrong, such as the complaints procedure and the way accidents and incidents were responded to. Any suspected safeguarding incidents were referred to the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and understood regulatory requirements. Staff understood who they were accountable to, and were provided with a copy of their job description to help give clarity about their role.
- The registered manager understood their regulatory requirements. For example, the provider had employer's liability insurance cover in place in line with legislation. They were knowledgeable about what they had a legal duty to notify the Care Quality Commission about, and records confirmed they had done this as required.

Continuous learning and improving care

- The provider had various quality assurance and monitoring systems in place to help drive improvements. Various audits were carried out, for example, in relation to health and safety and infection prevention and control. A monthly report of 'Key Clinical Indicators' was carried out to see if there were any particular areas of concern or trends, for example, in relation to weight loss and skin integrity.
- The provider carried out an audit of the service every three months. This audit was in line with the key lines of enquires used by CQC during its inspections. Action plans were produced as a result of these audits. The

registered manager was responsible for ensuring action plans were followed up on, and this was then checked by the provider.

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

● The provider engaged with relevant people. People told us they could speak with staff. A relative said, "The communications between me and the staff here is very good."

● Surveys were carried out of people who used the service and their relatives. The provider was in the process of conducting the latest survey at the time of the inspection. We saw positive feedback from the previous survey.

● We also saw records of compliments received. For example, one relative had written, "Thank you for all the love and care you gave (person), I'm grateful beyond words." Another relative wrote, "Thank you for the hard work and love you gave my (relative)."

● The provider considered equality characteristics. For example, risk assessments were person centred. Staff recruitment was carried out in line with regard to good practice in relation to equality and diversity.

Working in partnership with others

● The provider worked with other agencies to develop best practice and share knowledge. For example, the registered manager attended a provider forum run by the local authority. They also worked with Skills for Care. The registered manager said, "They (Skills for Care) give us a lot of training. There is a lot of support for managers. They will give you guides on how to manage challenges."