Beech House Care Homes Ltd

Chestnut House

Inspection report

69 Crumpsall Lane
Crumpsall
Manchester
Greater Manchester
M8 5SR

Tel: 01617214949

Date of inspection visit:
18 November 2020
20 November 2020
23 November 2020

Date of publication:
14 January 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Chestnut House is a large, extended residential care home providing personal care to 13 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

People's experience of using this service and what we found
Improvements had been made since the last inspection for 'as required' medicine care plans to help ensure they were given to people safely, however the recording of some aspects of medication administration needed to be more consistent.

People were protected from the risk of infection. Staff wore personal protective equipment correctly and ensured people were socially distanced in communal areas of the home. Furniture had been rearranged to help with this. Risks to people were documented and risk assessments were personal to people. Monthly reviews of risk assessments did not always take into account incidents that had occurred that might elevate the risk.

People were protected from abuse. Relatives were complimentary about the home as management kept them updated and informed. Staff were happy working at the home and felt people living there were happy too. Staff were positive about the recent management changes and the improvements made to the service.

Audit processes were more effective in relation to 'as required' medicines, fire safety and care plan audits. These needed to be fully embedded and sustained. Medicine audits however had not identified the lack of consistency in the recording of some aspects of medicines administration, such as thickened fluids and the application of creams and pain patches. Some weekly safety checks had also slipped due to the absence of the maintenance person. Contingency measures were adopted by the service.

There was no registered manager at the time of this inspection. A registered manager from a sister home was providing oversight and management of the home, although was absent at the time of this inspection. They planned to submit an application to be the registered manager of Chestnut House. An area manager supported the interim manager and was at the home during this inspection.

Management had made changes to improve the quality and safety of the service. For example, improvements had been made to fire safety, the environment and standards of cleanliness.

Staff praised the support they received from the management team and said they were confident in their leadership. A relative told us, "This is a really nice place that is well run. I wouldn't change anything. The atmosphere is alright."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 4 and 5 December 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Safe and Well-led key questions which contain those requirements. We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. You can see what action we have asked the provider to take at the end of this full report.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed as this remains requires improvement. This is based on the findings at this inspection.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to management of the service. We will continue to monitor the service.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Chestnut House

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
This inspection was undertaken by two inspectors, including a medicines inspector.

Chestnut House 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 not yet registered with the Care Quality Commission. They were absent on the day of this inspection however the area manager was present. In the absence of a registered manager the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave 24 hours' notice of the inspection because of the COVID-19 pandemic.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the area manager, two senior care workers, five care workers and the chef.

We reviewed a range of records. This included four people's care records and nine medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at rotas, a supervision matrix and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements had been made since the last inspection for 'when required' medicines care plans to help ensure they were given to people safely.
- The recording of some aspects of medication administration needed to be more consistent. For example, records in relation to pain patches, allergies and thickened fluids.
- There was a medicines policy, but this required review to ensure current professional guidance was being followed.
- The area manager was planning to change pharmacy supplier to ensure a better service for people living at Chestnut House.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. These were also raised with the Care Quality Commission.
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- Families were confident the service let them know if anything was wrong. A family member told us their relative had a reaction to new medication and said, "They called me straight away and got [my relative] to a hospital."

Assessing risk, safety monitoring and management

- Maintenance contracts were in place for equipment and gas, water, electric and fire systems. Safety checks of the premises were being completed, but we identified gaps in safety checks undertaken to wheelchairs. Weekly tests of the fire bell had not been undertaken for three weeks due to the absence of maintenance staff. We brought this to the area manager's attention who arranged for contingency measures to be put in place.
- Risk assessments were reviewed monthly. One person's monthly reviews did not always accurately reflect incidents that had occurred in the month under review. We brought this to the area manager's attention.
- Risk assessments were individualised and provided staff with information of risk and guidance on the support people needed.
- Risk assessments identified any associated hazards and any health conditions that might arise, for example from smoking.

Staffing and recruitment

● There were enough staff on duty to meet people's needs. One resident told us, "There is enough staff; morning and night." We observed that the service was calm, quiet and organised.
● People's requests for attention were dealt with quickly and staff worked efficiently as a team. One person told us, "There is always someone here to help me. I might use the call bell at night to ask for a drink. The staff are always at hand."
● Relatives spoke highly of the staff employed at Chestnut House. Comments included, "The staff are good"; "There is a good mix of carers" and "They understand [my relative] and their needs completely."

Preventing and controlling infection
● A programme of refurbishment and redecoration was ongoing. This included new flooring in communal areas and the redecoration of corridors and bedrooms. Staff told us the improvements benefitted people living at Chestnut House.
● 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.

Learning lessons when things go wrong
● Accidents, incidents and safeguarding concerns were reviewed to reduce the risk of them happening again. The provider needed to ensure people's risk assessments were updated accordingly.
● Appropriate actions were taken where possible to further reduce risks. For example, following a fall, one person was moved to a downstairs room so that staff could watch them more closely and offer support.

Requires Improvement

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 has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to undertake effective audits of the service. The audits in place had not identified issues we identified in relation to fire safety, protocols for medicines given 'as required', out of date staff training and the need to audit care plans to ensure accuracy.

Whilst improvements had been made in some areas, for example 'as required' medicines, fire safety and care plan audits, these needed to be fully embedded and sustained. Not enough improvement had been made at this inspection and we also identified a lack of consistency in the recording of thickened fluids, the application of creams and pain patches.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicine audits were in place but had not identified the lack of consistency in the recording of some aspects of medicines administration. Some weekly safety checks had slipped due to the absence of the maintenance person.
● Management had made changes to improve the quality and safety of the service.
● There was no registered manager in place at the time of the inspection. An interim manager was in place who also managed a sister home. Plans were in place to submit for their application to register with CQC for Chestnut House.
● The home had been without a registered manager for some time. Staff considered the support they received from the current manager was better.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
● Statutory notifications were submitted to the Care Quality Commission (CQC) in a timely manner, as is the law.
● There was an awareness of what was needed to improve the service and work was ongoing to progress this. The area manager shared the refurbishment plans for the home. The manager had support from the

area manager and provider to move the service forward.
● Staff were clear about their roles. They received information through training, supervision and meetings about what was expected of them. Staff considered the team had coped well during the COVID-19 pandemic.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was good communication with people and families. Relatives were complimentary. One relative told us, "I call them a lot, and they keep me informed too if there are any problems." Another relative said, "This is a really nice place that is well run. I wouldn't change anything. The atmosphere is alright."
● During the coronavirus pandemic the service had used phone calls, emails and other technology to ensure people and relatives remained in contact with each other.
● Staff supervisions were logged on a matrix. The new manager had made supervision of staff a priority since coming into post.
● Staff we spoke with felt supported and considered the manager to be approachable. One member of staff said, "There's been a lot of good changes." They told us about the new system for monthly meetings and how staff could contribute to these.

Continuous learning and improving care; Working in partnership with others
● The manager and area manager understood their legal responsibilities and were committed to improving care.
● The area manager was receptive to feedback throughout the inspection and responded quickly to issues we raised.
● The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Medicine audits were in place but had not identified the lack of consistency in the recording of thickened fluids or the application of creams and pain patches. Some weekly safety checks had slipped due to the absence of the maintenance person. Improvements had been made in areas such as prn medicines, fire safety and care plan audits but these needed to be fully embedded and sustained.