

Beech House Care Homes Ltd

# Chestnut House

## Inspection report

69 Crumpsall Lane  
Crumpsall  
Manchester  
Greater Manchester  
M8 5SR

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Chestnut House is a residential care home providing personal care and accommodation for up to 19 people in Crumpsall, Greater Manchester. At the time of the inspection there were 19 people living in the home.

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

Quality assurance systems had not been effective at picking up issues identified during the inspection. This included fire safety, guidance to administer 'when required' medication, out of date staff training and the need to audit care plans to ensure accuracy. We identified one regulatory breach. We have made a recommendation about providing appropriate activities for people with dementia. We have made a recommendation about the Equality Act 2010.

Staff understood their safeguarding responsibilities. Recruitment practices were safe and the home was tidy and clean. Care plans were person centred and any risks to people were clearly recorded with clear guidelines for staff to follow.

Staff gave good feedback about the supervision and support they received. People were supported to eat and drink a balanced diet and were given choices. The home supported people to make their own decisions where possible and worked within the principles of the Mental Capacity Act.

People and relatives we spoke with told us that staff were kind and caring. We observed staff that were responsive to people's needs and promoted their independence. Care files recorded what was important to people and what their choices and preferences were but did not record people's involvement in formal reviews of their care.

There was good feedback from visiting professionals and people were supported to access health and social care professionals when they needed to. People's communication needs were met and people were consulted about the running of the home in residents' meetings.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 5 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified one regulatory breach in relation to good governance. We also made two recommendations to support the home to improve. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service until we 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?

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

**Requires Improvement** ●

### Is the service effective?

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

**Requires Improvement** ●

### Is the service caring?

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

**Requires Improvement** ●

### Is the service responsive?

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

**Requires Improvement** ●

### Is the service well-led?

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

**Requires Improvement** ●

# 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.

#### Inspection team

The inspection team consisted of one inspector and one 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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. The current manager had applied to register. The registered manager 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 unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies including the local authority. 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. We used all this information to plan our

inspection.

#### During the inspection

We spoke with eight people who used the service about their experience of the care provided and we spoke to five relatives who visited the home. We spoke with eight members of staff including the area manager, the manager, care workers, a domestic and the chef. We also spoke with five visiting professionals to gain their views of the care provided.

We observed care throughout the inspection and reviewed a range of records. This included three care records, multiple medication records, two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures, health & safety records, training records and quality assurance audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, quality assurance records and policies and procedures.

# 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 good. At this inspection this key question has deteriorated to requires improvement. 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.

### Assessing risk, safety monitoring and management

- The home had up to date safety certificates for gas, electric and legionella. Risk relating to fire and legionella had been assessed by third parties contracted by the provider. There were shortfalls in fire safety which we raised during the inspection. The evacuation plan was not clear and there had been no recorded fire drills since September 2018. Staff training was not up to date and there had been no fire authority visit since 2015. The area manager accessed external advice during the inspection and produced an evacuation plan post inspection and contacted a trainer to arrange training dates for staff.
- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risks arising from falls for example. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- The provider had a clear system to record accidents and incidents and staff were clear about their responsibilities. Systems were in place to review these for wider learning and to reduce the risk of the same accident or incident occurring again.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe and were able to raise any concerns they might have. People told us, "There's always someone here to chat to which makes me feel safe" and "It's very safe, the people are very good here".
- Staff were aware of how to recognise a potential safeguarding issue and understood their responsibility to report any concerns. They were confident the manager would respond appropriately to any concerns raised.
- The home had reported any safeguarding concerns in line with local authority guidance.
- The home had a whistleblowing policy in place and staff were confident to report any poor practice if required. Staff told us, "Yes, I feel confident to report bad practice and I would escalate it if I needed to".

### Using medicines safely

- There were no protocols in place to help staff understand when any 'when required' (PRN) medications were required. Medicines with a 'when required' dose, can be prescribed to treat short term medical conditions such as pain and indigestion, for example. The protocol should contain enough information to guide staff on how to administer the medication correctly. Staff demonstrated an understanding of people's needs but this was not recorded and increased the risk of errors. This was corrected during the inspection.
- All other areas of medicines management that we looked at was managed safely.
- Medicines were stored securely and at an appropriate temperature in line with the manufacturer's

recommendations.

- Staff kept accurate records of the medicines they administered.
- We saw controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation.

#### Staffing and recruitment

- Appropriate pre-employment checks were carried out to ensure only suitable staff were employed.
- People were positive about levels of staffing. They told us, "There's enough staff we don't go without anything here", "There's enough staff, no one has to wait. I can go to bed when I want", "There's always someone here to help. They come quick enough" and "There's enough staff".
- There was some negative feedback from staff about staffing levels. Staff told us, "There is not enough especially in the morning... There is not always someone in the lounge", "We could do with more especially in the morning. There isn't always someone on the floor all the time, we are struggling with this", "Some people are calling in sick one hour before instead of four hours leaving us with little time to respond" and "We are fully staffed at the moment. We only have problems when people are sick".
- During our inspection we saw the main lounge did not always have staff present on day one. This improved on day two after we had raised this with the manager. We observed staff were responsive to requests for assistance and recognised when people needed help. This was also in a timely manner, including response times to call bells.
- Relatives felt there were enough staff. One person's relative told us, "There's usually enough staff".
- We discussed staffing levels with the manager and they felt staffing was sufficient. New staff had recently been recruited and they managed sickness without the use of agency staff. We spent the second day in the main lounge and did not observe any concerns caused by staffing levels although we could see on occasion there was a tension when the lounge needed to be supervised and staff were required to support people 2-1.

#### Preventing and controlling infection

- The home was clean and tidy and people told us the home was clean. One person told us, "My room is perfect and clean".
- Staff infection control training was not up to date. The area manager contacted the training provider during the inspection and arranged training for January 2020.
- Staff understood their responsibilities. We saw personal protective equipment such as gloves and aprons were readily available around the home and were in use.

#### Learning lessons when things go wrong

- The manager and area manager monitored the service to ensure lessons were learnt if things went wrong.
- Staff made records of any incidents or accidents which the manager then investigated. We saw the manager had acted responsively to improve the safety of the service.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was not always consistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home to ensure that their needs could be met. This helped to ensure the service was suitable for them. A care plan was then written for each person which guided staff in how to care for them.
- The manager provided staff with information and best practice guidance from recognised sources about people's conditions and care needs.

Staff support: induction, training, skills and experience

- New staff completed an induction. This included shadowing a more experienced member of staff for a period of three days. Newly inducted staff told us, "Yes. We went through policies and I shadowed more experienced staff for three days. They checked my knowledge at the interview. No discussion about training yet".
- The training matrix did not demonstrate that staff training was up to date. Most staff had not completed the provider's training they considered mandatory. After the inspection, face to face training was booked with an external provider, in January 2020 to bring staff training back up-to-date. This training had been planned in an audit dated November 2019. We were assured that training would be more closely monitored moving forward.
- The staff we spoke with did not raise any concerns regarding the training provided to enable them to fulfil their duties, and we did not observe any unsafe work practices during our inspection.
- Staff were further supported through regular supervision and appraisal meetings and told us that they felt well supported in their roles. One staff member told us, "I feel valued and I have received good support".

Supporting people to eat and drink enough to maintain a balanced diet

- We observed the meal time experience and saw people were supported to eat and drink where needed through encouragement from staff. People were able to eat where they chose and we observed people eating meals in the lounge or dining areas and staff took meals to people's rooms.
- The home employed a chef who prepared fresh meals and fruit and snacks were readily available. People were offered choices at mealtimes and alternatives if they preferred.
- People and their relatives were positive about the food and drink provided. People told us, "The food is excellent, if you don't want something they bring you something else" and "The food's excellent, we have a choice of two things for each meal".
- Staff told us they had time to spend with people to meet their needs at meal times and the staff were knowledgeable about people's dietary requirements and these were communicated clearly in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans identified people's health needs and provided staff with guidance on how to support them.
- Records showed staff made appropriate referrals to other health and social care professionals such as GPs, district nurses and the falls prevention team for example. People told us, "The doctor comes when staff ask".
- Visiting healthcare and social professionals provided us with positive feedback. They told us, "The staff are very friendly and approachable. They are proactive and want to be involved. They attend to people's needs they communicate with us and follow instructions. They are very caring."
- The service had systems in place to manage people's oral hygiene.

Adapting service, design, decoration to meet people's

- People's needs were met by the decoration, design and layout of the home. This included communal areas, personalised rooms and aids and adaptations to make bathrooms and toilets accessible and safe.
- The communal rooms, corridors and bathrooms were generally clean but looked a bit worn in places. There was a refurbishment plan in place and plans to upgrade the garden space. We also discussed, with the area manager, the need to consider further improvements to make the home more dementia friendly including the use of sensory items.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager had made appropriate applications for DoLS authorisations and were waiting for the local authority to carry out their assessments in response.
- We observed that staff always asked for consent before providing care.
- Policies were in place to support good practice. Staff understood the principles of the MCA and how they applied to their day to day work. Staff told us, "The MCA protects people who lack capacity to make decisions".
- The area manager agreed to review the care files as they needed to be brought into line with the mental capacity act to ensure that information about people's decision making and consent was clearer.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always fully involved in their care and not all aspects of care had been dealt with appropriately.

Ensuring people are well treated and supported; respecting equality and diversity

- Improvements were needed to fully embed equality and diversity within the service.
- The care files had a document called, "What is important to me/and how best to support me", which captured key information about people and supported person-centred care.
- Care files did not record explicitly whether people were given the choice to share information about relevant protected characteristics which could apply to them. There are nine protected characteristics, including disability, religion and sexuality, that are protected by law to prevent discrimination. This information helps to inform care planning and removes barriers to providing good care. People need to feel comfortable to share information and good documentation can support this.

We recommend the provider consider current guidance on the Equality Act 2010 to help ensure that principles of equality, diversity and human rights are embedded in all aspects of people's lives.

- The home had an equality and diversity policy and provided training every two years on equality and diversity and dignity. This training was out of date, at the time of the inspection, although dates had been arranged for it to be completed in January 2020.
- Through talking to people, relatives and staff and reviewing care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected when they were known.
- People and relatives, we spoke with told us that staff were kind and caring. One person told us, "They are very good, anything I want, I get it". Relatives told us, "The staff are brilliant, they are dedicated to the residents, they are on top of things and look after everyone. They interact with everybody".
- The manager understood the importance of treating people as individuals and were keen to make further improvements.

Supporting people to express their views and be involved in making decisions about their care

- People's care was reviewed monthly. We could not see any involvement of people or their supporters in these reviews. The manager informed us that six monthly reviews have been introduced recently to improve people's involvement in their care plans.
- Residents meetings took place and we could see good involvement where 14 people attended the last meeting and action plans were put in place to record responses to people's requests.
- We did not see evidence of advocacy involvement in people's care files. We asked the manager to put up a poster to support people's access to advocacy.

Respecting and promoting people's privacy, dignity and independence

- People told us, "Yes, they are kind. I choose my clothes to wear" and "I take myself to bed when I want to. I need help showering and I have one when I want."
- Staff understood how to support and promote people's independence. For example, they told us they would give people the opportunity and time to carry out a task themselves before offering to help.
- Staff were aware of the importance of maintaining people's privacy and dignity when providing personal care in particular.
- People's rights to a family life were respected and we observed frequent visits by family during the inspection and we saw they were made to feel welcome. Relatives told us, "The staff are always nice. I can come anytime".

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- There was person centred information in people's care plans including a section that recorded their likes and dislikes and what was important to them.
- Staff signed people's care plans to demonstrate that they were clear about people's needs.
- We received good feedback from a visiting professionals. They told us, "Staff are very helpful. They know the residents well. They give a good handover and they follow instructions. No concerns" and "Staff are helpful and open. The resident is happy here. No concerns."
- We looked at three care files and identified two errors that were corrected during the inspection. One person's allergies had not been recorded in their hospital transport information although it had been recorded correctly in their care plan and in their medication administration records. A second care plan had used information provided by the hospital that was incorrect and this had not been checked against the speech and language therapy assessment which was available in the file.

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.

- People's communication needs were assessed and detailed any difficulties people may have and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication.
- One person was described as 'non-verbal' and the manager showed me a communication booklet where pictures were used to improve communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was negative feedback about the lack of activities. The activities coordinator had left in the previous month. The manager was in the process of recruiting and were waiting for DBS checks and references.
- People told us, "We had an activity leader, but she has left about a month ago. We did exercises and all sorts, we miss it", "It would be nice if someone came and we could dance and do exercises, I am seizing up" and "There's no activities since staff left, there's nothing at all going on. It makes me feel a bit distressed because people get bored and fed up".
- Previously there had been a weekly activities programme and we reviewed the activities file which included one-page profiles about what people liked and recorded if people had enjoyed the activities

provided.

- On reflection the area manager stated they should have increased the staffing in the interim period whilst they waited for the new staff member to start. There also appeared to be a lack of activities that focused on encouraging people living with dementia to get involved in activities that improved their wellbeing.

We recommend the provider consider current guidance about supporting people with dementia to access activities to improve their wellbeing.

Improving care quality in response to complaints or concerns

- The providers complaints policy was displayed in communal areas of the home and was also in people's homes.
- There had been no formal complaints in the last year.
- People told us they knew how to complaint and that they did not have any complaints. Relatives told us, "I have no complaints, because they look after [person]."

End of life care and support

- The home was accredited to use the nationally recognised 'six steps' approach to the delivery of end of life care.
- People had suitable end of life care plans in place to advise staff of their end of life wishes and preferences.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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; Continuous learning and improving care

- Clear systems were in place to record and incidents, accidents, safeguarding's and complaints and we could see there was good oversight of these as required.
- There was an established quality assurance process in place consisting of a wide range of audits that included regular medication audits and external audits from the area manager each month.
- The manager and the provider acted on any shortfalls identified. We saw action plans in response to a fire risk assessment and an infection control audit, for example.
- The audits had not been fully effective as they had not identified issues picked up during the inspection. This included fire safety, PRN protocols for medication, out of date staff training and the need to audit care plans to ensure accuracy. We also asked the manager to review how they recorded issues related to the MCA.

This is a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff felt supported and were positive about the support they received from the manager. Staff told us, "Yes there is a caring culture. We are clear about tasks. Handovers are clear" and "Yes, the manager is approachable and responsive. Yes, they are caring".
- Staff were positive about the team's morale. They told us, "There is a good team. People get on. The team are motivated and are caring" and "It's brilliant, the staff are really nice".
- Staff told us communication was good and they were clear about their tasks and any risks that needed to be managed with people's care.

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

- There was an open and transparent culture in place with the manager operating an open-door policy where people and staff felt comfortable to raise concerns.
- All required notifications were made to the CQC in a timely manner and appropriate actions had been taken in response to these events.

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

- Team meetings took place for staff and an additional team meeting took place for senior carers. Staff told us they felt comfortable raising concerns or ideas and there was an open-door policy and the manager was approachable and hands on.
- The home carried out surveys with people and had regular meetings with them to discuss areas to improve. Information was analysed and helped them to identify what they did well and areas that needed to improve. The area manager explained they planned to shorten the surveys to make them more effective and would also carry them out more often in future.

Working in partnership with others

- The service worked in partnership with other stakeholders. We saw a range of professionals were involved in people's care and the local authority told us they had no concerns about the home.



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  There were shortfalls in quality assurance systems.