

# Inspection Report on

**Chestnut House Care Home** 

Chestnut House Nursing Home Hawarden Road Hope Wrexham LL12 9NH

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

**Date Inspection Completed** 

25/01/2024



## **About Chestnut House Care Home**

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Chestnut House Nursing Home Limited
Registered places	41
Language of the service	Both
Previous Care Inspectorate Wales inspection	05 October 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

## **Summary**

The home is warm, well maintained, and meets people's needs. Care workers are friendly and attentive to people. People are comfortable and relaxed living there and have good relationships with staff and each other. Care workers receive clear instruction about people's support needs and preferences via personal plans that are written using information from people and their families and relevant professionals. Records show care workers follow these plans when supporting people. The provider ensures appropriate levels of well trained staff are in the home at all times. People are supported to do things they enjoy and visitors are welcomed.

The provider has effective governance and oversight arrangements in place to ensure the service runs smoothly and is effective at meeting people's needs. The Responsible Individual (RI) visits the home regularly and monitors the day to day management of the service. Care workers are supported by the manager through supervision and regular staff meetings. Staff feel well supported.

### Well-being

People have control over their day to day lives and their families or representatives are involved in the planning of their care and support. People have access to support from advocacy services and their feedback is valued and respected by the manager and service provider. We saw people can move around the home as they wish, and care workers follow their preferences for care and support. People can personalise their bedrooms as they wish, including redecorating and bringing in items of furniture or ornaments of their choosing. There are options available at mealtimes for people to choose from, and we saw people having drinks and snacks throughout the day.

People have access to health and social care services. We saw health professionals visiting the home on the day of our visit. Records show people receive the care and support they need in a timely way and following professional advice. People are able to do the things that make them happy and have developed friendships in the home and we saw them chatting and socialising together. People are supported to access their local community for events and shopping. Visitors are welcomed in the home. There is a programme of activities in the home most days. During our visit we saw people making decorative hearts for Saint Dwynwen's Day, and records show celebrations of various Welsh and other cultural and religious festivals in the home. The manager encourages all staff to learn Welsh and there is a Welsh word of the day for staff and residents to use.

People are protected from harm and abuse in the home. The provider ensures policies and procedures to guide staff are reviewed and updated regularly and followed by care workers when supporting people. All staff in the home complete training in how to protect vulnerable people and report concerns and records show it is also a discussion topic at regular staff meetings. Care workers receive specific training in topics such as dementia, which enable them to effectively meet people's needs. The manager has developed good working relationships with health professionals who visit the home regularly to ensure people's medical needs are addressed promptly.

People live in a home that meets their needs. The provider ensures people have access to the equipment and facilities they require and that these are serviced and maintained appropriately. Health and safety in the home is monitored and related risk assessments are updated as required. The provider ensures effective procedures are in place to keep people safe in the event of an emergency, and that these are reviewed regularly.

#### **Care and Support**

The manager gathers information from a variety of sources to assess whether the service is able to meet people's needs and uses it to write individual personal plans for their care and support. We saw relatives completing 'This is Me' documentation as part of gathering information about people's life history and preferences for their care and daily routines. The manager ensures risk assessments used to inform personal plans are individualised and reviewed monthly. Plans are also reviewed monthly and updates made as and when changes in people's needs occur. Personal plans provide clear instruction to care workers about people's individual support needs; records show care is provided in accordance with those plans.

People are cared for by kind and friendly care workers who know them well and respond to people in an affectionate but respectful way. Care staff have access to personal plans for people via electronic handsets they carry with them; they use the handsets to record in real-time how people have spent their day and what support they have provided. People are well presented with clean nails and clean and brushed hair. We observed interactions between residents and care staff are warm and caring. We saw people and care workers smiling at each other, singing people's favourite songs together, and sharing jokes together. Care staff are responsive to people's needs and offer support in a timely way. During our visit we saw care staff are approachable and welcoming to professionals and visitors in the home and communicate confidently with them. We observed care workers were skilled at supporting people with dementia to feel settled and content in their surroundings. The atmosphere was positive, relaxed, and homely throughout the day.

The home is clean and tidy. Records show domestic and laundry staff are in the home daily. The provider ensures appropriate medicines management and administration practice in the home are supported by appropriate policies and procedures. Records show there are regular audits of medication records and annual competency assessments and training for those staff who administer medications. Records show the manager addresses any actions resulting from external medication audits by professionals in a timely way.

#### **Environment**

The home is warm and welcoming and the service provider ensures it is maintained in good decorative condition. We saw evidence of recent redecoration of people's rooms and communal areas. The lounges and dining areas are bright and airy and include ample seating for people. We saw the dining tables laid out with tablecloths and place settings at lunchtime to enhance people's dining experience and help people with dementia to orientate themselves to mealtimes. The larger dining area is also used for individual and group activities. We saw Welsh language and culture is promoted through bilingual signage throughout the home, and through framed Welsh phrase posters on the walls.

The provider continues to monitor the completion and recording of routine health and safety checks in the home during the RI's regular visits. Records show timely and appropriate ongoing servicing and maintenance of specialist equipment in the home and fire safety equipment. Regular health and safety audits of the premises and associated risk assessments are reviewed and updated as required. The RI monitors the outcomes of these audits as part of their regular visits to the home. Maintenance issues identified through audit and staff reporting are addressed in a timely manner. The fire alarm system and equipment are tested regularly and people have personal emergency evacuation plans (PEEPs) in place to provide guidance to emergency services and staff in the event of an emergency.

## **Leadership and Management**

The provider has continued to improve the governance and oversight arrangements in place in the home to ensure the smooth running of the service. There are policies and procedures in place to guide staff. The manager asks staff to read two different policies each month to maintain their knowledge and understanding of them. Records show management complete routine audits of the day to day running of the home and address any actions identified in a timely way. Outcomes of external investigations and audits by commissioners and visiting professionals are positively received and acted upon. Feedback we received from commissioners supports this. The provider has updated their quality monitoring processes and has recently sent out bilingual and pictorial questionnaires to residents and relatives as part of gathering feedback. There continues to be effective management structures in the home, supported by senior managers and the RI. The RI visits regularly and is in contact with the home routinely. Records of their visits demonstrate appropriate oversight of the home and work with senior management to support the manager.

The service provider ensures appropriate staffing levels in the home. There are safe and effective recruitment processes, including vetting checks, as part of ensuring new staff are suitable to work there. The manager completes routine monthly vetting and registration checks for all staff to confirm they remain fit to continue working in the home. New staff undergo a thorough induction that is relevant to their individual role in the home, including shadowing experienced colleagues and competency checks. Care workers confirmed this and told us they are given time to read personal plans and get to know people as part of their induction.

The manager ensures staff receive the support they need to be confident, skilled, and effective in their role. The manager meets regularly with new staff to monitor their progress and ensure timely additional support where a need is identified. Records show care staff complete training required of their roles and the manager monitors when training needs to be renewed. The service provider ensures a mix of online and face to face training is provided. Care staff are encouraged to develop and use their Welsh language skills and some are completing Welsh courses through Social Care Wales. Staff have regular one to one supervision with management to discuss practice and policies and any issues they are facing. We saw staff are confident approaching the manager with any queries or concerns. Staff told us they feel well supported.

Summary of Non-Compliance			
Status	What each means		
New	This non-compliance was identified at this inspection.		
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.		
Not Achieved	Compliance was tested at this inspection and was not achieved.		
Achieved	Compliance was tested at this inspection and was achieved.		

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement			
Regulation	Summary	Status	

N/A	No non-compliance of this type was identified at this	N/A
	inspection	

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