



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

25/10/2022

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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	25 April 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focussed inspection, and we therefore did not consider all themes in full. People cannot be certain the service provider has adequate and robust systems and processes in place for the oversight, governance, or quality and audit of the service currently. There is no Responsible Individual (RI) in place currently and no interim measures in place to supervise and support the manager in their absence. We have issued priority action notices in relation to this and expect the provider to act. Where providers fail to improve, we will take enforcement action.

Well-being

People have choice over some aspects of their daily lives. There is a varied menu available, and people can choose what to have for each meal, and where to sit. We saw people are supported to spend time where they wish in the home. People's bedrooms are personalised, and people have their own bedroom door key so they can maintain their privacy when they choose to.

People are supported to maintain family relationships and friendships with regular visitors to the home. We saw people have developed friendships within the home and enjoy spending time together. People told us they like living there. Records show people are referred to GPs and District Nurses and specialist care from other health professionals in a timely way. There is an activities coordinator to support group and individual activities in the home. We saw people making decorations for Halloween during our visit.

Staff receive training needed to meet people's needs and there are policies in place to keep people safe. The layout of the dining areas has been improved to help orientate people with dementia to mealtimes. However, there are insufficient systems to monitor the management of the service and ensure risks to people's well-being, health, and safety are reduced or removed. People therefore cannot be certain the service provider consistently protects them from risk of harm, or ensures their accommodation consistently meets their needs.

Care and Support

This was a focussed inspection, and we did not consider this theme in full.

During this inspection we saw people are well supported and supervised throughout the day. We saw people are supported by kind, caring and attentive care staff. People were happy and smiling and told us they like the staff.

Improvements have been made to care plans since the last inspection and the manager confirmed this work is ongoing through regular reviews. Care plans contain useful information that helps care staff to know people's preferences and support needs. Formal recording of care staff reading care plan updates needs improvement. We discussed this with the manager during inspection and they are addressing this.

The manager is in the process of creating a 'This is me' document for everyone's bedroom door to further help care staff to know people well. We saw the ones already on people's doors contain positive and valuable insights into who they are as a person, some of their personal history, who is important to them in their life, the subjects they like to talk about, and their preferences for how they like their drinks made. We saw the information displayed maintained people's dignity and privacy.

We reviewed medication administration records for people during this inspection and found inconsistencies and gaps in record keeping that do not follow current best practice. We also found people's care record folders contained out of date information that might lead to confusion about their current needs. We discussed this with the manager during inspection, and action is being taken to address these issues.

Environment

This was a focussed inspection, and we did not consider this theme in full.

People can be sure they live in an environment that supports them to achieve their desired outcomes and meets their needs. The home is clean, well maintained and has benefitted from an ongoing programme of refurbishment. Issues with the environment identified at the last inspection have either been fully addressed or remedial work is in progress; monitoring of progress can be seen in the home's current refurbishment plan.

The communal living and dining room spaces are bright and airy. They have been re-arranged since the last inspection and their layout is improved as a result. The lounges have comfortable chairs and coffee tables arranged in small groups to facilitate people chatting and socialising. The larger dining space has dining tables and chairs with place settings at mealtimes which help to orientate people with dementia to time and place. A small kitchenette has been installed in the smaller dining area to facilitate people having drinks and snacks in between mealtimes.

Improvements have been made and are ongoing to the long term storage areas for care records to ensure they meet both data protection and fire safety requirements. We saw adequate fire safety equipment in the home and records show this is serviced and maintained regularly. Specialist equipment is available to meet people's care and support needs; records show this equipment is serviced and maintained regularly, in line with the regulations.

Leadership and Management

This was a focussed inspection, and we did not consider this theme in full.

There are insufficient governance arrangements in place to support the smooth operation of the service. There is currently no approved Responsible Individual (RI) at the service. A new regional manager is due to start their role in November 2022, but the manager confirmed they are not aware of any plans to appoint a new RI. The service provider has not notified us, as per the regulation requirements, of any interim arrangements they have for the monitoring and oversight of the service. The lack of RI in post and lack of alternative or interim arrangements is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service is not always provided in accordance with the statement of purpose. The current statement of purpose states the RI conducts monthly audits and regular quality audit visits to the home. However, records show that quality audit visits to site by the RI since the last inspection have been inconsistent. They also show the manager has had insufficient support and formal supervision. Management quality audits seen for different aspects of the day to day running of the service provide an incomplete picture of the quality of care in the service. Prior to leaving their role, the RI has not had sufficient oversight of management of the service, despite the fact we identified this as an issue at our last inspection. This continues to place people at risk of harm to their health and well-being. Where providers fail to take priority action, we will take enforcement action.

Records show staff receive training in subjects required to meet people's care needs and ensure they know how to keep them safe. Some training achieved by staff is not recorded in the records provided during inspection, and the records do not distinguish the specific training requirements of different roles.

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
9	The service provider must ensure they keep the regulator informed of alternative or interim arrangements in the absence of the Responsible Individual for the service.	New
6	The service provider has not ensured the service is provided with sufficient care, competence, and skill, having regard to the statement of purpose. The service provider must ensure adequate systems and processes are in place for effective oversight and governance of the quality of the service, and that those systems and processes are being followed by a Responsible Individual (RI).	New
66	The Responsible Individual has not met their obligations for the supervision and oversight of management of the service. This must be addressed	Not Achieved

	by the service provider.	
44	The service provider has not ensured that the premises is properly maintained and free from hazards to the health and safety of people in the service.	Achieved
21	Care planning, and care and support provided does not consistently enable individuals to meet their personal outcomes, or maintain and promote their dignity, well-being, and health.	Achieved

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 inspection	N/A

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