



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

27/09/2023

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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	07 June 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 and welcoming. Staff are kind, caring and respectful of people and know them well. Personal plans provide clear instruction to staff about people's support needs and preferences. Records show care is provided following people's individualised plans and risk assessments. Feedback from professionals and relatives is positive about the home.

The Responsible Individual (RI) attends the home regularly as part of his supervision of the management of the service. The service provider has improved their governance and oversight of the home following feedback from CIW and professionals. There has been ongoing investment in the home to maintain it in good order and ensure adequate staffing levels. Improvements made across the service have resulted in people living there experiencing good outcomes and well-being.

Well-being

People are supported to make choices about their day to day lives. We saw people moving about the home as they pleased and socialising with others. People can make choices about when to get up, what to wear, what to eat or drink. The manager seeks out people's opinions on how the home should be decorated and what to offer on the menu. Relatives are involved in planning of events and day trips out into the community. Residents are involved in the recruitment of new staff and actively participate in recruitment interviews.

People are supported to do the things that make them happy and get the support they need at the right time. There is an activities coordinator the majority of days each week providing different events and activities based on people's preferences and interests. We saw people enjoying both one to one and group activities during our visit. Staff know people well and chat with them about the things and people that are important to them. Records show people get visits from health and social care professionals when needed. People's communication needs are supported, including their language preferences. The provider has bilingual and pictorial signage in the building to support those who speak Welsh or struggle to read. They are also in the process of updating their statement of purpose and service user guide to be available in Welsh and English. There are two Welsh language champion residents who enjoy teaching care staff a different word each day.

People are protected from abuse and neglect. The provider ensures staff are trained and knowledgeable in how to prevent, identify and report suspected abuse and neglect. There are policies and procedures in place to guide staff. We saw staff are confident raising issues with the manager and action is swiftly taken to resolve them. For people who lack the capacity to make decisions about their care, there is a best interest decision making process and access to an advocate where appropriate. Relatives told us they are happy with the care in the home and people are safe there.

Care and Support

Care staff are guided by personalised plans for people's care and support. These are written using information from various sources including people themselves and their relatives or representatives. Personal plans are suitably detailed and provide clear instruction for care staff about people's preferences, personal objectives and how care staff should support them to achieve those objectives. Records show plans are reviewed routinely and updates made as changes occur in people's needs. Individualised risk assessments are used to identify how to support people safely in the home. These assessments are linked to relevant personal plans for each aspect of people's care needs, and actions staff need to take are highlighted. There is a new electronic system for care planning and recording. Staff have received training in how to access and review plans on the new system using handheld devices.

People experience good care and support provided by appropriate numbers of trained staff who follow people's personal plans. All staff in the home know people well and spend time chatting with them about things they enjoy. We saw care staff provide dignified and respectful care and support. The manager told us they like to spend time working alongside care staff and monitoring quality of care to drive improvements. We saw staff have a good rapport with people and their relatives, who were included in planning discussions for outings and whole home activities during our visit. Care staff are kind, patient and caring when supporting people. Staff are attentive to residents' needs and chatty, calm, and friendly. Care records are suitably detailed and show the care given follows personal plans and professional advice. We saw good support and encouragement being offered to those that needed it during mealtimes. The food in the home is freshly cooked and looked and smelt appetising. People are given a choice of menu options at mealtimes and have been involved in developing the latest seasonal menu.

The service provider ensures policies and procedures are in place to control and minimise infection in the home are followed by all staff. We saw domestic staff working during our visit and staff using personal protective equipment (PPE) appropriately.

The provider ensures staff receive appropriate training and are competent in the administration and storage of medication in the home. The service received positive feedback from health professionals following audit and monitoring of medication administration and storage in the home.

Environment

Since our last inspection, the service provider continues to ensure the home supports people to achieve their personal outcomes. The home is warm, welcoming, well decorated, and clean and tidy throughout. We saw domestic staff working during our inspection, and corridors were clutter free. At times the lounge diner became busy, but we saw care staff were vigilant to ensure equipment and chairs did not block walkways allowing people to move freely about. We saw furniture in the lounges provides ample seating for people and visitors, and dining tables are laid out with place settings, cutlery, and glassware for meals. We saw both bilingual and pictorial signage throughout the building directing people to bathrooms and communal areas.

The service provider invests in the fabric of the building and ensures the home is well maintained. We saw the maintenance person redecorating the lounge during our visit, and work has begun on redecorating the corridors leading to bedrooms on the ground floor. The manager told us people living in the home had chosen the colour and the pretty blossom tree and songbird decorations for the extension corridor. We saw the décor there is bright and tasteful, adding to the homely feel. We saw a maintenance plan highlighting priorities for refurbishment and redecoration over the coming months. We also saw a maintenance record of minor issues for the maintenance person; this is monitored and updated when issues are resolved. We saw evidence the RI reviews the environment and décor as part of their regular visits to the home. We saw this is also part of the senior managers review of the home during their frequent visits.

The service provider ensures ample equipment is in the home to meet people's needs. We saw records of equipment testing and maintenance completed since our last inspection. We saw improvements have been made to the recording of routine health and safety checks, and work to improve this further is ongoing.

We saw records of regular health and safety audits and risk assessments completed as part of the senior managers compliance checks, and to ensure that people stay safe. Records of personal emergency evacuation plans (PEEPs) are in place for each resident and updated as support needs change. Fire drills and routine fire alarm testing records are up to date. The home has a Food Hygiene Rating of five, the highest level attainable.

Leadership and Management

The service provider and RI have made improvements to the systems and processes in place for the oversight and governance of the service. The proposed RI makes regular visits to the service during which he speaks to people and staff and reviews a range of documentation and audits of the service delivery. The RI also conducts a regular review of the premises and environment. Outcomes of these visits include action planning and subsequent monitoring of progress towards completing those actions. Senior management staff in place provide an additional point of contact and advice for the registered manager. Records show the senior manager visits the home regularly and to monitor all aspects of the running of the service and reports back to the RI. The manager told us they feel well supported by the RI and senior management. Records show the service provider and RI have taken on board feedback from CIW and other professionals to drive improvements and achieve compliance with the regulations. Feedback we received from professionals supports this. The provider is currently updating their feedback questionnaires for people and their families to complete. We saw a draft version of these during our visit; they are bilingual and use simple language and pictorial images to accommodate people's varying communication needs.

The service provider ensures adequate numbers of staff are in the home and continues to recruit as needed. Rosters show where agency staff are used, the manager requests the same staff to attend to ensure continuity of care for people. A comprehensive health and safety induction is given to all agency staff on their first shift and they are included in any in-house training.

People can be reassured new staff are thoroughly vetted prior to appointment and undergo an appropriate induction as part of their probation. Records confirm routine checks of disclosure barring service (DBS) checks are done for long standing staff, along with registration with relevant regulatory bodies. Training records shows improvements in the skills mix and competence of staff in the home. The provider has implemented refresher training for all staff across all the topics to ensure staff have the skills and knowledge required to meet people's needs. This has included online training and in person training from visiting health professionals. During our inspection we saw staff receiving one to one training in how to safeguard people from harm; this was being done in addition to online training in this subject. Senior staff have completed specialist training to enable them to train staff in the home in correct moving and handling techniques.

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
66	The service provider has applied to be the Responsible Individual, but has failed to adequately demonstrate they are meeting their obligations for the supervision and oversight of management of the service. This must be addressed immediately by the service provider.	Achieved
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 of the quality of the service,. They must ensure those systems and processes are being followed by care staff, management, and the provider as the proposed	Achieved

	Responsible Individual (RI).	
21	The service provider must ensure care is provided following people's personal care plans. They must also ensure care is provided in a way that promotes and protects people's health, safety and well-being.	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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