

HF Trust Limited

Chestnuts-Bognor Regis

Inspection report

Chestnuts, Yapton Road
Barnham
Bognor Regis
West Sussex
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Tel: 01243554678

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09 May 2023

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chestnuts-Bognor Regis provides care and accommodation for up to 6 people who have learning disabilities and/or autistic people. At the time of the inspection 5 people were living at the service. The service was based in a large, detached building set within its own gardens in a village location.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: The service had failed to provide a calm home which supported people to enjoy their life without anxiety or emotional upset. People told us they did not feel safe and some people had experienced verbal and physical harm from other people they lived with. The provider had failed to ensure managers and staff had all the training and guidance they needed to support people appropriately when they were upset or anxious.

The provider has taken action to mitigate the risks following the inspection. Staff have interim guidance to support people who may behave in ways which harm others. The providers positive behaviour support (PBS) team are now fully involved in supporting the registered manager and staff. Positive behaviour support enables staff to understand how best to intervene to reduce the likelihood of behaviours of concern and to reduce the need for restrictive practices.

The home used an active support approach aimed at increasing people's participation in daily life, increasing people's skills and being a valued member of their household. People were generally supported to have 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.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care: We observed kind and compassionate care being delivered by both permanent staff and agency staff. People told us they liked the staff. One person said, "Staff are alright, I am just getting to know the new ones, we have had a lot of agency in the past." Care was mostly person-centred and staff spoke of people with friendliness and respect.

Right Culture: There were inadequate processes in place for assessing and monitoring the quality of the service. Systems had failed to identify shortfalls in staff training, meaning staff were not suitably skilled in

positive behaviour support. The leadership team had not effectively analysed incidents in order to learn lessons that could have reduced harm to people.

Where issues had been identified by the providers audit system, actions were not always followed up in a timely way.

People and relatives told us they could talk to managers and staff freely. One person said, "I like all the staff."

Staff told us they felt supported by managers and the provider. New staff were inducted into the values of right support, right care, right culture. One staff told us "I feel very supported to ask questions of the registered manager."

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

Rating at last inspection

The last rating for this service was good (published 10 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We 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 COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to, safeguarding and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chestnuts-Bognor Regis

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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector.

Service and service type

Chestnuts-Bognor Regis is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chestnuts-Bognor Regis is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who live at Chestnuts–Bognor Regis. We spoke with 4 relatives and 5 members of staff. We also spoke with the area manager, the registered manager, deputy manager and 2 support workers. We reviewed a number of records including, support plans and medicine records, staff recruitment and training records and a range of other records relating to the management and safety of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not always safe from abuse. Systems and processes to protect people from the risk of abuse were not operating effectively. People had experienced physical and emotional abuse from others they lived with over prolonged periods of time. Systems in place had failed to protect them.

- People and their relatives said they did not feel safe. People told us they had been hit, punched, and pushed over, one person said, "It's gone too far and caused a lot of trouble." Another person told us they wanted to leave because they did not feel safe.

- The provider employed a team of multi-disciplinary professionals to support their services with specialist guidance and training about Positive behaviour support (PBS). Positive behaviour support enables staff to understand how best to intervene to reduce the likelihood of behaviours of concern and to reduce the need for restrictive practices. The registered manager told us they had made a referral to the PBS team in February 2022; however, the team had failed to carry out a robust assessment and had not provided any detailed guidance for staff on how best to support people. Since February 2022 until our inspection, there had been 20 incidents where harm had occurred to people following incidents within the service.

- Incidents were recorded but were not reviewed for trends; lessons were not effectively learnt or shared with the staff team.

- We reviewed 48 incident reports in detail. The incidents report lacked detail, were not fully completed or contained incorrect information. We found no evidence the incidents were formally reviewed or changes made to people's support plan to reduce the risk of re occurrence apart from adding more staff to provide some 1:1 support.

The provider failed to ensure people were safe from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection the registered manager has provided assurances that a PBS plan is being developed and interim guidance for staff is already available to staff.

- Some staff and some agency staff took part in generic PBS training in April 2023.

- Incidents had been reported to the local authority, who were working with the registered manager and staff.

- Since the inspection 1 person has moved from Chestnuts Bognor-Regis, having been assessed as needing a different type of service to better meet their needs.

Using medicines safely

- People did not always receive their medicines in accordance with the prescriber's instructions. 'As required' medicine (PRN) protocols were not always in place to guide staff on how and when to use these medicines. This was raised with the registered manager, who ensured the PRN protocols were consistently in place and available to staff immediately. We found people had not come to harm as staff were clear about what to do, but there had been a risk of harm.
- The staff were knowledgeable about the medicines they were administering and demonstrated an understanding of people's needs and preferences. People appeared comfortable to receive their medicine. One person told us what their medicine was for and how they were supported by staff.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task. Staff had checks on their competency in practice.
- Leaders understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicine was reviewed by prescribers in line with these principles. We saw evidence of use of antipsychotics being reviewed. Antipsychotics are used for some types of mental distress or disorder.

Assessing risk, safety monitoring and management

- Risks within the environment had mostly been assessed and mitigated where possible. Checks were completed on the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition.
- The risk of one person wishing to store cardboard at the top of the stairs had not been addressed until the inspection. Staff told us they didn't want to upset the person but had not considered the fire risk. This was discussed and a large amount of cardboard removed, with the person's participation during the inspection.
- People's individual health risks had mostly been assessed, monitored and managed. For example, people who lived with diabetes had guidance in place for staff to follow, however until raised at inspection, there had not been an epilepsy bathing risk assessment in place.
- People had personal evacuation plans in place. One person told us they had fire drills and knew what to do if the alarm sounded. There was a fire risk assessment in place and checks were carried out for fire equipment.

Staffing and recruitment

- Staff were recruited safely and in line with best practice. Records showed applications forms were completed and included employment histories. Suitable checks such as references and Disclosure and Barring Service (police checks) were obtained prior to employment
- There were sufficient staff to meet people's commissioned hours with a reliance on agency staff to fill gaps. The registered manager told us 2 new staff were due to start work imminently and recruitment continued. We observed staff were prompt in supporting people who needed assistance.
- Through the inspection we observed staff interacting with people. People were relaxed with staff and spoke positively about the service and the staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff are trained in food hygiene practices and a recent inspection of the catering arrangements had rated the service as 5, very good.

Visiting in care homes

- The provider was supporting visits for people living in the service in accordance with the current government guidance.
- R relatives told us they were freely able to visit. People told us they could chose when their friends and relatives visited. One person's relative was visiting during the inspection.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always adequately assessed and support plans were not always kept up to date with most recent guidance for staff which meant staff did not consistently have guidance about which strategies would best enhance independence and achieve the longer-term aspirations of each person. The registered manager explained this work was ongoing and they were reviewing everyone's support plans and taking action to ensure each person had an accessible support plan that met their individual communication needs.
- People were able to tell us details of their plans which demonstrated they were involved in developing them.
- Health professionals and families gave varied feedback about how well support plans and guidance were being followed, some relatives told us staff knew their loved one well and others told us staff didn't follow a plan to support a person's anxiety.

Staff support: induction, training, skills and experience

- People were supported by staff who mostly received training covering topics such as, safeguarding, Mental Capacity Act 2005 and other learning deemed mandatory by the provider. There were some gaps in staff knowledge in relation to positive behaviour support and very recent training had not yet embedded into practice.
- Staff training was mostly online and records showed completion of the courses offered was generally below the expected percentage the provider had set for compliance. The registered manager told us they were working on this and were aware it was an area requiring improvement.
- Agency staff told us they had received a good induction and had been able to take part in training delivered by the provider. One agency staff member told us, "I learnt from permanent staff how to support people."
- New staff undertook the care certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, environment which aimed to meet people's needs. In addition to bedrooms people could easily access shared living spaces. We observed people freely

going into the office to talk to staff.

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Every room reflected people's tastes and interests. People proudly showed us their rooms, comments included, "You can see, I am very keen on trains" and "My family" indicating photographs.

- The provider had a system to identify work required to improve the environment and this was completed in a timely manner.

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

- People told us of their health conditions and demonstrated knowledge of their own needs. People told us they had support to make and attend appointments.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Managers and staff demonstrated an understanding of people's health needs and were working with health professionals when needed.

- People had health action plans and health passports. Records were kept of appointments and concerns were recorded, for example one person said, "They took a picture of a rash for the doctor to see."

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

- People were supported to eat and drink enough to maintain a balanced diet. People could exercise choice throughout the day and could access sufficient food and drink. Some people had individual dietary requirements. We observed staff offering people food in accordance with their individual needs.

- People told us they prepared food with staff support. People told us they enjoyed the food. One person said, "We chose the menu, I like fish and chips."

- Staff supported people with online food shopping, but one person said they would like to go back to a big supermarket shopping trip sometimes. The registered manager put this in place the following week.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- Staff had a clear understanding of their role in supporting people to make decisions where they could and working with others to make best interest decisions where needed.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- The provider had failed to ensure their PBS team supported Chestnuts- Bognor Regis to analyse and understand the needs of a person who, when anxious, harmed others nor had they developed a plan to guide staff to support the person. The PBS team had archived the persons case in November 2022 and no further action was taken until this inspection. This had left people at risk of ongoing harm.
- Governance processes were not always effective and did not always keep people safe, protect their human rights and provide good quality care and support. The providers quality audit from February 2023 had identified concerns about 40 incidents not having been investigated and lessons not learnt. When we inspected in May 2023 no action had been taken in respect of these audit findings During this period 6 further incidents a physical harm between people were recorded.
- The service had not completed an analysis of incidents which would have supported staff to understand what may have led to the persons distress and identified strategies and techniques to support the person.
- Audits had failed to identify people with a diagnosis of epilepsy did not have detailed plans and risk assessments about bathing or swimming. These activities are a known risk for anyone with the condition. At the time of the inspection the registered manager told us they were not aware of this risk. They immediately gained the information and created plans to share with the staff. The provider had not ensured managers and staff had this basic information.
- Opportunities to learn from concerns raised at the providers other local services were missed. For example, Protocols for as required medicine (PRN) were improved following an inspection in December 2022 at another local service. The same concern about PRN protocols involving the same medicine was found at Chestnuts-Bognor Regis during this inspection. If learning had taken place appropriate protocols would have been in place.

The provider had not ensured there were adequate systems to monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people. This was a breach of Regulation 17 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

- Initial assessments undertaken for people to move into Chestnuts-Bognor Regis had lacked detail and did not fully consider compatibility or staff skills to be able to fully meet a person's needs.

- Overall, records were person centred, but there were missed opportunities to ensure support plans were sufficiently detailed and identified how goals and aspirations were being supported and achieved.
- The registered manager told us it had been difficult to support people as much as they had with individual activities in the local area, but demonstrated they were seeking reviews of contracted hours to allow for more staff time. In addition, extra staff were now being recruited.
- People told us they were supported to do things for themselves and staff helped then when they needed it. We observed this during the inspection, with people taking pride in the tasks they did.

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

- The service operated an open and transparent approach and apologised to people, and those important to them, when things went wrong. Relatives and people described managers and staff as open and approachable. People told us they liked the registered manager and could go to them if they had concerns. A relative said, "If I need to know anything, I am informed." Another said, "I get feedback from [name of registered manager] its better now".
- The provider was aware of their responsibilities to notify CQC of significant events for example safeguarding allegations and serious injuries.
- People were involved in the service. Staff completed regular keyworker meetings with people where activities and ideas were discussed. These were not always translated into outcomes and followed through to record if people enjoyed an activity or not. One person spoke of a particular interest they had and told us they had not been able to do it for some time because of staffing problems. This was being addressed now more recruitment had taken place.

Working in partnership with others

- Professional's and relatives gave mixed views about how well the service worked in partnership with other health and social care organisations. For example, health professionals told us, "Communication is difficult at times, and often requested information is not shared in a timely manner." A relative said communication was good and they were well informed, while another felt communication sometimes lacked detail.

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 | <p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure people were safe from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were adequate systems to monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |