

HF Trust Limited

# Chestnuts-Bognor Regis

## Inspection report

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Bognor Regis  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Chestnuts- Bognor Regis on the 1 November 2017, the inspection was unannounced. The service was last inspected in April 2015 when it was found to be good in all areas.

Chestnuts provides care and accommodation for up to six people who have learning disabilities. The service is part of the HF Trust Limited a charity that operates 70 registered services throughout England to support people with learning disabilities.

At the time of the inspection five people were living at the service. The service was based in a large detached building set within its own gardens in a rural location. One person had en-suite toilet and shower facilities. The other people shared a communal bathroom, along with a communal lounge and kitchen. The manager told us there were plans in place to make significant structural changes. The office was to be relocated and a self-contained flat developed.

The service is required to have a registered manager but there was no registered manager in post at the time of the inspection. The previous registered manager had left the service in September 2017 and a new manager had been appointed. The new manager was being well supported by the registered providers local leadership team and was due to complete a five day residential training course on their roles and responsibilities. Once this training was completed it was the intention of the manager to commence the registration process with the commission.

People told us, "[The manager] is lovely" and staff commented, "[The manager] is very conscientious, very approachable. I do not hesitate to contact her if I have a query" and "Morale is very good. It is a real team home here. Very supportive". We saw that staff were well motivated and records showed staff had received regular supervision to support them in their roles. The new manager told us she was also well supported and able to access guidance from the provider's local senior managers whenever necessary.

People told us they felt safe and staff understood their role in protecting people from abuse and avoidable harm. Care plans included detailed risks assessments designed to ensure people's safety, while encouraging them to be as independent as possible. Where incidents and accidents occurred these were documented and investigated to identify any changes that could be made to improve people's safety.

There were sufficient staff available to meet people's needs. Two staff were on duty on the day of our inspection and staff told us, "For me yes I think there are enough staff." People who used the service were actively involved in staff recruitment processes and records showed that all necessary pre-employment checks had been completed.

People were supported to engage with a variety of activities they enjoyed. During our inspection we saw people baking cakes, making blankets and planning model making tasks with staff and volunteers. People told us, "We played bingo last night" and "I have done a lot this week while staff commented, "People do a

lot of activities, There is enough for people to do" and "We support people to do the things they enjoy". The service had a minibus which all staff could drive and was used to enable people to attend various events in the local community.

Staff knew people well and had a good understanding of each person's individual care and support needs. New staff completed the provider's formal induction training. Staff new to working in the care sector followed the induction standards for the care certificate. New staff were supported by more senior support staff by carrying out shadow shifts before they were permitted to provide care independently. One recently appointed staff member told us, "The training was good actually. I did a lot of shadowing. It was for something like six weeks." There were systems in place to ensure training was regularly updated and staff told us, "I think the training is very good" and "It gets refreshed every year".

Staff understood the requirements of the Mental Capacity Act 2005 and where people's care plans were potentially restrictive, applications had been made to the local authority for their authorisation in the area of restrictive practice.

People's care plans were informative and provided staff with sufficient information to enable them to meet the person's care and support needs. These documents included information about how people preferred to communicate and how best to present information to enable people to make decisions and choices. Care plans were designed to encourage people's independence. Where personal care was required, staff were provided with details of the level of support the person normally required. It included information about the specific task and details of how the person preferred to be supported.

The service records were well organised and there were appropriate quality assurance systems in place. These systems were used to drive continuous improvements in performance. Where any issues were identified action plans were developed and prompt action taken to address the concern. People were actively encouraged to provide feedback on the service's performance. A survey had recently been completed. Responses received had been consistently positive with comments including, "I like living with my friends at Chestnuts".

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well led.	<b>Good</b> ●

# Chestnuts-Bognor Regis

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 November 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with five people who used the service. We also spoke with three care staff, the senior support worker and the manager. In addition, we observed staff supporting people throughout the day and inspected a range of records. These included two care plans, three staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

## Is the service safe?

### Our findings

People said they felt safe at Chestnuts and staff told us, "People are safe and well looked after." Staff understood their responsibilities in relation to the safeguarding of vulnerable adults and had received training to ensure they were able to identify all forms of abuse. Information about local safeguarding procedures was readily available and posters displayed throughout the service, included details of how to report any safeguarding concerns. In addition, the manager had completed additional training provided by the local authority on safeguarding procedures and investigations.

Care plans included risk assessments and detailed guidance for staff on how to protect people and themselves from identified areas of risk. The service's approach to risk management was designed to ensure people's safety while encouraging independence. For example, records showed people and staff jointly completed regular room checks to identify any new or increased areas of risk and agree any necessary risk management measures.

Where accident or incidents occurred these were documented electronically and reported to the manager. These records were detailed and informative. They included information about any unusual event that occurred prior to any incident. Details of how staff and or the person responded to the incident and what happened afterwards. Where necessary incidents had been investigated by managers to identify any learning and reduce the likelihood of similar incidents reoccurring.

The new manager had recently attended a training course provided by the local fire and rescue service. This had highlighted a number of minor issues with the service and people's individual emergency plans and procedures. At the time of our inspection, these documents were in the process of being reviewed and updated to address and resolve these issues. Records showed necessary fire drills had been completed. Firefighting equipment had been regularly serviced to ensure it was ready for use if required.

The service's recruitment procedures were robust and designed to ensure everyone employed at the service was suitable and safe to work in a care environment. All necessary pre-employment checks including Disclosure and Barring Service (DBS) checks had been completed for staff and volunteers as well as having satisfactory references in place.

On the day of our inspection the service was safely staffed. There were two members of staff on duty on the day of our inspection and we saw these staffing levels were routinely achieved. Staff told us, "We have enough staff", "For me yes I think there are enough staff". The new manager said, "We are fully staffed here for core hours".

Medicines were managed safely. Medicine administration records had been completed and appropriate storage facilities were available. Staff had received training on how to support people with their medicines and records showed people had received them as prescribed. Medicines policies were available to support staff and accurately reflected staff practices.

The service's communal areas were clean, tidy and well maintained. People were encouraged and supported to complete domestic tasks within the service and there were appropriate infection control measures in place.

There were systems in place to support people to manage their finances. The service held small quantities of cash securely for people to enable them to make purchases during trips away from the service. Transactions were documented and staff supported people to record details of purchases they had made.

## Is the service effective?

### Our findings

All new staff received formal induction training and completed significant periods of shadowing with more experienced staff when they joined the service. Where staff were new to the care sector they were supported to complete the care certificate training during their probationary period. The care certificate is a nationally recognised training package designed to provide staff new to the care sector with a good understanding of current best practice. One recently appointed staff member told us, "The training was good actually. I did a lot of shadowing. It was for something like six weeks." In addition, records showed that manager had met with new staff at the end of their probationary period to formally review progress. Once staff had achieved the required standards they were then permitted to provide care and support independently.

There were systems in place to ensure staff training was regularly reviewed and updated. All of the staff we spoke with told us they had sufficient skills to meet people's care needs. Staff comments included, "I think the training is very good", "It gets refreshed every year" and "It feels like there is too much sometime but it is necessary". Records showed all staff had completed courses the provider regarded as mandatory on topics including, health and safety, medicines, first aid, and person centred active support.

Records showed staff received regular support and supervision from their managers. Staff told us, "I am due to have supervision tomorrow" and "I get regular supervision and I think we are often monitored from a distance as well." The records of these meetings showed they had provided opportunities for staff to discuss any observed changes in people's needs and any issues in relation to their individual performance.

People were supported to access a variety of health and social care professionals as necessary to ensure their individual needs were met. Care records showed reviews by health professionals had been completed and information on how to meet people's support needs in the event of a hospital admission was available in an easily accessible format.

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. Staff had a good understanding of this legislation and the importance of respecting people's decisions and choices. Care plans included information about how to support people to make decisions and where necessary assessments of people's capacity to make specific decisions had been completed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had identified that some people living at the service were not free to leave and were the subject of restrictive care plans. Necessary applications to the local authority for the authorisation of these care plans had been made.

Staff were provided with detailed guidance on how to meet people's needs if they became upset or anxious.

This included details of events likely to be the cause. There was also, information on how the person preferred to be supported while feeling anxious and advice on how to help the person to manage their anxiety.

People were encouraged to participate in meal preparation and told us, "Sometimes I do cooking", "I do washing up and cooking in the kitchen" and "Good food here, I do a lot of cooking." Fresh fruit and vegetables were readily available and the manager told us, "Each person cooks one day per week if they want to and people choose the menu at weekly meetings". During our inspection one person wanted to make a cake. Staff supported the person to identify what type of cake they wished to bake and supported the person to achieve this goal. The cake was shared and enjoyed by people, staff and visitors during the early afternoon. Staff told us, "The more we involve people with cooking the more they enjoy it" and "People choose the menu and we help them prepare fresh home cooked food." Staff had become concerned that one person had lost significant weight and guidance had been sought from professionals on how best to meet this person's nutritional needs. The advice provided had been followed and shared with family members to ensure similar support was provided when the person visited family members at home.

The service was generally well maintained and had been appropriately adapted to people's needs. Bedrooms had been decorated in accordance with people's individual tastes and further personalised with posters, keep sakes and personal items. People were able to access the service's gardens independently and the hot tub was available for people to use with staff support. One person showed us their shed where they enjoyed listening to music and playing guitar during the summer months. Another person told us, "I have got a new potting shed". We noted that carpeting in some bedrooms had faded and was worn and one person whose room looked "tired" told us, "It was done in 2012. It wants doing up." We discussed this with the manager who explained a number of changes to the layout of the service were planned and that this issue would be addressed.

## Is the service caring?

### Our findings

Everybody we met told us they were happy living at Chestnuts and that they enjoyed spending time with their support staff. People said, "It's nice, very nice and friendly", "I like it here, I am happy", "The staff help me a lot" and "I am as happy as can be". Volunteers who regularly supported people to engage with craft activities and who were visiting during our inspection told us, "[The staff] are all very caring people with very good relationships with the chaps".

We spent time during the inspection observing interactions between people and the staff who supported them. It was clear people got on well with their support staff. We saw people approached staff for support without hesitation and overheard people laughing and joking with them throughout the day. People told us, "I get on with them, they are good" and "[The staff] look after me". Staff provided support calmly, with compassion and it was clear they had a detailed understanding of each person's individual care and support needs. Staff told us, "We have a nice family atmosphere here", "This is a happy home and I think we are a good team" and "You have heard us laughing and joking. It is a nice place to be". One staff member commented, "I love the guys".

People's opinions were valued and respected. Care plans included guidance for staff on how to communicate effectively and present information to support people to make choices and decisions. During our inspection these techniques were used effectively to support one person to plan an activity and make arrangements for a future event. Staff recognised the importance of supporting people to make decisions and choices. Staff comments included, "Person's name is very specific she knows what she wants", "Oh yes people have choice" and "You can't force people to do things they don't want to."

The provider endeavoured to ensure new staff would get on well with the people living at Chestnuts. People were involved in all staff recruitment processes and prospective staff always visited the service to meet people as part of their interviews. In addition the manager and senior both reported that people had been involved in their recent successful interviews.

People were supported and encouraged to maintain links with family members and friends. People's care plans included birthday lists and important dates to enable staff to support people to maintain relationships with friend and relatives. Visitors were encouraged and people were supported to regularly visit their family members at home or in the local community. One person told us, "I went to sewing club yesterday with my mum". In addition, the service hosted a number of events for friends and family throughout the year. People who used the service jointly planned and arranged these events with support from the staff.

Staff respected people's privacy and dignity and knocked on people's doors before entering to offer care or support. People had keys for the front door and their bedrooms and had chosen to lock their doors while rooms were unoccupied.

## Is the service responsive?

### Our findings

People's needs were assessed by managers before they moved into Chestnuts. This was done both to ensure the service could meet the person's specific needs and to try to ensure that anyone new moving into the service would fit in well.

People's care plans were detailed and informative. They included details of the person's specific needs and information about their preferences in relation to how best to support the person. Where routines were important to people these were detailed within their care plan. Where people needed support with personal care, staff were provided with the necessary level of guidance. For example, one person's care plan stated, "I need support to get into and out of the bath but can wash and dry myself". Records showed people's care plans had been regularly updated and staff reported that these documents were accurate.

A summary document gave staff the information they required at a quick glance rather than having to go through each care plan. This provided staff with readily accessible details of the person's likes, dislikes and interests. It also included a photograph of the person and a section detailing what people admired about them. In addition, people's care plans included communication passports. These provided staff with guidance on both how the person normally preferred to communicate and information about how to share information with the person. This supported them to make decisions and choices. In addition, social stories had been developed to enable people to make decisions and choices in relation to complex issues. For example, one person's care plan included a social story that had been developed to help the person identify risks while accessing the local community.

Care records also including information for use by health professionals in the event that the person had to be admitted into hospital. These documents provided details of the person's needs and preferences and had been used successfully to ensure one person's needs were met during a recent hospital stay.

Care plans included sections in accessible formats to enable people to be involved in reviews of their needs. Each month the person met with their key worker to discuss and review their care plan and records showed that where people's needs had changed arrangements had been made to provide appropriate additional support. During these meetings people's individual goals and objectives were identified and plans developed to support the person to achieve these.

The service used an electronic record keeping system to record details of the care and support staff provided. Staff were able to input this information using either of the two computers available at the service and the manager was able to access this information remotely when necessary. We reviewed this system and found it included details of the care staff had provided and activities people had engaged with.

All staff were able to drive the service's mini bus to support people to access the local community, visit attractions and attend day centres, work placements or further education courses.

Each person had a schedule of activities and events away from the service that they liked to attend each

week. In addition, people were supported to engage with a variety of activities within the service including, crafts, cookery and games. On the day of our inspection volunteers from a woodwork class one person enjoyed, visited the service to discuss how best to paint a model the person had built. This person took pleasure in showing us their various creations.

People lived active lives and told us, "We played bingo last night", "I made apple juice yesterday" and "I have done a lot this week". In addition people were encouraged to participate in domestic tasks within the service to help develop skills and independence. Staff told us, "People do a lot of activities, There is enough for people to do", "There is enough for people to do. It is great here" and "We support people to do the things they enjoy".

People were regularly supported to host events and parties within the service. A Halloween party had been held shortly before our inspection and people were beginning to plan events for Christmas.

Records showed people were regularly supported to attend local theatres and other cultural interests and staff told us, "When we all go out to a big activity we arrange it so there is three members of staff". In addition, the service aimed to support people to go on holiday each year and one person told us, "I have just been on holiday up to Shropshire".

The service had a complaints policy and there were systems in place to ensure that any complaints received were appropriately investigated and addressed. People told us they were happy with the support they received and records showed no complaints had been made recently.

## Is the service well-led?

### Our findings

People were complimentary of the service provide at Chestnuts. Their comments included, "I am very happy" and "It's good here". Staff were confident they could meet people's needs and told us, "I think what we do here is really good. I think we are superb".

There was no registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service's previous registered manager had deregistered with the commission in October 2017 and a new manager had been appointed. The manager was due to complete an organisational induction to their new role which included a 5 day residential training course. Once this training was successfully completed the manager intended to apply to become registered with the commission for this location.

People said, "[The manager] is lovely" while staff commented, "[The manager] is approachable" and "[The manager] is very conscientious, very approachable. I do not hesitate to contact her if I have a query". There were clear leaderships structures at the service. The manager was responsible for the management and oversight of three registered services in the local area. She spent one day each week at Chestnuts and also regularly met people while attending events and activities at the providers local day centre where the manager also had another office. The manager was supported by a senior support worker who joined the service on the day of our inspection. The senior support worker also worked at all three local services and would be spending one day per week providing care and support at Chestnuts. Both the manager and senior support worker knew people well as they had previously supported people either at Chestnuts or at the day centre. This meant both the manager and senior support worker could cover staff care shifts in the event of staff sickness or other unexpected events.

The manager told us, "I definitely feel supported" and explained that that since their promotion they had received support and guidance from the provider's operations manager who was locally based and, "Is always there if I need her".

Staff told us, "Morale is very good. It is a real team home here. Very supportive" and "Everybody works as a team here". Records showed staff had been well supported and their training needs had been met. In addition, the provider operated a "GEM Award" staff incentive scheme to recognise and applaud staff contributions and achievements. The manager told us a number of staff had been successfully nominated for these awards.

There were systems in place to help ensure any areas for improvement were identified and action taken, where necessary to continuously improve the quality of care people received. Performance assessments based on the commissions key lines of enquiry were completed regularly. Where any issues were identified plans were developed detailing the actions necessary to address and resolve them. The action plans clearly

identified the staff responsible for resolving individual issues and set dates by which they should be resolved. Staff and managers also regularly completed a variety of audits including medicines, people's finances and accidents to ensure people's needs were being met and systems were effective.

As part of the provider's quality assurance processes a survey of people and relatives feedback had been completed in October 2017. Responses received had been consistently positive with comments including, "I like living with my friends at Chestnuts". Residents meeting were also held regularly and minutes of these meetings showed that where people had raised issues or concerns these had been acted upon.

Records were well organised and staff were able to access information readily during the inspection process. All confidential information was stored securely when not in use.