

Milestones Trust

# The Chestnuts

## Inspection report

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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

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 27 and 29 September 2016.

The Chestnuts provides accommodation and personal care for up to seven people who have a learning disability. The home was divided into three separate units, Lower Woodlands, Upper Woodlands and Meadow View, which were managed as one service called The Chestnuts. There were six people living in The Chestnuts with two people living in their own self-contained flats.

There was a registered manager in post; they were also responsible for another service operated by Milestones Trust. This was a temporary arrangement and was planning to stop by the end of October 2016. 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 2008 and associated Regulations about how the service is run.

Sufficient staff supported people. However, there was a reliance on bank and agency staff. This was because a small team of staff were supporting a person living at another property owned by Milestones Trust. This was being overseen by the registered manager. This person previously resided at The Chestnuts. This was a temporary arrangement until alternative accommodation could be sought. Assurances were given this had been found and the staff would be returning to The Chestnuts by the end of October 2016. Staff told us this would help with moral and reduce the pressures on the registered manager.

People were receiving care that was responsive and effective and tailored to their needs. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people. Safe systems were in place to ensure that people received their medicines as prescribed.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Learning had taken place in respect of any allegations of abuse to improve the service for people living at The Chestnuts ensuring their safety. Systems were in place to ensure people were safe including risk management and safe recruitment processes.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Systems were in place to ensure open communication including team meetings and one to one meetings with their manager. Staff were committed to providing a service that was tailored to each person they supported. Staff had received training to enable them to meet people's needs.

People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided. Staff were evidently using the home's complaint process to raise concerns on behalf of people in respect of the environment, health care and improvements to the delivery of care.

People were provided with a safe, effective, caring and responsive service. The registered manager was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received safe care. The home provided a safe environment for people and risks to their health and safety were well managed by the staff. People received their medicine safely and on time.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs. There was a lot of bank and agency staff usage. As much as possible these staff were familiar to the people and the service.

### Is the service effective?

Good ●

The service was effective.

People were involved in making decisions. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's nutritional needs were met. People were supported to make choices about what they wanted to eat.

Staff were trained and supported in their roles.

### Is the service caring?

Good ●

The service was caring.

People received a service that was caring and recognised them

as individuals. Positive interactions between people and staff were observed. People were relaxed around staff.

Staff were knowledgeable about people's daily routines and personal preferences. People were encouraged to keep in contact with family and friends.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were receiving a responsive service. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

There were systems for people or their relatives to raise concerns.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way. Staff were supported in their role. They were looking forward to a period of stability when the registered manager would be managing the one service.

The quality of the service was regularly reviewed by the provider/registered manager and staff.

# The Chestnuts

## 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 was planned to check 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 27 and 29 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The last full inspection of the service was in May 2013. At that time, we found the service was compliant with regulations.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted the local community learning disability team to seek their views on the service. On this occasion we had no feedback.

We spoke with the registered manager and four support staff. We spoke with two people who used the service and observed a further four people. They were unable to tell us about the service due to their learning disability.

We looked at three people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and supervision and training information for staff.

# Is the service safe?

## Our findings

Two people told us they felt safe living in The Chestnuts and they liked the staff who supported them. They told us there was usually enough staff to enable them to go out when they wanted. Four people were unable to tell us about their experience of the care they received. We spent time with them observing the interactions of staff. We saw people were relaxed and responded positively when approached by staff. This demonstrated people felt secure in their surroundings.

There was sufficient staff to support people safely. There was always a minimum of two staff supporting the four people in Meadow View with a third member of staff working a mid-shift 10-5:30 pm. On Upper and Lower Woodlands there was a minimum of one staff supporting two people. Again there was a mid-shift to support these two people with social activities and preparing meals. This enabled them to have one to one time with staff.

On the first day of the inspection, the home was unable to cover the mid shifts (10am to 5:30pm). Staff had exhausted all avenues including the internal bank system and the agency. In response the registered manager had supported one of the two people in Lower Woodlands and two members of staff agreed to work additional hours after their early shift to support the people with their planned activities.

Staff told us the last 12 months had been difficult as they were supporting another person who previously lived at The Chestnuts. This person was being supported by staff from The Chestnuts in another service owned by the Trust. This was important to the person to offer continuity and to have staff who were familiar to them. The registered manager told us during this time a small group of staff were working alongside this person to provide one to one 24 hour care. This was a temporary arrangement until more suitable accommodation could be found. The registered manager confirmed this had now been found and the staff would be returning to The Chestnuts on 31 October 2016. There was a high bank and agency usage because of this to ensure the service was suitably staffed.

Since our last inspection the registered manager, the provider and the commissioners had reviewed the staffing arrangements at night which meant there was no longer a sleep in member of staff. There was one waking night staff supporting the six people. People were assessed over a period of time in relation to their support needs and it was felt that one waking staff was sufficient to support the people living at The Chestnuts. The assessment included looking at any events that may occur should a second member of staff be required such as a medical emergency or a fire. Staff confirmed they could make contact with the on call manager if they required additional support. There was also another service owned by the Trust directly next door.

One person was happy to show us how they would alert staff in the event they required assistance in the night by pressing a button by their bed. They said they had used this on one occasion and staff had responded quickly. This was because the night staff spent most of their time in Meadow View as the people in Upper and Lower Woodlands did not require direct support during the night. Frequent checks were completed during the night for people that needed this. This varied from every half hour to every two hours

depending on the individual needs of the person. This ensured people were safe at night. Records were maintained of these checks. Alarms had been fitted to some external doors to ensure the safety of people in the individual flats to alert staff of any intruders or that someone had left the building. This was a precaution rather than a known risk.

The registered manager was able to describe the process that new staff underwent to ensure a thorough and robust recruitment process was undertaken. Records relating to recruitment were held at the main office at Milestones Trust. They told us staff only commenced in post when all their checks had been completed such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

The registered manager told us they were unable to recruit to any vacant posts until the small group of staff returned at the end of October 2016. The registered manager said in addition a team leader had recently left and this post could not be filled and along with some sickness this was putting some pressure on the service. This was acknowledged by the chief executive when they completed a recent quality visit in February and July of this year however, no solution was offered to support the service. The registered manager told us during this time shortfalls were covered by assigned bank workers employed by the Trust, staff working additional hours and agency staff. Where possible familiar bank and agency staff were used to offer people continuity.

Two people clearly understood they could report concerns about staffing to the registered manager and their views would be taken into account and acted upon. For example one person was very particular about the staff they wanted to work with them. The registered manager told us how this was planned into the rota to ensure they had staff they were confident with.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe and these covered all aspects of daily living. They had been kept under review and other professionals such as speech and language therapists and physiotherapists had been involved in advising on safe practices and any equipment required. Staff showed a good awareness of their role in keeping people safe from harm.

Medicines policies and procedures were followed and medicines were managed safely Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager.

People were kept safe by staff who knew about the types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. Each person had a safeguarding profile which described how the person may express they were not happy and when they were more vulnerable. For example when a person was unwell or particularly anxious or when there was a high level of agency staff being used who may not know them as well.

There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. This was clearly displayed in the office. Staff had completed training in keeping people safe.

The registered manager had appropriately raised safeguarding concerns in the last 12 months. This included sharing information with the local authority and the Care Quality Commission (CQC). The level of



information shared with other agencies had been appropriate and sufficient to keep people safe. As a result of investigations, changes were made to people's care arrangements, where required to keep them safe. This also included providing staff with additional training at team meetings in respect of record keeping, reporting and actions they needed to take to keep people safe. For example to ensure there was always a member of staff present in Meadow View when people were in the lounge. This was because some people were protective over their personal space and could hit out if this was invaded.

The provider had a staff disciplinary procedure in place. This showed the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

There were environmental audits to ensure the property and the working practices of the staff were safe. Routine maintenance was completed to ensure the property well maintained and fit for purpose. Other checks were completed on the environment by external contractors such as the moving and handling equipment and routine checks on the gas and electrical appliances. Certificates of these checks were kept. The registered manager told us that some redecoration work was planned in Meadow View and would be completed when some people went on holiday in October 2016.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. There was sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area.

## Is the service effective?

### Our findings

People were encouraged to participate in the preparation of food on Upper and Lower Woodlands. They were offered a choice of what they wanted to eat and menus were planned with them. The menus seen in each area of the home showed people were having a varied menu that was nutritious and wholesome. Staff said care was taken to ensure food was always freshly prepared and based on what people liked. This was especially important for those people living at Meadow View who may not always communicate what they wanted.

Staff said people always choose what they wanted for breakfast and they were now exploring how this could be done for other meals. Staff said they were planning to sit with people using pictures enabling them to have more choice on what they wanted for lunch and tea. Staff said there were always alternatives if someone indicated they did not like what was being offered. People's dietary and fluid intake was monitored and recorded where required. Where relevant, dieticians and speech and language therapists had been involved in the assessment of people's needs and devising a plan. The advice of professionals had been included in the person's care plan and risk assessments.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. Staff advocated for people when they did not get the service they needed. For example one person was experiencing pain in their ears and due to a staff member's persistence, further investigations were done which had been successful. This was particularly important as the person was unable to communicate verbally their experience of what they were feeling.

Referrals were made when people's needs had changed for example two people were being assessed by an occupational therapist in respect of the home's vehicle to ensure it was suitable. Another person was being referred to a health professional because staff were concerned about some new behaviour that may be linked to pain thresholds. The registered manager told us they were confident that referrals were made in a timely manner. However, a person had recently purchased a comfy chair in response from a request from a relative. The registered manager said they were disappointed as they had not consulted with the physiotherapist to ensure it was suitable for the person. Since the purchase of the chair a physio assessment had been completed and a new chair was being delivered. It was evident the registered manager had learnt from this experience.

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.

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 are called the

## Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us they had submitted applications in respect of DoLS for the seven people living at The Chestnuts. This was because of the constant supervision people required to keep them safe rather than any restrictions imposed on them. The registered manager had a system to monitor and keep under review each authorisation ensuring where an authorisation needed to be renewed this was completed in a timely manner. Applications had been re-submitted in a timely manner however, there were some delays which were out of the service's control. This was because they were waiting for the placing authorities to re-allocate an assessor. The registered manager was proactively chasing up the local authority by email in respect of these applications. The registered manager had notified us about the outcome of the authorisations.

Information about these safeguards were clearly described in the person's care plan on the reasons for the authorisation. There was a key code system on the front door, but if people wanted to go out there was usually enough staff to support this.

Staff said they supported people to make decisions, for example about what to wear and how they wanted to spend their time and saw this as being very much part of their role. Staff were aware of those decisions that people could not make for themselves. An example of this was decisions about healthcare when people may not be able to understand the relevant information. Meetings were held so that decisions could be made which were in people's best interests involving other health and social care professionals and relatives where relevant. Records were maintained of these discussions, who was involved and the outcome.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for their work was assessed. Staff had completed a programme of training which had prepared them for their role. Milestones Trust ensured staff new to care completed the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Most of the staff had worked in the service for a long period of time with the newest member of staff having worked in the home for two years.

Bank and agency staff received a short induction when they started working in the home. Records were seen confirming this. This ensured they were aware of the needs of the people living in the home and policies they may require in the event of an emergency. A bank member of staff confirmed they regularly worked in the home and staff supported them in their role.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, moving and handling, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Staff also received specific training to meet people's needs including, administration of emergency medicines for epilepsy, positive behavioural support and epilepsy awareness. Staff said the training they had received had helped them to meet people's individual needs.

Staff confirmed they received supervision with their line manager and found these useful. One member of staff said these had not been as regular as they should be but they knew if they needed to discuss anything one could be arranged. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. From looking at the

supervision matrix there were some gaps. This had been discussed during a provider quality audit. The registered manager told us with a team leader leaving these had not been as frequent as they would like but now everyone has had a one to one meeting and moving forward this will improve when they were not supporting the other service. Staff also had an annual appraisal of their performance. Staff told us they generally felt supported in their roles with good communication between the team and the registered manager.

The Chestnuts was situated in a rural area on the outskirts of Yate. Good transport links were in place to enable people to access Yate, Bristol and the surrounding areas. The registered manager told us this was a really good location as it had the best of both worlds with lots of rural walks which people enjoyed and not too far from Yate shopping centre. They commended the train links to Bristol which had been used by one person regularly to access their college course.

The home was divided into three separate units, Lower Woodlands, Upper Woodlands and Meadow View, which were managed as one service called The Chestnuts. The Lower and Upper Woodlands were two individual flats. Two people lived in this area. The flats were comfortably furnished, with people having access to their own bedroom, lounge area, bathroom and kitchen. Each had a separate entrance and individual secure garden for their own personal use.

Meadow View was home to four men. Each had their own bedroom which they had personalised. One person had access to an ensuite. There was a shared bathroom and toilet. The registered manager stated in their business plan that each person would benefit from having an ensuite and a proposal had been submitted.

There was a large lounge diner which led through to the kitchen. The kitchen had been refurbished so that people could access the area safely supported by staff. This included an induction hob so people were protected from the risk of burns. Staff said one person regularly likes to sit in the kitchen with staff when food preparation was being completed.

The lounge was comfortable and homely. The registered manager told us they would like a further lounge area in Meadow View so that people could spend time apart if they wanted. We observed two people sitting in the hallway. There was comfy seating in this area and people had access to a digital photo frame showing photographs of people involved in social activities and holidays. Staff said often people liked to sit and watch these.

Specialist bathing facilities had been provided in the main bathroom in Meadow View, including a spa bath with an electronic hoist. Lights could be dimmed and music piped in to the bathroom to create a pleasurable experience for people while they bathed. There was also laser equipment when turned on showed the night sky covering the ceiling and walls in the Meadow View lounge. Staff confirmed this was really beneficial for one person in providing a calm atmosphere at night before they went to bed.

## Is the service caring?

### Our findings

People showed in many ways they liked the staff that supported them. This included seeking staff out, sitting with them and talking about them. One person named particular staff they liked stating, "They are lovely". Staff spoke about people in a positive and caring manner.

Staff knew people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. Staff were kind in their approach and greeted people when they walked into the lounge areas of Meadow View.

Staff took the time to find out what people wanted by interpreting their non-verbal communication. For example one person took staff to a cupboard containing puzzles and art equipment. They then sat with the person engaged in this. The staff member was interacting with the person and giving praise when they put the piece in the correct position. When the person had clearly had enough staff assisted the person to put the puzzles away. Another person indicated by using non-verbal communication that they wanted their head phones. Initially these were not working but the staff member took the time to get them working, clearly explaining what they were doing. It was evident both people enjoyed the company of the staff member and felt relaxed in their company. One person was led on the sofa in a relaxed position listening to music whilst watching what was going on around them. They were smiling throughout. This showed the person was comfortable in their surroundings and with the staff that were supporting them.

Staff sought to understand what was wanted and how they could help people. People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.

People were encouraged to be as independent as they were able. Plans of care included what people could do for themselves and where they needed support. Two people in Meadow View were very keen for their environment to be clutter free and tidy. Both people were observed moving chairs or putting away their puzzles when they had finished using them. Staff ensured during these times the people could move freely without causing another person harm. This support was done sensitively and in a calm manner without increasing the person's anxiety or that of the other people in the room.

People were involved in household chores such as cleaning, doing their own laundry and preparing their own meals. What people could do was recorded in their plan of care. We observed staff supporting people in these areas at different times of the day in Meadow View, Lower and Upper Woodlands.

Support was allocated to people when they needed it especially in Upper and Lower Woodlands. Both people residing in this area had self-contained flats and shared the support of one member of staff during the morning and evening. During the day each person had one to one staffing except on Sunday when this support was shared. People spoke positively about their living arrangements and were proud to show us

around their home. Staff were observed knocking or ringing the doorbell prior to entering the person's private space. The person was also asked for their permission prior to staff entering.

Staff clearly explained the role of the inspector to both people and sought their permission before we entered. One person told us they liked living on their own and staff would help them when needed. They told us staff supported them with making their meals and doing household tasks. Another person said they could cook for themselves but liked staff to be available to keep them safe. Staff praised the person on their skills in the kitchen. It was evident the service was encouraging people in Lower and Upper Woodlands to more independent in all areas of everyday living.

People looked well cared for and were addressed appropriately to the climate and the activities they were doing. Staff supported people where required to change clothes if these had been soiled for example after lunch. Staff positively praised people on the way they dressed stating to one person, "You look lovely today, the colour of your dress suits you, are you going anywhere nice". The person promptly said they were going out to Warmley evidently liking the praise they had been given. People in Meadow View were offered wet wipes before and after lunch to enable them to wash their hands or faces. This showed staff supported people to maintain their dignity.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. Two people confirmed they had a key worker whom they liked. One person said, "My keyworker is lovely we go out together".

People were supported to keep in contact with friends and family. The registered manager said it was important for people to maintain contact with family. This was seen as part of the keyworker role in supporting people to maintain contact with family. One person told us how their relatives visited them every week and they looked forward to this, another person regularly stayed with family. Another person was seen asking to see a friend they had previously lived with. A date was arranged for the following week. They said they would like to go for lunch with this person and a member of staff. A relative who had completed the recent provider's survey commended the home in keeping in contact with them by telephone as they were no longer able to visit.

People attended local social clubs in the community enabling them to maintain contact with friends. The registered manager said this was important for people to develop friendships outside of the home and not be totally reliant on staff. An example was given where a person had played tennis and had been paired up with two other people rather than the member of staff. They told us this encouraged the person to build a relationship with other people outside of the home and boosted their confidence in this area. Another person told us how they visited another Trust home and looked forward to meeting with the friends they had made.

## Is the service responsive?

### Our findings

Staff were responding to people's care needs throughout the inspection. This included assisting with personal care, and supporting people with activities both in the home and the community.

There were six people living in The Chestnuts, four in Meadow View, one person in Lower Woodlands and one person in Upper Woodlands. The registered manager told us that since one person has moved from Upper Woodlands the person residing there has grown in confidence and was interacting with staff in a more positive way. In consultation with the provider the registered manager told us they would not be filling the vacant bed as it was felt not beneficial for the person to share with another person.

The registered manager said the staff had to have different skills when moving between the areas of the home. For example on Meadow View staff had to be more skilled in reading people's body language as the gentlemen were non-verbal whereas the people living in Lower and Upper Woodlands were very articulate and more involved in their own care. Only female staff worked in Upper and Lower Woodlands to enable them to respond to the needs of the two ladies who lived there. This also formed part of their preferences in relation to the gender of staff. The registered manager said only female staff worked at night. On one occasion this was not possible so a female staff member provided a sleep in cover in the event the two ladies required assistance whilst there was male waking staff working in Meadow View. This showed the service was responsive to meeting people's needs and preferences.

Care plans contained information to guide staff on how the person wanted to be supported. These had been kept under review. Staff reviewed the care plans annually or as people's needs changed. People's views were sought in relation to how they wanted to be supported and were included in the plan of care. For example people's daily routines, their likes and dislikes. Each person had two files containing a person centred plan and a health action plan.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how these had been responded to by staff. This meant there was information available when people's support was being reviewed and adapt the plan of care if required for the person.

Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. They told us this ensured a consistent approach as they were kept informed of people's changing needs. They told us this was also an opportunity to discuss different ideas and approaches.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. A handover is where important information is shared between the staff during shift changeovers. Staff told us there was good communication with other staff and the management of the service.



Where a person required support with personal care clear plans of care were in place. This included what a person could do for themselves. Care plans were in place in respect of any specialist equipment that was to be used for people such as specialist bathing equipment. Staff confirmed they had received training on moving and handling to enable them to support people and respond to medical emergencies such as falls. This included first aid training.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. This covered all aspects of daily living, their medical history and prescribed medicines.

People were encouraged to be as independent as they were able. Plans of care included what people could do for themselves and where they needed support. For example one person used a wheelchair when they were going out. Their care plan asked staff to support the person to walk to the front door. This gave the person some physical independence and choice on when and if they wanted to go out. People were involved in household chores such as cleaning, doing their own laundry and preparing their own meals. One person in Meadow View regularly sat with staff watching them with food preparation. There was a stable door leading to the kitchen which meant that staff could continue to monitor people in the lounge area whilst in the kitchen. It also enabled people to observe what was going on in the kitchen if it was not safe for them to be there.

One person was sat watching television. Staff ensured the programme they were watching was in line with their interests. Staff told us about the programmes the person liked. This was clearly recorded in the person's plan of care. Another person indicated by going to the kitchen they wanted a drink, staff responded promptly and assisted the person to make a drink. Staff showed the person the tea and coffee to enable them to make a choice. This person was prompted and assisted to turn the kettle on. Staff gave clear instructions whilst encouraging the person to be involved in the task at hand. Some people did not like to wait and it was clear that staff were aware of this and reacted promptly when people indicated they wanted something.

Each person had a structured activity plan. We saw that not all the activities were taken place as per the plan. The registered manager told us this would benefit from a review to ensure they were realistic and that the person continued to enjoy the activity. They were also aware that staff did not always record the activities that people took part in. They said this would be discussed at the next team meeting and through supervisions with staff.

Two people told us they were able to choose how they spent their time and had opportunities to spend time in their flats alone. Both people told us they liked their living arrangements. Activities were planned with people to ensure they were suitable and fun. They told us they regularly went out with staff and described the activities they took part in. Activities included a weekly karaoke session, cycling group for people who were disabled, social clubs, shopping and walks. One person told us they enjoyed going to the local pub with staff. One person was supported to go to Bristol for the day with staff by the train. We were told this person in the past went to college in Bristol and this would be explored again in relation to what courses they would like to complete.

People on Meadow View were also involved in regular activities. Staff told us two people often refused to go out. However, they were offered things to do in the home such as baking, arts and crafts and completing puzzles. Some people attended Sensory Heaven where people could be involved in arts and crafts, multi-



sensory activities, singing and relaxation. An aromatherapist visited weekly and staff said people enjoyed this and found it very relaxing. Other activities included cycling, going out for walks or meals out. Staff told us that one person really enjoyed going for a walk every day and this was really important to them. They said there were plenty of rural walks locally which were particularly safe for this person as they had no road safety. Planning was taking place with people to arrange individual holidays. Three people were planning to go to Devon, and one person had already had a holiday in Devon.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. We saw five complaints had been recorded in 2016. These had been responded to appropriately and action taken as a result. The complaints were made on behalf of people living in the service for example a delay in a repair to the hoist in the bath or that a person did not receive the medical attention that was expected. It was evident the registered manager and staff had advocated for people in improving the services they were receiving. Each person had a profile on how they showed if they were unhappy. This included guidance on non-verbal signs people may use and changes in their behaviour that may be seen. This enabled staff to respond appropriately to people.

## Is the service well-led?

### Our findings

There was a registered manager in post. They were knowledgeable about the people they were supporting and passionate about providing person centred care. The registered manager was also temporarily responsible for the management of another service owned by the Trust. Staff were aware when the registered manager would be available in each service. The registered manager told us they regularly visited the other service as there was lone working and it was important for staff to have regular breaks and to feel supported. In addition the staff from The Chestnuts made regular telephone calls throughout the day to check on the well-being of the staff member and to offer any support or guidance if required.

Staff said this year had been difficult. One member of staff said, "We have had our ups and downs, but you ride through it, there is light at the end of the tunnel". They said they were looking forward to the staff returning from the other service which would offer more stability. They finished by saying they really liked working in The Chestnuts. Another member of staff said, "It is a rewarding job, it's the smile you get from someone when you have done something right or a person is pleased to see you when you start work". From talking with staff it was evident they were committed to providing people with an individualised service that was person centred.

The Trust had a clear management structure which included a board of trustees, directors, heads of service and area managers who were based at the Trust office. They provide advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement and positive behavioural support. The chief executive visited the service annually to meet with staff and people who use the service.

The provider and the registered manager carried out checks of the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. People were asked about the quality of the service and whether there were any concerns during these checks. In addition staff's knowledge was checked in relation to key policies such as their understanding and role in safeguarding vulnerable adults and equality and diversity. Where there were shortfalls, action plans had been developed and were followed up at subsequent visits. For example it was noted that the frequency of the supervisions was not happening in line with the Trusts expectations. The matrix showed this had improved and supervisions were now happening for the majority of staff.

Staff said this had been a difficult year for The Chestnuts with some of the staff working in the other service. This had an effect on the morale of staff and meant often they were working with either bank or agency staff. They told us on occasions the home had not been covered with the additional mid shifts which meant that it was more difficult to plan activities for people. The provider checks had also highlighted that the absence of management meant the service was experiencing some difficulties in relation to staff moral and some staff feeling disillusioned. Whilst feedback was positive about the management of the service they felt this would

improve when the registered manager would be solely responsible for The Chestnuts and their time not so divided. This was echoed by the registered manager.

Observations of how staff interacted with each other and the management of the service showed there was a positive culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. It was evident the registered manager worked alongside her staff team in supporting people. They told us they had recently worked different shifts including nights to ensure the home was suitably covered. This was because the agency had not been unable to respond. The registered manager recognised this took some pressure of the staff team.

Bi-monthly staff meetings were taking place enabled staff to voice their views about the care provided and the running of the home. Minutes were kept of the discussions and any actions agreed. The registered manager told us usually the meetings were arranged for a full day and were held away from the home. This enabled the team to meet together on a regular basis. Part of the meeting was used to provide additional training to staff. Staff had recently completed first aid and safeguarding training updates during these meetings. The registered manager stated in the Provider Information Return, they wanted to organise fortnightly senior management meetings. They said, "The pressure on staffing this year has meant that even when planned these meetings are often abandoned due to other pressing needs".

Staff had delegated responsibilities in relation to certain areas of the running of the service such as checks on care planning, vehicle maintenance and health and safety. This enabled staff to be involved and removed some pressure from the registered manager. The registered manager said the return of the team leader from the other service would enable them to delegate further and enable them to concentrate on areas of the management of the service that had been neglected. From talking with the registered manager it was evident the care of the people was the priority.

All accidents, incidents and any complaints received or safeguarding concerns made were followed up to ensure appropriate action had been taken. The registered manager analysed these to identify any changes required as a result of any emerging trends.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. The registered manager told us they had recently had new guidance in respect of reporting to us which was to notify us at the same time as the safeguarding alert was made to the local authority. They said previously they only informed us if this was triaged as meeting the threshold of safeguarding but they recognised this may be delayed if the team did not get back to them immediately. This showed the Trust had cascaded some recent guidance that was shared with them to improve the service and to ensure they were meeting the legislation.