

Milestones Trust

The Chestnuts

Inspection report

9 Lodge Road
Yate
Bristol
BS37 7LE

Tel: 01454227188
Website: www.milestonetrust.org.uk

Date of inspection visit:
21 March 2019

Date of publication:
01 May 2019

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

About the service: The Chestnuts is a care home for seven people with a learning disability. The home is divided into three separate units called Lower Woodlands, Upper Woodlands and Meadow View, which are managed as one service.

People's experience of using this service:

- Staff had real care and empathy and knew people well. Staff were extremely caring, kind and compassionate. They also conveyed they really valued working with people at the home.
- The team worked hard to focus on providing an atmosphere like a family home. Staff were calm and unobtrusive, allowing the person to be the focus of attention and promoting equality for all.
- Staff were knowledgeable and confident in ensuring better outcomes for people. The staff had a clear understanding of their role and how to best support people.
- People really benefited because the registered manager led with a clear vision to enable people to live fulfilled lives as independently as possible.
- There was a transparent culture where staff felt able to discuss issues or incidents in an open way. This in turn promoted improvement. Positive teamwork and communication was embedded in the team.
- People were at the heart of the service and there were many celebrated positive outcomes for people.
- Care records reflected people's needs thoroughly and in a person-centred way. For example, each person had their own unique pictures used alongside their care plan. This was to help them understand what was written.
- People were supported to take positive risks and be as independent as possible. People were enabled through encouragement to be independent and undertake as much as possible for themselves.
- Risk assessments were detailed and ensured people experienced minimal restriction. There were many ways people were supported out of their usual routines and encouraged to try new experiences.
- People benefited because a range of initiatives were used to assist people to communicate their preferences, choices and make decisions.
- Staff went to great lengths to support people who lacked capacity to express their wishes, and staff were unhurried and patient. The communication plan stated reasons why a person might want to communicate and how certain behaviours may indicate a specific way of expressing a need.

Rating at last inspection: The service was rated Good

Why we inspected: This was a scheduled inspection based on previous rating

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

.

Details are in our Well-Led findings below

The Chestnuts

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

The Chestnuts is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 21 March 2019 and was unannounced.

What we did:

Before our visit we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We also reviewed other information, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

We spoke with five people who lived at the home and three members of staff. We looked at the care records of two people and medicines information and records for four people. We observed care and support for people.

We also received feedback from two professionals involved with the service.

We looked at records that related to staff and how the home was managed. These included staff training, recruitment and supervision information. They also included many quality audits and checking systems.



Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person told us, "The staff are nice."
- Staff were skilled at recognising when people were at risk of abuse or felt unsafe. One staff member explained how a certain person's body language would change very slightly if they felt vulnerable.
- All staff were aware of safeguarding procedures and records showed the team had relevant training.
 - There were systems and processes to keep people safe. For example, staff had been on safeguarding training and they knew their responsibilities for keeping people safe.
- When staff reported incidents between people, these were fully investigated. Outcomes were shared with staff and new positive strategies were developed. These were to reduce the risk of similar incidents.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified and actions put in place to manage them.
- Care records included risk assessments that balanced risks for the person in a way that did not restrict their freedom. This showed people were supported to take positive risks to aid their independence. For example, with daily life in the community,
- The staff knew when people required support to reduce the risk of avoidable harm.
- The premises and the equipment was fully risk assessed for safety of people, staff and visitors.

Staffing and recruitment

- We saw enough staff on duty to keep people safe and meet their needs.
- Staff had time to support and interact with people without rushing. The staff mix ensured support workers on duty had the right skills and experience to meet people's needs.
- The registered manager had a dependency tool to work out and make sure there were always enough staff. This included supporting people with activities in and out of the home.

Using medicines safely

- People were supported with their medicines in a safe way.

- Good practice standards were followed. Records were kept showing medicines had been administered, or the reasons why not.
- Some people were prescribed medicines to be taken as and when required (PRN) such as for anxiety and mood swings relief. Those people had PRN protocols in place, so staff knew when and how to use those medicines.

Preventing and controlling infection

- People were supported and assisted to keep their rooms and the rest of the home hygienic and clean.
- The premises looked clean and free from any obvious risks associated with the spread of infection.
- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent infections.



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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- There was a very person centred and detailed assessment in place of each person's needs. These were to make sure people's needs could be fully met and people were happy with the support.
- Assessments included information about people's backgrounds, histories and what was important to them including their views, preferences and aspirations. There was also information about healthcare professionals involved in the person's care. This helped ensure care was based on up to date legislation, standards and best practice.
- Assessment records showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act, especially in disability and age. For example, how to support a person with their mobility whilst promoting independence.

Staff support: induction, training, skills and experience

- People's needs were met by competent, knowledgeable and skilled staff. Staff had relevant qualifications to meet their needs.
- The provider had a system to check staff were up to date in training. This was to make sure the team followed best practice. Training methods included online, face to face training and competency assessments.
- Staff felt valued and were encouraged to increase and develop their skills and knowledge. The registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience.

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

- People were supported by staff to prepare and cook meals.
- Staff understood the importance of supporting people to ensure nutritional needs were fully met.
- Staff assisted people with menu planning, shopping and cooking.
- Care records showed staff acted upon guidance from healthcare professionals qualified to advise them on nutrition.

- When a person need a specific diet, they were well supported with this.

Staff working with other agencies to provide consistent, effective, timely care

- Peoples weight was monitored if needed and issues were discussed with health care professionals if needed.
- Staff had built up positive relationships with professionals connected with the home.
- GPs from the local GP practice visited the home to review people and staff told us they could request a visit at any time. Staff also had regular contact with the practice nurses and community learning disability team.

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

- The premises and home environment had been adapted to meet people's needs.
- Corridors were wide and gave enough room for easy wheelchair access.
- There was signage for people, including picture signs in some areas.
- The communal areas such as the lounge were decorated and bedrooms were personalised.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the need to seek and obtain consent for people's care and support.
- Staff also had an up to date understanding of the principles, of the MCA and people were supported wherever possible to make decisions.
- When people were not able to decide, staff completed a mental capacity assessment and the best interest decision making process was followed and documented. Dols applications had been made when required.

.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People at the home benefited because there was a strong, person-centred culture.
- People had lived in the home for many years supported by a staff team with a low turnover. This meant there was consistency and continuity for people.
- The staff were highly motivated and showed exceptional kindness and care in a way that exceeded expectations. For example, one person was celebrating their birthday on the day of our visit. Staff involved other people in the celebrations. This was done with real sensitivity. When people chose to leave the celebrations, staff supported people who wanted to sit somewhere else.
- One person was reminded in a very caring way that it was also their birthday the week after. The team leader and other staff spoke with fondness when describing people at the home. People were also supported to develop close relationships with each other and this was evident through our observations and time we spent with people. The staff told us about one person who was being supported to attend a City farm. This was an activity the person really enjoyed. The person concerned has started to make their own friends at the City farm.
- The team leader and staff created a warm and caring environment. This was by staff using a very warm open body language, and a very positive gentle tone of voice. We saw people approach staff expressing their fondness back to them.
- The staff recognised people's needs and knew their body languages and verbal expressions when they were distressed. We saw them offering sensitive and respectful support at difficult times.
- Some people were in close contact with their relatives and staff supported their visits to see them.

Supporting people to express their views and be involved in making decisions about their care

- People were consulted about the care and support delivered.
- People were involved in the staff recruitment process so that their views were sought on the suitability of

the new staff.

- People's records confirmed they were involved in meetings to discuss their views and make decisions about the care provided.
- People were supported to make day-to-day decisions for them and were provided with information in formats which best suited their communication needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop close relationships with each other. A healthcare professional told us 'Staff are proactive at looking at alternative activities to improve the wellbeing of the residents for example X loves to be outside and used to love horse riding till an accident. Staff are now looking into the possibility of horse and cart rides to ensure safety. They also said 'Staff are starting to help empower X and make them feel more involved in daily living tasks, encouraging the concept of choice.
- People's privacy and dignity was respected, their rights to confidentiality were upheld and they were not discriminated against in anyway.
- Staff showed genuine concern for people and educated them about respecting each other's space and maintaining confidentiality.
- People were encouraged to do as much for themselves as possible. They contributed to household tasks. Such as preparing meals and setting the table.
- Care plans showed what aspects of personal care people could manage independently and which they needed staff support with.



Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported in a way that meant they received exceptionally personalised care
- People decided who provided their care and support, and when. Each person was respected as an individual.
- Each person had a care plan which provided information for staff about their care and support needs in a person-centred way.
- Care plans described the support each person needed throughout the day. For example, there was information about people's behaviours, social history, accessing the community, physical and mental health.
- Care plans were reviewed to ensure information about people was current and accurate.
- People and staff felt respected and listened to. Staff worked together at all levels to provide a person-centred service.
- People chose what they would like to do daily. Staff supported people to live their life how they wanted and their care and support plans were designed to support this.
- Where people displayed behaviour perceived as challenging, there was guidance for staff on the triggers to look for and how to de-escalate difficult situations. Positive behaviour support was used and staff understood why people might become upset or anxious. Staff used techniques they had learned and were positive and proactive in managing any behavioural issues.
- People were supported to maintain and develop relationships with those close to them, and be part of their community. People were known to the local community for example when out on horses, walking and visiting local shops and had formed friendships with them.

Improving care quality in response to complaints or concerns

- One person had recently been well supported to make a complaint to the Chief Executive of the organisation that ran the home. Their hot water did not work. Staff supported the person to write a letter of complaint and drove them to see the Chief Executive. They gave the letter directly to them. The matter was then swiftly resolved.
- The service looked at ways to make sure people had access to the information they needed in a way they

could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss access and understand information they are given.

- There were easy read guides available for people to help them understand and the registered manager conveyed an open and transparent approach around complaints, encouraging people to let a member of staff know if they were unhappy with any aspect of their care.
- Staff understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures.
- There were processes in place to ensure that all complaints would be dealt with appropriately.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The support of health care professionals was available to ensure people could remain at the home at the end of their life.



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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us they felt the home was managed and led well. They said the manager was always available. People at the home knew who the manager was.
- Staff felt confident in their roles and felt they were supported. Staff spoke highly of the support and said it was excellent.
- The manager was described as very good, and very caring about the people at the home.
- Staff understood how to escalate concerns either using the whistle-blowing processes or to the local authority and the Care Quality Commission (CQC). This was if they felt they were not being listened to or their concerns acted upon. There was information readily available for staff to refer to if they needed to do this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and the manager understood their responsibilities and sent us information when required. This included notifications of changes or incidents that affected people who used the service.
- The last CQC inspection report rating was available for people and on the provider's website. The display of the rating is a legal requirement.
- Staff were clear about their responsibilities and the leadership structure in place. Staff told us they felt well supported by the organisation and registered manager.
- The registered manager carried out regular effective quality audits to check staff were working in the right way to meet people's needs and keep them safe.

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

- Questionnaires were sent to people and families, so they could comment on the quality of care provided.

There were 'have your say' forms in the home if anyone wanted to make comments.

- Each person was given a copy of the complaints procedure, which was also available for them in a pictorial format.
- Staff told us they felt listened to by the manager. Team meetings were held and minutes showed staff discussed people's needs along with policies and procedures and feedback from audits.

Continuous learning and improving care

- The team conveyed an open approach to learning and development. The team had access to the training they needed, including specialist training in behaviour management.
- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- There were effective ways to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents.

Working in partnership with others

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, psychologists and GPs.
- Information was shared so people got the support they required from other agencies and staff followed any professional guidance provided.