

Cygnet Learning Disabilities Midlands Limited

Chaseways

Inspection report

1 Chaseways
Sawbridgeworth
Hertfordshire
CM21 0AS

Tel: 01279414939

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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 inspection took place on 15 October 2018 and was unannounced. This was the first inspection of this service since registration in October 2017.

Chaseways is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Chaseways accommodates six people living with learning disabilities or mental health needs in one adapted building that has been divided into three flats. At the time of this inspection there were four people living at Chaseways. People were not all able or willing to communicate with us however, it was clear they trusted staff and that they worked in partnership to achieve as much independence as possible.

The care service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The provider had a manager in post who had applied to register with the Care Quality Commission. 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.

People's relatives told us they felt that people were safe living at Chaseways. Staff had been trained to safeguard people from avoidable harm and people had access to safeguarding information in an easy read format to help keep themselves safe. Risks to people's health, well-being and safety had been assessed and were reviewed regularly to take account of changing needs and circumstances. Sufficient numbers of safely recruited staff were available to meet people's needs. There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. The home was clean and fresh throughout. Personal emergency evacuation plan plans had been developed for each person and staff could tell us what support would be provided in the event of an emergency such as a fire.

Staff received training and supervision to enable them to support people safely. The service worked within the principles of The Mental Capacity Act 2005 (MCA). Staff worked closely with individuals and obtained their consent before they provided day to day care and support. Assessments were undertaken to identify if people were at risk from poor nutrition or hydration and people were provided with a choice of food. People's individual health needs were met in a timely way and they had access to health care and social care professionals as needed. The communal areas of the home were appropriate to meet the needs of people who used the service.

People and their relatives were satisfied with the staff that provided people's care. People and staff communicated well with each other, staff were sensitive to people's individual needs and were caring. Staff treated people with dignity and understood people's support needs well. People were well groomed, staff had listened to how people wanted to look and supported them with that. People were supported to regain their independence and to make achievable goals. People's personal records were held securely to promote their dignity and confidentiality.

People and their relatives where appropriate had been involved in developing people's support plans. Staff supported people to identify goals for personal achievement in all areas of their lives. Regular meetings were held for people to share their opinions about the service and facilities provided at Chaseways. People were provided with a range of activities and opportunities for engagement. Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

People who used the service knew the manager by name and felt that they were approachable. Staff told us that the management team was approachable and that they could talk to them at any time. Management meetings were held regularly to discuss such issues as recruitment, the performance of the service and any matters arising. There were a range of checks undertaken routinely to help ensure that the service was safe. The manager completed a governance dashboard monthly, this gave the provider a clear oversight of the support people needed and how it was provided. Quality questionnaires in an easy read format were distributed to people who used the service to enable them to give the provider feedback about the service they received. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

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:

Staff had been trained to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

Risks to people's health, well-being and safety had been assessed and were reviewed regularly to take account of changing needs and circumstances.

Enough safely recruited staff were available to meet people's needs.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff.

The environment was clean and fresh throughout.

Is the service effective?

Good ●

The service was effective:

Staff received training and supervision to enable them to support people safely.

The service worked within the principles of The Mental Capacity Act 2005 (MCA). Staff worked closely with individuals and obtained their consent before they provided day to day care and support.

People were provided with a choice of food. Assessments were undertaken to identify if people were at risk from poor nutrition or hydration.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.

The communal areas of the home were appropriate to meet the needs of people who used the service.

Is the service caring?

Good ●

The service was caring:

People's relatives were satisfied with the staff that provided people's care.

People and staff communicated well with each other, staff interactions were sensitive to people's individual needs and were caring.

Staff treated people with dignity and understood people's support needs well.

People appeared well groomed, staff had listened to how people wanted to look and supported them with that.

Staff supported people to regain their independence and helped them to make achievable goals.

People's personal records were held securely to promote their dignity and confidentiality.

Is the service responsive?

Good ●

The service was responsive:

People and their relatives where appropriate had been involved in developing people's support plans.

Staff supported people to identify goals for personal achievement in all areas of their lives.

Regular meetings were held for people who used the service to share their opinions about the service and facilities provided at Chaseways.

People were provided with a range of activities and opportunities for engagement.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

Good ●

The service was well-led.

The manager had applied to register with CQC, the registration

was underway at the time of this inspection.

People who used the service knew the manager by name and felt that they were approachable.

Staff told us that the management team was approachable and that they could talk to them at any time.

Management meetings were held regularly to discuss such issues as recruitment, the performance of the service and any matters arising.

There were a range of checks undertaken routinely to help ensure that the service was safe.

The manager completed a governance dashboard monthly, this gave the provider a clear oversight of the support people needed and how it was provided.

Quality questionnaires in an easy read format were distributed to people who used the service to enable them to give the provider feedback about the service they received.

The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Chaseways

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.

The inspection took place on 15 October 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us in September 2018. This is information the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff interact with people who used the service, we spoke with two people who used the service, one staff member, a representative of the senior management team and the manager. We spoke with relatives of two people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People's relatives told us they felt that people were safe living at Chaseways. One relative said, "[Person] is definitely safe, staff help them to go out and do things, I never have to worry."

Staff had been trained to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff described how they would report any concerns both within the organisation and to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was accessible to staff and visitors alike. People had access to safeguarding information in an easy read format and staff encouraged them to speak up to good effect. For example, an incident had occurred where a person had been supported inappropriately by a staff member. The person had raised this with staff who had escalated the concern to management and the local authority safeguarding team for review. This showed the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Risks to people's health, well-being and safety had been assessed and were reviewed regularly to take account of changing needs and circumstances. Risk assessments were centred around individuals' care and support. For example, for one person risk had been assessed around going to the supermarket, the effect on the individual from other people's behaviours, self-harm during periods of heightened anxiety and getting out of a moving vehicle. More generic assessments around risk relating to infection control, medicines, hot water and accessing the kitchen had been undertaken for all the people who used the service.

The manager reported that staff worked with people in respect of external stimuli to help reduce their risk behaviours and levels of anxiety. For example, one person enjoyed horror films but these had a negative impact on their emotions and behaviours. Staff worked closely with the person to manage their behaviours and anxieties so that they could continue to enjoy films of their choice. A further example was where a person had experienced total restrictions in all areas of their life prior to moving into Chaseways. The approach of the service was to use risk assessment to underpin rehabilitation pathways. In this case risk assessment had supported staff to enable the person to enjoy swimming for the first time in three years.

A daily risk assessment was undertaken at handover each morning considering the behaviours and health needs of people. This enabled a meaningful plan of engagement to be developed for people daily. The manager said this approach meant that risks for people had significantly reduced. This showed that people's safety and well-being was a priority for the staff and management team.

Enough staff were available to meet people's needs. The manager had assessed a safe level of staffing as being five support workers and a team leader daily. They aimed to have six staff members where possible so they could support people to go out into the community at a moment's notice. During the inspection a person wanted to go shopping for a DVD because the weather meant they couldn't go out as originally planned. The staffing levels were such that the team leader could support the person to do as they wished. The ethos of the service was to avoid the use of agency staff to provide cover due to the complex needs of the people and the possible distress and anxiety that people could experience.

Safe and effective recruitment practices were followed to help make sure that staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff and found all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. All tablets were counted daily to help confirm that people had received their medicines as prescribed. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained. Staff told us they had annual face-to-face medicines training and annual competency checks.

People did not have the capacity to self-administer their medicines. As part of the admission process staff explored whether people understood what their medicines were for, why they had them and if the person had capacity to decline their medicines. One person had started to refuse their prescribed medicines, a best interest meeting was held with the person's social worker, health professionals and relatives to discuss covert medicine administration. It was agreed that it was appropriate for the person's best interest to have their medicines administered covertly, this decision was kept under continuous review.

The environment was clean and fresh throughout. Staff had received training in infection control practices and we noted they used personal protective equipment such as gloves and aprons effectively. The service had an infection control champion and regular audits were undertaken to help ensure an appropriate standard of infection control was maintained.

Personal emergency evacuation plan plans had been developed for each person. Staff were knowledgeable about people's individual needs and could tell us what support would be provided in the event of an emergency such as a fire. Staff told us that it was company policy for four full evacuation fire drills per-year and the last one had been held in August 2018.

The manager gave examples where lessons had been learned because of incidents that occurred in the home. For example, a person who use the service had an epileptic episode and staff needed to access their emergency rescue medicine quickly. There were three keys to the medicines cabinet that appeared identical and this caused a slight delay in accessing the rescue medicine. As a result, the keys had been colour-coded so they could be identified quickly. A member of the provider's senior management team told us, "We use incidents that occur in the service as training opportunities."

Is the service effective?

Our findings

People's relatives told us that the care and support provided at Chaseways was appropriate to meet people's needs. One relative said, "[Person] receives the support they need, they are doing more now than they have done for a long while, it is good to see."

The manager gave an example of a person who, prior to moving into Chaseways, had tended to stay in bed all the time and had refused support. As a result of staff patience and reassurance the person now went out regularly and had received chiropody support for the first time in a year.

Staff received training to enable them to support people safely. This included basic core training such as safeguarding, basic life support, food hygiene and infection control. Specific training modules also provided included epilepsy, positive behaviour support and training to equip staff with safe and effective physical interventions to manage the more challenging and aggressive behaviours. A staff member said, "The company provides the best training, as soon as you say you want some you get it. Learning disabilities is my background but I lacked mental-health knowledge. I mentioned this to my manager and was immediately booked onto a six week course, it was very good."

The management team and staff confirmed that there was a programme of staff supervision, staff said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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 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).

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. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The manager showed a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty to keep them safe. They had awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful.

Staff worked closely with individuals and obtained their consent before they provided day to day care and support. Staff were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. Best interest meetings were held for areas including finances, physical intervention, and travelling in vehicles with child locks activated. For one person a best

interest meeting was being considered in the event they refused to attend important health appointments.

People were provided with a choice of food. Staff said the menu was developed with people for the week and reconfirmed with the individuals on the day. The meal was then cooked with support from people where appropriate. A menu for one person was created on a three day basis because they only had capacity to plan three days ahead.

Assessments were undertaken to identify if people were at risk from poor nutrition or hydration. The assessments were kept under review and amended in response to any changes in people's needs. The manager told us that where people put on weight staff tried to work with them to choose healthy snacks and healthy options. However, whilst people's choices were respected there was a lack of dietician advice and guidance to assist staff in encouraging people with healthy options. The manager said it was still early days in terms of people's experiences in moving into Chaseways and the team was still working to gain people's trust and develop their independence and awareness of food and nutrition matters. The management team undertook to access additional support in this area from a dietician.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. Appropriate referrals were made to health and social care specialists as needed and people were supported to access external support such as chiropody.

The management and staff team had a good relationship with local NHS resources and link nurses such as the community learning disability nurses, epilepsy nurses and clinical assessment teams. An external health professional told us, "My experience is that Chaseways care for some very complex patients with multiple needs. A patient with severe challenging behaviours and a history of placement breakdown has been doing very well since moving there a few months ago, which reflects the good level of care and support they are receiving. The communication with professionals is also very good, and there is a welcoming attitude during visits."

The communal areas of the home were appropriate to meet the needs of people who used the service. The building had been adapted to form three individual two-bedroom flats. The three flats comprised of a kitchen/lounge/dining area and 2 bedrooms with en-suite shower rooms. The apartments were each fitted with a fob-activated access system which staff were 'key-holders' for. All access points could be individually programmed, and should risk assessment show that a person was able to have management of the 'key' system the manager said this would be supported and facilitated in line with MCA and DoLS protocols.

People used technology to entertain and engage. One person used a tablet computer and two people had their own laptops. During the inspection one person asked the manager if they could access a specific social media site. The manager responded that they would talk about it later and advised us that a risk assessment was needed in respect of social media access and a possible best interest meeting to limit access to certain sites. This showed that people's safety and wellbeing was always at the forefront of any decision made.

Is the service caring?

Our findings

People's relatives were satisfied with the staff that provided people's care. A relative told us that they felt staff were kind and caring and had the right attitude needed to support people with complex needs.

The area manager told us, "The staff here are responsive, they really care about what they do. There is a real compassion with how staff provide the care and support for people."

People and staff communicated well with each other, staff interactions were sensitive to people's individual needs and were caring. The relationships between staff and people who used the service was based on respect and trust. Staffing levels gave staff the opportunity to form close and meaningful relationships with the people they supported.

Staff treated people with dignity and understood people's support needs well. For one person who used the service English was not their first language. A Staff member had spent some time in the person's country of origin and was able to communicate with them in their own language.

People's dignity was promoted. People appeared well groomed, their hair looked clean, staff had listened to how people wanted to look and supported them with that. One person had been admitted to Chaseways with a history of declining personal care. Staff said there had been previous periods of three to four months where the person had declined to take a bath, they had not attended the barbers for a significant amount of time and had not been getting out of bed. The staff team had worked closely with the person to re-assure and support them to good effect. The person now bathed twice weekly and regularly went to the barber for a haircut and a shave.

People who used the service had spent a considerable amount of their lives in secure institutions and consequently had lost some of their everyday independent living skills. Staff supported people to regain their independence and helped them to make achievable goals. Staff worked closely with people individually towards reducing restrictive practices. For example, kitchenettes were unlocked during the day to enable people to gradually build their skills safely with support. People met with staff regularly to discuss their support needs, especially in areas important to them such as their social lives, activities and their physical and mental health and wellbeing.

People's personal records were held securely to promote people's dignity and confidentiality. Relatives told us they could visit people at any time and said they were always made very welcome by the staff team.

Advocates had been accessed to support people making difficult decisions.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs. Staff explained to people about their support plans and encouraged them to take some ownership and control of how their needs were met. Staff supported people to identify goals for personal achievement in areas such as personal care, cleaning and tidying their own living space, going out into the community and to be able to tolerate and exposed to a wider range of activities and experiences. For example, prior to admission to Chaseways one individual had refused to go out into the community, with support from the staff team at Chaseways the person was now regularly supported to go out. People's progress towards the agreed goals was monitored so that staff could provide any additional support people needed to succeed.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs in a way that helped to reduce people's concerns and anxieties. For example, one person felt they needed to chat with staff early each morning to help start their day well and gain reassurance. Records indicated that the person often walked around the secure garden in the morning and chatted with staff which resulted in the person having more positive days and reduced behaviours and anxieties. The manager said, "Staff just listen to [Person] and provide the support they need."

Staff maintained daily journals for individuals to paint a picture of how they spent their days. For example, one entry in a person's daily journal showed that they had 45 minutes 1:1 support from staff to help cook dinner. This had involved cracking and whisking eggs, grating cheese and slicing cucumber. Other examples included support provided to hang out a person's washing and write a letter to a relative. A Macmillan coffee morning was held recently. A person who used the service enjoyed home baking so the staff team supported everyone to bake cakes and biscuits which were subsequently sold to staff, social workers and relatives.

No-one who used the service lived with a life limiting illness at the time of this inspection. The manager told us that should this change meetings would take place with the person and relatives or representatives as appropriate to explore people's individual wishes regarding end of life care and support.

There were regular meetings held for people who used the service to share their opinions about the service and facilities provided at Chaseways. At a recent meeting two people had asked for a gaming console to help them engage with in-house activities and to add some low level exercise and activity. This had been purchased and was sited in an external building so that people use it without causing any negative outcomes for other people. This showed that people were able to positively influence the service they received.

The service had a target for 25 hours per person per week of meaningful activity which varied dependent on the needs of the person. For example, for one person making their bed was a meaningful activity whereas

another person to allow the chiropodist to attend their feet or to go out into the community was a meaningful activity. Examples of daily activity included doing food shopping, having lunch in a café, learning to use self-service tills in the supermarket and walking to the bus stop.

Some people had not lived at Chaseways for long and staff were still getting to know what drove them towards achieving their goals. One person had recently been supported to use the DVD player by staff using verbal support and praise together with placing their hand over the person's hand to show them what to do. Another person was starting boxing lessons with a personal trainer. This provided the person with an outlet and a release for their behaviours and was underpinned by positive risk assessments.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. Day to day grumbles from people who used the service were captured and reviewed by management to help make sure that any appropriate actions were taken.

Is the service well-led?

Our findings

The manager had applied to register with CQC, the registration was underway at the time of this inspection.

A health professional told us, "By and large, my experience is that the service is well-led, and does a good job caring for and supporting the patients under its care." A relative told us they had found the manager to be supportive and knowledgeable.

The manager had returned from annual leave on the day of this inspection site visit. It was clear that people who used the service knew the manager by name and felt that they were approachable with any problems. The manager was familiar with people's needs, personal circumstances, goals and family relationships, they interacted with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

Staff said they would recommend Chaseways to anyone else looking for employment within the care service. A staff member said, "I think they're a really great company."

There were management meetings held regularly between the manager and the area manager to discuss such issues as recruitment, the performance of the service and any matters arising. This included the number of incidents occurring in the home, any safeguarding matters, staffing issues, training and supervision and the levels of intervention provided for people.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, medicine audits, safety checks and fire checks. Where issues had been identified there was information to show actions to be taken. For example, an infection control audit had identified a need to order yellow bags and a new mop and bucket.

Online governance system was completed monthly by the manager, reviewed by the area manager and then discussed at provider level. This included a range of information to give the provider a clear oversight of the support people needed and how it was provided. For example, occupational hours provided, staffing levels achieved and quality.

Quality questionnaires in an easy read format were distributed to people who used the service in August 2018. People had underlined the answer they wish to give. For example, one person had underlined the statement, "The staff are polite and treat me with respect." For another person the questionnaire was presented in a word format with increased font size and a box to tick indicating positive or negative response.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.