

Milestones Trust

# Chasefield House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Chasefield House is a residential care home.

Chasefield House accommodates up to 11 people with a learning disability. At the time of the inspection 10 people were living there.

The home met most of the characteristics that underpin the Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

Chasefield House was registered to support up to Eleven people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design, fitting into the residential area and the other large domestic homes of a similar size in the neighbourhood.

There were deliberately limiting identifying signs outside the home to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

People and staff could be at risk of hot water that posed a risk of scalding. Some people could be at risk of radiators being uncovered. No risk assessment was in place at the time of the inspection. No action had been taken prior to our inspection.

Medicines were administered safely to people. Records were accurate and up to date. People were supported by enough staff and by staff who had checks undertaken prior to working with vulnerable people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff received supervision and training and were supported by staff who were kind and caring. Staff and the registered manager knew people well. Care plans were personalised and individual and recorded people's like, dislikes and routines.

The provider had a complaints policy in place including an easy read version. People who we spoke with were happy with the care they received. People had their views sought with ongoing conversation regarding their end of life wishes.

Staff felt supported and it was a nice place to work. Staff supported people to access medical appointments

and health professionals when required. People access the community and undertook activities that were personal to them.

Incidents and accidents were recorded, and quality assurance systems were in place relating to infection control and medicines management.

Rating at last inspection: Good (published April 2017).

Why we inspected: This was a planned inspection based on the previous rating. At this inspection we found the overall rating had changed from Good to Requires Improvement.

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Chasefield House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken on the 22, 23 October and the 6 November 2019. It was carried out by one adult social care inspector.

#### Service and service type:

Chasefield House is a residential care home. People in residential care homes receive accommodation and 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.

The service at the time of the inspection had a registered manager in post. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced on the first day.

#### What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with five people, one relative, four members of staff, as well as the registered manager and a member of staff from human resources. During the inspection we reviewed three people's care and support records and two staff files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Hot water checks undertaken in October 2019 identified three tap temperatures that were exceeding 43 degrees. This is above the safe recommended temperatures in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. No action had been taken to reduce these temperatures.
- During the inspection we identified radiators that posed a risk of serious injury should people fall or lean against them. There was no risk assessment in place that identified this risk or actions being taken. The registered manager following the inspection confirmed all risk assessments were now in place for people. They also confirmed the radiators had been covered due to the risk to these people.
- People had personal evacuation plans in place these confirmed any arrangements the person might need in an emergency situation.
- Fire safety checks were regularly undertaken. Records confirmed this. People had personal evacuation plans in place that confirmed what support and equipment they might need in the event of an emergency.
- Where people required support with their mobility a risk assessment had been undertaken that confirmed the equipment and support required from staff.

### Staffing and recruitment

- People were supported by staff who had checks completed prior to working with vulnerable adults. Checks included a satisfactory Disclosure and Barring Service (DBS) and references.
- People were part of the interview process. For example, people spent time with potential recruits and people's views were sought with how they had experienced the potential candidate.
- People were supported by enough staff to meet their individual needs. Staffing levels were adapted to reflect what support and activities were planned so that people received the support required.

### Using medicines safely

- People's medication administration records (MARs) were accurate and up to date.
- Guidelines were in place for topical creams.
- Records accurately reflected stock however one topical cream was out of date but still being administered. Action was taken to immediately dispose of this medicine and replace it.

### Preventing and controlling infection

- People and staff had access to liquid hand soap and paper towels.
- The home was odour free and clean.

#### Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff felt the service was safe. One person when asked if the service was safe. They told us, "Yer". One relative told us, "Staff are very attentive anything that's wrong they rally around". One member of staff when asked if people were safe. Told us, "Yes, I've not witnessed anything".
- People were supported by staff who had a good understanding of abuse and who to raise concerns to. One member of staff told us, "Abuse is financial, sexual, domestic, institutional. The first thing I would do is go to my manager, then area manager".

#### Learning lessons when things go wrong

- Incidents and accidents were logged and confirmed any actions taken. These were reviewed for any trends and patterns.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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

- People's care plans were individually developed with the person and their families where appropriate.
- People's needs were delivered in line with recognised standards and guidance and their individual needs. Referrals were made to health care professionals such as speech and language therapists when required. People wore hearing aids to support their hearing and care plans confirmed the persons individual needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to ensure they had skills and competencies to provide good quality care.
- The registered manager monitored when staff were due their training. This was done through a training plan. Staff had received training in safeguarding adults, medication, mental capacity, first aid, moving and handling, health and safety, food hygiene and safeguarding adults. Where refresher training was required this had been identified and booked.
- Staff received additional training so that they could support people with their individual needs. Additional training included, end of life, nutrition and hydration, understanding advocacy support and STOMP. STOMP is a working together approach around, 'The Stopping Over-Medication of People with a Learning Disability, Autism or Both' (STOMP). It commits each to work together, and with people with a learning disability and their loved ones, to take real and measurable steps to stop over-medication.
- The provider ensured new staff undertook an induction. The induction covered policies, training and shadowing an experienced member of staff at the service.
- Staff felt supported and they received formal and informal opportunities to discuss their work, training and development needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. 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.

- People's care plans contained important information relating to their mental capacity.
- Where people lacked capacity, mental capacity assessments were undertaken and best interest decisions confirmed arrangements in place.
- The registered manager submitted DoLS applications when required.
- People were offered choice and staff asked their consent before offering support.

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

- People were supported with their individual diets and modifications as required. For example, some people were at risk of eating certain foods such as peas, sweetcorn and chips. Staff knew people's individual needs well and people were offered alternative choices.
- Staff offered people choice if they wanted hot and cold drinks.
- People were involved in setting tables and clearing away following meal times. People were observed as positively participating in these daily tasks.
- People's care plans had support plans including people's likes and dislikes. Risk assessments also identified what actions needed to be taken to reduce the risk of choking to some people.

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

- The home was clean and odour free. People's rooms were personalised with things that were important to them, such as pictures, cuddly soft toys, memorabilia, books and music.
- The service had a stair lift in place to access some of the bedrooms on the ground floor. This was used by some people within the service.
- The building had a front and side entrance people could enter through the front door or the side door of the property. This was because one had steps and the other entrance was more accessible.
- People could access the back garden. There was seating, fruit trees and flower beds.

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

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their individual health needs. For example, referrals were made when required to physiotherapists, occupational therapists, dentists, GP's and other routine and non-routine appointments. Records confirmed referrals made and outcomes from the appointments.
- Staff knew people well which meant they identified quickly when people might be becoming unwell or require medical assistance.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 and relatives felt staff had a positive attitude. Staff demonstrated an attentive and supportive approach. One relative told us, "Staff are wonderful. They do what they say they do. They always laugh and joke, its lovely". During the inspection staff spent the time talking to people about things that were important to them such as family's birthdays.
- Staff had a good understanding of equality and diversity.
- The registered manager knew people well. During the inspection they spent time talking to people reassuring them with plans and appointments as required.
- People were supported by staff who were kind and caring. One person told us, "Staff are so sweet so kind".
- People appeared well groomed and wore clean clothes.

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

- People had their views sought through regular care plan reviews. Relatives were also involved in decisions should people require support to express their wishes.
- People's views were sought around menu choices and daily activities. Throughout the day people's views were sought about their care. For example, where they wished to spend their time and what they wanted to have for lunch.
- Staff checked with people that they still wanted to undertake their activities, giving them the opportunity to change their minds.
- Staff spoke with people in a polite and respectful manner.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected and promoted their privacy, dignity and independence.
- For example, people spent time in their rooms with their doors closed so that people had their privacy respected.
- Care plans took into account people's wishes to be independent. One person told us, "I shave by myself and get dressed by myself, cleaning my own teeth".
- People maintained relationships that were important to them. Visitors were welcome to visit at any time.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences and Supporting people to develop and maintain relationships to avoid social isolation;

- People's care plans were person centred. They contained important information relating to what was important to the person such as having their personal space, books and magazines, going out and being respected.
- Care plans confirmed what a good day looked like and what made a good day. They also confirmed what things could contribute towards a bad day. This meant staff had access to information that could support the person's daily experience and wellbeing.
- Care plans confirmed if people had any spiritual wishes and their medical histories. One person enjoyed going to church every week.
- People had access to various activities. These included one to one activities such as accessing the community, clubs and appointments. Along with knitting, puzzles, themed time of the year where people could participate in helping with decorating the home. People were able to spend time in their rooms or the communal areas of the home.
- People were able to have visitors such as friends and family visit throughout the day.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information relating to how the person communicated. For example, if pictures and photographs were a better way to give people information.
- People had access to picture cards that had a happy and sad face so that they could express how they were feeling.

### Improving care quality in response to complaints or concerns

- The service had an easy read and complaints policy in place. Complaints were logged including the individual issue and any outcomes. Five complaints had been received in the last 12 months. People felt happy to raise any concerns with the manager or staff if they needed to.
- Relatives had provided various compliments to the service on the care and support provided. One relative had shared how positive they felt that they had received a postcard whilst visiting a nearby town. They expressed how positive it was for them to hear what the person was up to. Another relative had written an

email to thank the registered manager for all their support and updates. They showed gratitude within the email and thanked staff for keeping them updated and informed with the person's care and support. Another compliment confirmed, 'To all the wonderful staff at Chasefield House. Thank-you all so very much for taking such excellent care of [Name of person]. I am so thrilled how well [they are] doing and how happy [they are]. I appreciate your care and kindness you show to [them]'.

#### End of life care and support

- People's wishes relating to their funeral arrangements and any wishes relating to if they became unwell were ongoing conversations. The registered manager confirmed new paperwork was in the process of being implemented. This meant the service was gathering information relating to people's wishes as they expressed them.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Actions had not been taken to rectify water temperatures that were above recommended safe temperatures.
- Environmental risks had been identified by the registered manager however no actions had been taken to assess the risk or cover the hot surface to prevent the person potentially scaling themselves should they fall or lean against radiators.
- Systems were in place to manage and identify shortfalls relating to infection control, medicines management, equipment and fire safety.
- The provider had additional quality monitoring checks in place. These checks were undertaken by designated staff who worked for the provider.

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

- People had their views sought through a yearly questionnaires' and residents' meetings. Two people had confirmed they were happy with the care provided.
- Staff had monthly meetings which were an opportunity to discuss any changes within the service as well as changes to people's needs.
- Staff were recognised for the support they provided and when they went beyond and above their role. Staff were put forward to the Care and Support West Awards.

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

- Staff felt the service was a nice place to work. One member of staff told us, "They're very welcoming here. I've had good support from [deputy manager]". Another member of staff said, "I really like the place everyone is really friendly. The manager and team are open and we can support residents and enable their independence.
- The registered manager made notifications when required. This is when certain changes, events or incidents occur that affect the service or people.
- The provider was displaying their rating on their website and within the service.
- The registered manager knew people well. They spent time talking to people, reassuring them and

confirming up and coming appointments with them.

Working in partnership with others

Continuous learning and improving care

- The registered manager worked closely with other registered managers employed by the provider.
- The registered manager liaised and worked in partnership with people's relatives. They were keen to ensure people's care experience was as positive as they could provide. To support this they worked in partnership with outside agencies such as the local authority, GP surgery, district nursing teams, and social work teams.