

Cygnet Learning Disabilities Midlands Limited

Chaseways

Inspection report

1 Chaseways
Sawbridgeworth
Hertfordshire
CM21 0AS

Tel: 01279414939
Website: www.cygnethealth.co.uk

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Chaseways is a residential care home providing personal and nursing care to up to six people. At the time of the inspection five people were living at Chaseways.

The building consists of three ground floor flats which consist of two bedrooms and en-suites, two lounges and one kitchen. Each flat has access to their own garden. There is an office on the ground floor and second floor.

People's experience of using this service and what we found

People had risk assessments in place which identified their support needs. There had been significant changes and improvements when supporting people with the less restrictive measures. Although there were still some restrictive measures in place this was something the management team were reviewing.

The services infection prevention control measures were in place and we were assured the provider had implemented systems and processes to provide safe care during the pandemic.

Where safeguarding issues had been identified these were addressed and the management team were open and willing to make changes and share lessons learnt.

There had been changes to the management structure and the staff team. Overall, there was positive feedback regarding this change. Professionals feedback was positive and recognised the changes to people's support.

People were mostly supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The model of care and setting was starting to develop support that offered choice and control of the person's life. There was still some restrictive practice and decisions were historic that the service took on which had remained in place. When speaking to the manager they had recognised these practices and were

working with health professionals to ensure all potential risks were looked at and a best interest decision made.

The support people received was person-centred and staff understood people's individual support needs.

There was a dedication from leaders and staff to make sure people were receiving good care. There had been a change in leadership which meant that positive changes had been made towards shaping the service to be person centred. Although the service had made great improvements it was recognised that there was further development to be achieved. The manager had clear action plans with how they were going to continue to improve the service.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published July 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since July 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced focused inspection of this service on January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment, The nutritional needs of people was not met due to a lack of food available to sustain good, Good governance and Duty of Candour

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chaseways on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chaseways

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Chaseways is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

We gave five minutes notice so we could clarify the services COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

Inspection activity started on 27 October 2020 and ended on 09 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete 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 one people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five professionals who regularly visit the service.



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 inadequate. At this inspection this key question has now improved 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

At our last inspection the provider had failed to keep people safe from harm and abuse, by people's welfare not being sufficiently assessed or reviewed when their needs changed. Support to people when displaying behaviours that challenged did not follow the guidance in their care plan. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had individual risk assessments which detailed their key support needs such as, choking risks, risks whilst out in the community as well as positive behaviour support plans. These were kept under review.
- Risk management plans did not always consider the least restrictive option, and sometimes this limited people's control over their lives and their independence. However, some of these decisions were historic decisions the service took on which had remained in place. When speaking to the manager they had recognised these practices and were working with health professionals to ensure all potential risks were looked at and a best interest decision made.
- Staff had completed positive behaviour support training which had helped them understand how to support people in a positive way. In the last inspection it was evident that restraint was used when supporting people. Incidents of restraint have reduced significantly. Staff stated they felt they had got to know people better and what their likes and dislikes were. A staff member said, "Last year we were restraining someone every day. There haven't been any incidents recently where we have had to do that. Last year they were new services users so maybe we didn't know how to approach and support them. We now know how to support them." We observed staff supporting people safely and patiently.
- We were offered many examples from professionals where the staff team were assessing people's support needs and risks. One example of this came from a professional who said, "Support to [person] is person-centred and I have found no unnecessary restrictions to their support. Concerns raised during a recent safeguarding situation were discussed when I visited and were being addressed."
- Another professional gave an example where the staff had identified a risk, however, had not sought advice from others as quickly as they would have liked. The professional explained that if they had more of an holistic approach with contacting family and other professionals this would have helped with having a quicker outcome for the person they were supporting.
- People had personal evacuation plans (PEEP) in the event of a fire. A personal evacuation plan details how someone would be supported to evacuate the building in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to keep people safe from harm and abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Relatives spoke about how they felt their relative was safe in the home. One relative said, "I feel [Person] is safe there is no concerns with where [Person] lives."
- Another relative said, "There have been a couple of incidents that resulted in safeguarding enquiries and they have been dealt with properly."
- Staff had received safeguarding training. The staff knew how to identify, and report concerns to management relating to abuse and they felt comfortable raising concerns and received support for this. One staff member told us, "The managers are always there to hear us anytime there is an issue."
- The provider had systems in place to safeguard people. The manager made sure people were aware of how to contact someone if they felt they needed to by giving them easy read guidance. Where concerns had been raised, matters were dealt with in an open and transparent way.
- A professional said, "[Registered manager] informs me of safeguarding matters that have been raised so I can offer advocacy support to people involved and ensuring their voice is heard. They update me as the safeguarding progresses. This ensures I can also update the person, so they are fully involved throughout the safeguarding process and provide further support if needed."
- People's preferences in relation to diversity were respected. For example, a professional explained that where an individual had specific beliefs staff were open and built a good rapport with the people they supported.

Staffing and recruitment

- The management team responded quickly in recognising support practices that needed improvement. This was through guidance, support and training. As a result of this it meant that there had been changes to the staff team and new staff were recruited.
- The service had undergone recent changes to the management structure, as well as the staff team. The overall feedback from relatives was that the communication had improved, due to visits being reduced or stopped because of COVID-19 it was felt that communication was very important.
- One relative said, "They seem to be going through a lot of staff, there is significant staff turnover although the impact has been minimal for [Person]. [Person] seems happy, doesn't show any signs of concerns or stress."
- Another relative said, "Overall, accommodation is great. We value the support we are getting from management and staff. We are very happy."
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- Staff had been trained to administer medicines in a safe way and records supported this.
- Overall, medicine administration records (MAR) had been completed correctly and were clear to read. People received their medicines when they needed them.
- The manager ensured regular audits and spot checks of the staff's working practices were completed when administering medication.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The management team reviewed incidents that happened and analysed this and developed lessons learnt. This was then used to feedback to staff to make improvements across the service. One staff member confirmed they were given feedback on lessons learnt. The staff member explained they had team meetings where they discussed best practice, as well as expectations of their role.
- Staff said they felt comfortable in speaking up when things may have gone wrong and this would be discussed with the staff and how they could learn from it. One staff member said, "I attend team meetings. There is always meeting minutes if you cannot attend. Every incident has lessons learnt, it talks about the situation and how to learn from it."

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 inadequate. At this inspection this key question has now improved 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to effectively monitor the quality and effectiveness of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, there was failing of meeting nutritional and hydration needs. This was a breach of regulation 14 (meeting nutritional hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14 and regulation 17.

- The care plans detailed people's support needs and how they liked to be supported. However, end of life care plans needed to be developed with people. The registered manager had plans to start this piece of work.
- The management team had ensured that the staff supported people to have a balanced diet and were supported to be involved in shopping. We observed menu's that had been developed with people. Each person had individual fridges with food and drink. Staff spoke about how people were supported to go shopping and were involved in developing their shopping list.
- We observed staff interact with people, as well as observing staff in a team meeting. It was apparent that the staff were focused on providing care that ensured the person was at the centre of their care and support needs.
- People had good relationships with the registered manager, and we saw some positive interactions.
- A relative told us, "The registered manager is showing good leadership."
- Staff told us, and we saw, that the registered manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "The managers are always there to hear us anytime there is an issue."
- The management team ensured there was always a leader available. This offered support to the staff team, as well as ensure that they were able to monitor staff practices throughout the week.
- Professionals had commented on how the management team and staff were helpful and approachable and had seen nice interactions with people.
- The management changes gave staff and professionals confidence the service was being led effectively. One professional said, "The current management I feel; has led to a great improvement at Chaseways."

[Registered Manager] is very keen for feedback and received feedback openly even chased me for feedback following my visit. [Registered Manager] is seemingly pro-active and responsive and remains transparent from my judgement."

- Overall, where people were able to, they were involved in making decisions about the care they received. This was through residents' meetings which was held by their advocate. Where suggestions had been mentioned, the management team were able to show this was listened to.
- Feedback from staff surveys suggested there was a division in views, in feeling respected as a team. The leaders and managers acknowledged this and had started to encourage and listen to staff to help shape the service and culture. Team meetings had increased in frequency to ensure managers had time to empower staff to speak up about improvements for the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure that duty of candour was followed and that they acted in an open and transparent way. This was a breach of regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- When something went wrong, there were appropriate thorough reviews and investigations. Where needed the registered manager offered to apologise to people and ensured people were aware of the changes that had been implemented particularly to the people that would have been affected by it.
- Lessons were learned and communicated widely to support improvement in other areas where relevant, as well as services that were directly affected. For example, there were local team conversations relating to lessons learnt, this discussion was shared regionally.
- Relatives and professionals said they felt they were kept informed when things went wrong. One professional said, "[Registered manager] and [deputy manager] self-reported a concern following a 'spot-check' inspection at early hours of the morning (3.50am), evidencing their commitment to the role."

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

- The manager was open and knowledgeable about the service and the people using it. They understood their responsibilities of quality performance, risks and regulatory requirements. For example, they took swift action to address areas where we identified improvements since the last inspection.
- The provider carried out regular quality checks. Both manager and provider had an open and honest relationship which meant that the service received the dedication from all involved.
- Records showed that legally required notifications were submitted to the CQC as required, and when things went wrong there was evidence that people and their relatives were responded to and kept informed.

Continuous learning and improving care

- The provider had invested additional resources into the service following the last inspection from the CQC. The provider made improvements to the management structure and in addition had support offered by the internal quality team to assist in the management restructure'.
- Where the service had been offered guidance and support, they had welcomed this and made changes to improve people's care. One professional said, "It was identified that more work needed to be done on record keeping, with respect to daily records. I held discussions with management at Chaseways and found that they were open to suggestions and were able to reflect on issues raised. Steps were put in place immediately to address this."

- The management team had implemented a quality assurance system, in addition the management team analysed this information and put action plans in place to address identified shortfalls.

Working in partnership with others

- The provider and management team had worked collaboratively with external stakeholders and agencies.
- The management team ensured they had the key organisations in place to support the care provided to people. This meant the support people received had an holistic approach and not just focusing on the care element.
- Overall, feedback was that communication had got better with the new management structure.