

# Cygnet Learning Disabilities Midlands Limited

## Chaseways

### Inspection report

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### Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# 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 have 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

Staff spoke about how they felt they needed to develop on their communication skills, in particular with British sign language. Staff identified this could contribute to a person's frustration if they were unable to communicate effectively. The provider had offered training to staff and gave further resources following the inspection.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected most of the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had systems in place to ensure they captured people, staff and family views about the support being provided.

The provider was proactive in investigating concerns and putting actions into place to improve the service.

Staff and the provider had systems in place to ensure that safe infection prevention controls were in place.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018).

### Why we inspected

We undertook this targeted inspection to check on a specific concern we had about how the provider ensured that people's basic human rights were at the centre of their care. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# 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.

This was a targeted inspection to check on a specific concern we had about how the provider ensured that people's basic human rights were at the centre of their care.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of care staff. We reviewed a range of records. This included people's care records, surveys and training records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about how the provider ensured that people's basic human rights were at the centre of their care. As part of this inspection we look at Infection prevention practices within the home. We will assess all of the key question at the next comprehensive inspection of the service.

### 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.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about how the provider ensured that people's basic human rights were at the centre of their care. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted positive values and the importance of respecting people's rights. However, there were instances where support did not always promote people's rights.
- Staff spoke about how they felt they needed to develop on their communication skills particularly where they had to sign British Sign Language. Although the provider had provided the training for staff to learn these skills, staff did not use this confidently. For example, whilst a person was trying to communicate through signing the staff found it difficult to follow the conversation. This caused the person to become frustrated. The management team reflected on this and put actions in to improve the communication. For example, purchasing clear face masks and staff using communication cards.
- Most of the staff were led by what each person wanted. One person said they liked to have their support in a certain way and they had the opportunity to do things they enjoyed. Staff supported and encouraged this as it was something that was important to the person. However, we observed staff mislead a person to get dressed when they did not want to by suggesting they were going to go out for a drive. When asked where the person was going the staff said nowhere, they wanted to get the person dressed so they could meet the inspector. The manager was made aware of this discussion and the person was supported to go out of the house.
- Staff have received training specific for people's support needs. For example, supporting people with a learning disability and autism. Staff had been made aware of de-escalation practices to mitigate the risk and to not use any form of restraint. One staff member said, "The truth is knowing the environment and get to understand the people you support. I have been able to understand how to react and respond."
- People appeared comfortable with staff whilst being supported. One person said, "I am happy here."
- People had been able to personalise their own flats. One person spoke passionately about their bedroom and how they had decorated it.
- People had communication with relatives and were able to speak to them when they wanted, one person said, "I miss my [relatives], I speak with them on the phone."
- People had advocacy input which was monthly visits due to COVID-19, although they had access to the advocacy telephone number. The advocacy had recently supported people to understand the COVID-19 vaccine to help them to make an informed decision.
- The provider ensured the support delivered was in line with best practice guidance and the Mental



Capacity Act. There were restrictions in place for certain elements of their care, for example, where a person needed support to leave the property.

- The management team had been open and transparent where lessons and improvement were required. Where they felt the support did not underpin the providers values, they acted quickly to resolve this. The manager gave an example of where they had provided discussions and training about ensuring staff understood what professional and respectful language to use when supporting people.

- The provider gave staff the opportunity to identify how they felt the overall culture of the service was and any improvement needed. This identified some concerns in relation to staff's confidence in being open and honest if they saw something wrong. The provider identified the improvements needed and staff felt the atmosphere and team morale had improved. One staff member said, "Staff morale is very high. The managers are nice, and we are able to talk to them openly, they will look at lessons learn. [Registered Manager] brings people together to build relationships." Another staff member said, "It's a staff team with such diversity. There is no isolation. We are creating a bond. We have mutual respect for one and other."

- The provider sent relatives surveys to complete to obtain feedback on the support their family member is receiving. In the survey a relative said, 'We have felt well informed about the care being provided. In view of the current COVID-19 restrictions we have had only limited contact and look forward to the time when more freedom can be afforded and out son can receive further development in the community.'