

Cygnet House

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Inspection report

5 Swan Street
Stourbridge
West Midlands
DY8 3UU

Tel: 01384348192

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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?

Requires Improvement ●

Summary of findings

Overall summary

Our inspection was announced. It took place on Sunday 3 January 2016. This was the provider's first inspection since they had been registered with us.

The provider is registered to deliver personal care. People lived with needs relating to their learning disability or an associated condition. At the time of our inspection 21 people used the service. The personal care provided was within the provider's own home on a 'respite basis'. Respite means that people are supported in a care environment rather than by family or friends for short periods of time. People used the service for varied amounts of time. Some people used it a few times a year; others regularly for evening and overnight support, and some people used the service whilst their main carer went on holiday. The remainder of the time people lived with their families in the community. The provider's ran the service. No other staff were needed or employed at the time of our inspection.

One of the two provider's was also the registered manager. 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.

The provider's had policies in place and had received training on procedures they should follow to ensure the risk of harm and/or abuse was prevented. They had also undertaken risk assessments to maintain the safety of the people who used the service.

The provider's had been trained to manage medicines safely. Medicines were given to people as they had been prescribed.

The provider's were available to meet people's individual needs. Relatives described both provider's as kind and caring.

The provider's had received the training they required to fully equip them with the skills they needed to support the people in their care.

The provider's understood the requirements of the Mental Capacity Act (MCA) This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to, their relatives were involved in how their care was planned and delivered.

The provider's supported people with their nutrition and dietary needs to maintain their health.

People were offered and enabled to engage in recreational activities that they enjoyed and met their

preferred needs. They were supported to continue to go to their colleges or day centres whilst using the service.

Complaints systems were in place for people and their relatives to raise their concerns or complaints.

All relatives and staff felt that the quality of service was good. They complimented both provider's on the service provided.

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.

Medicines were given to people as they had been prescribed.

The provider's time and input was sufficient to meet people's needs.

Checks had been undertaken on both provider's to ensure that they were suitable and safe to deliver care and support.

Is the service effective?

Good ●

The service was effective.

The service provided was effective and met people's needs.

Both provider's had the knowledge they needed to meet people's needs in the way that they preferred.

The provider's understood the principles of the Mental Capacity Act (MCA). This would ensure that people received care in line with their best interests and would not be unlawfully restricted.

People were provided with the food and drink that they preferred.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and could ring and speak with their family member at any time.

Is the service responsive?

Good ●

The service was responsive.

Relatives felt that the service provided met their family member's needs.

People's needs and preferences were assessed to ensure that they would be met in their preferred way.

The provider's ensured that people continued to attend their colleges and day centres to maintain their routines.

Is the service well-led?

The service was not always well-led.

The provider's had not undertaken audits to determine if any shortfalls were occurring or to see if changes or improvements were needed. There were no formal systems in place to gain the views of the people who used the service or their relatives.

There was a lack of record keeping to describe how people spent their time at the service or to evidence the support that had been provided.

There was a leadership structure in place that relatives understood. Relatives had complete trust and confidence in the provider's and the service they gave.

Requires Improvement 

Cygnnet House

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 was planned to check 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.

Our inspection was announced and took place on Sunday 3 January 2016. It was carried out by one inspector. 48 hours notice of the inspection was given because we needed to ensure that the provider's would be available to answer any questions we had or provide the information that we needed.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We had not been made aware by anyone that any accidents or incidents had occurred. The registered manager confirmed that there had not been any accidents or incidents so they had not had the need to notify us of anything. We asked the local authority for their views about the service provided. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take information into account when we planned our inspection. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We did not get to meet a person or speak with a person who used the service. We spoke with four relatives of people who used the service. We met and spoke with both of the provider's. We received some positive written comments about the provider's and the service provided from a representative of two people. We looked at the care files for two people, medicine records for two people, training, complaints and safeguarding records and quality monitoring processes.

Is the service safe?

Our findings

All relatives we spoke with told us that they did not have any concerns regarding abuse. One relative said, "No issues like that. When they [person's name] go to stay and return from Cygnet House they are happy. I'm sure if there were issues I would pick that up". A local authority staff member told us that they had no concerns about abuse concerning Cygnet House. The provider's told us that they had received training in how to safeguard people from abuse and records confirmed this. One provider, who was also the registered manager told us, "Years ago I did report a safeguarding issue. It was not something that happened here but that shows that I know how to report any concerns".

All relatives we spoke with told us that their family members were safe when they stayed at Cygnet House. We saw that assessments had been undertaken to determine people's individual risks. We had not heard about any incidents or accidents that had occurred at Cygnet House and the provider's told us that there had not been any. We saw that procedures were in place in case of emergencies that included the evacuation of the building if there was a fire. We saw that checks were carried out on electric and gas appliances to ensure that the equipment was safe.

The provider's gave us a good account of how they would respond to certain emergency situations. They told us that they would assess the situation and dial 999 or call the GP if that was needed. They knew that they would need to make a written account of the incident. This would give people assurance that the provider's knew the processes they should follow if a person had an accident or became unwell.

The provider's ran the service. No other staff were employed. A relative said, "They [the provider's] are able to provide a good, flexible service". One provider who was also the registered manager told us, "One or both of us are always available to support people. There has only been one time when we were both ill that we had to cancel one person's respite. All other times we are reliable and the family understood".

At the time of their registration with us we undertook checks on both provider's. These included the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check shows if a person had a criminal record or had been barred from working with adults. These checks ensured that the providers were suitable and safe to run the service.

A relative told us, "There has never been any problems with their [person's name] tablets". We saw that records were used to confirm that people had been given their medicine and the name of the medicines that had been given to people. Medicine records that we looked at [for people who had recently received a service] had been signed to confirm that people had been given their medicine.

Both provider's told us that they had received training to enable them to manage and administer medicines. This was confirmed by records we looked at. We saw that locked cupboards were available to store people's medicine to keep it safe and prevent it being accessed by any unauthorised person.

Is the service effective?

Our findings

All of the relatives who we spoke with were overwhelmingly complimentary about the service. One relative said, "It is a very good place". Another relative told us, "I cannot find any faults with the service and I do look". A third relative said, "Thank god for Cygnet House. It is a pity there are not other places like Cygnet House".

The provider's ran the service themselves. They had not had a need to date to employ any other staff. The provider's told us that if they ever employed staff they knew that they would have to put induction packages into place which would include staff looking at policies, procedures, having an introduction to the people who used the service, and working alongside the provider's to gain experience. Both provider's also knew that if they employed more staff in the future they would need to provide them with day to day help and support which would include supervision sessions.

All of the relatives we spoke with told us that the provider's supported their family member well. One relative said, "They [the provider's] always give a good service. They have a good knowledge". Another relative said, "I have full confidence in their [the provider's] abilities. The provider's told us that they had been lucky as they had accessed a number of training sessions from the local authority. They both told us that they had the training they needed to enable them to do their job effectively. We saw training certificates to evidence this.

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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider's had knowledge of the principles of the MCA. They told us that they had not had a need to apply to the Court of Protection as no person who used the service had required this.

A relative told us, "I am sure that they [the provider's names] ask them [their family member] before carrying out any tasks. They [their family member] would tell me if that was different. The providers highlighted to us that they asked people's permission before they provided support. One provider said, "Most of the people who come here are able to tell us what they want and don't want. We give them choices about everything including the time they go to bed and what they eat".

Relatives told us that the provider's offered their family member's the food and drink that they preferred. We looked at people's care records and saw that their food and drink likes and dislikes were recorded. One provider told us, "All of the people have been coming here for a long time. We know what they like to eat and drink. They would tell us if they did not like something". The other provider told us, "We give choices sometimes we have to cook three different things for the people who stay here to make sure they eat what

they fancy".

A relative told us, I am sure if they [their family member] were ill when they were at Cygnet House the provider's would deal with it and let me know". The provider's told us that they would be more than happy to take a person to a planned medical appointment if it fell within the time they were staying at Cygnet House. This highlighted that although people dealt their own health appointments outside of the days they stayed at Cygnet House, in the event that medical attention was needed during a stay the provider's would manage that.

Is the service caring?

Our findings

All relatives we spoke with described the provider's as being caring. A relative said, "They [the provider's] are helpful and kind".

All relatives we spoke with commented on the atmosphere at Cygnet House. They used words to describe it as, "Happy", "Warm" and, "Welcoming". A relative said, "When they [their family member] are at Cygnet House they fit in to the [provider's] family. It is so good". Another relative said, "When they [person's name] talks about Cygnet House they are all smiles". A comment we received stated, "They [people's names] were offered every hospitality".

A relative said, "The provider's are very polite, helpful, and professional". Both provider's gave us a good account of how they promoted people's privacy and dignity. They told us that people who stayed overnight with them were provided with a bedroom that they could use as their 'own' whilst they were there. They told us that they would never enter the bedroom without knocking the door and waiting for a response. They told us that some people liked to have time on their own in their bedroom to read their magazines or listen to music and this is what they did. They also told us that people could attend to their own personal care tasks with some prompting and by enabling this people's dignity was maintained.

Both provider's knew that they must maintain people's confidentiality. One provider told us, "Of course we know that we must never discuss people's circumstances with anyone else". We saw that a confidentiality policy was in place that confirmed this. We also saw that care records were locked away for safety.

Both providers knew that people liked to dress in their preferred way. One provider said, "All people who stay here wear what they want to each day". A relative told us, "When they [their family member] return from their stay they always look clean and smart with matching clothes. They always look nice".

A relative told us, "What I like about Cygnet House is that they [the provider's] encourage them [their family member] to retain their independence. They [the provider's] encourage them to continue doing tasks that they do at home themselves". Another relative said, "They [their family member] do more for themselves at Cygnet House than they do at home. They help clear the table and wash up". The relative was laughing and said, "They [their family member] refuse to do things like that at home".

A relative told us, "I know I could go and visit if I wanted to". Another relative said, "I keep contact with them [their family member] whilst they are there. I can ring to see how they are at any time".

The provider's had written contact details for accessing advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The provider's told us that no person required an advocate at the present time. One provider said, "People's families speak on their [the people who used the service] behalf if needed".

Is the service responsive?

Our findings

The provider's told us that they assessed each person's needs before they offered them a service. A relative said, "At first I was asked a lot of questions about their needs and risks". We saw that assessment of need had been undertaken that highlighted people's food and drink likes and dislikes, any risks and individual preferences which included, that a person would rather have a bath than a shower. The gathering of this data ensured that the provider's had enough information to be able to meet people's individual needs in the way that they wanted and to keep them safe.

The provider's told us that people were offered introductions to the service before they stayed for a longer time. One provider said, "Sometimes people just come for an hour to say hello. Other people may come to tea. It depends on the individual and how quickly they get used to us and feel at ease with us". A comment that we received stated, "They [people's names] attended introduction 'teas' before deciding to accept a respite place there".

The provider's told us about the matching process that they used. One provider said, "We can have a maximum of two people stay overnight at any time. We have to make sure that those two people get on so that everyone benefits and enjoys their stay. All relatives we spoke with told us that their family members enjoyed staying at Cygnet House. One relative said, "They [their family member] have friends who also stay there at the same time. This highlighted that the matching process in operation was successful.

A relative told us, "They [the provider's] are flexible and accommodating. Sometimes we need a service at short notice and they always to their best to help us out. It is brilliant I do not know what we would do without that place".

The provider's told us that they would support people to attend religious services if they wanted to, but no one at the present time wanted this. A relative told us, "They [the provider's] are really good. They support them to continue to attend their [person's name] college and evening activities. Sometimes they [their family member] need picking up from their club after nine at night and they [the provider's] do that. It's amazing what they do". The provider's told us that when people stayed there for a week or more they engaged them in activities and gave examples of shopping trips, going swimming and to the zoo. A comment that we received stated, "They [people's names] could choose to be involved in their own activities ranging from shopping, cooking, food preparation and outings to a local leisure centre, the zoo and a local park".

Relatives told us that they knew how to complain. A relative said, "I would tell them [the provider's] if I was not happy about something". Another relative said, "If I had any concerns at all I would be happy to raise them, but I have nothing to complain about". We saw that the complaints procedure was available within the service handbook that was given to people and their relatives. However, this was only available in words. Adding pictures or symbols to the procedure could make it easier for people to understand.

Is the service well-led?

Our findings

We found that some record keeping was not available. The provider's did not make a record of the support they provided to people each day or the activities the people engaged in. We discussed this with the provider's and explained that if an issue arose they would not be able to give an account of what support had been given. The provider who was also the registered manager told us that they would implement a notebook system for each person to record what they did each day.

The provider's did not have in place systems to monitor their service. One provider told us, "As we are a small service and run the place ourselves it is hard to audit. We have not had anyone tell us what we do is not right". A relative told us, "It is a good service and the set up works well". We found that there were no processes in place to formally gain feedback from people who used the service and their relatives. One provider told us, "We do ask people and their relatives verbally if everything is alright but we do not use feedback forms". A relative said, "They [the provider's] ask us regularly if everything is ok. It is wonderful". The provider's told us that they would consider implementing systems for auditing and gaining formal feedback from the people who used the service and relatives.

Medicine records that we looked at did not confirm that the number of tablets or other medicines were counted and recorded when people arrived at the service. The registered provider's confirmed that they did not count the medicines that people brought to the service with them. Without this checking process the provider's would not be able to evidence that they were not at fault if at any time there was a discrepancy. We also found that there was no monitoring of the temperature of the cupboard where medicines were stored. This meant that the provider's could not be sure that medicines were stored at a temperature that would prevent any risk of them being spoilt and not working as they should. The provider's listened to us and told us that they would implement systems to address these issues.

All relatives we spoke with were very complimentary about both provider's. A relative told us, "They [the provider's] are approachable, helpful and professional". Another relative said, "They [the provider's] are absolutely wonderful. They are available and listen". The provider's ran the service they did not employ any other staff. All relatives we spoke with knew both provider's by name and told us that they felt at ease to speak with them. A relative said, "Both of them [the provider's] bend over backwards to help everyone and give a good service". Another relative said, "I trust and have complete confidence in them [the provider's]".

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the timescale we agreed. The provider's were aware that they had a legal duty to inform us of any untoward events that may occur that could include accidents and injuries. They confirmed that no events had occurred to date that required a notification.