

# Benell Care Services Ltd

## Cypress Lodge

### Inspection report

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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

### About the service

Cypress Lodge is a residential care home providing accommodation and personal care for up to three people who have a learning disability. At the time of the inspection there were three people living at the service. The accommodation is a bungalow in the suburbs of Norwich. This was similar in size to surrounding domestic homes and fitted in with the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

The service has been developed and designed in line with the principles and values that underpin '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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People continued to receive a good service. People were kept safe from harm by appropriately recruited and trained staff. Risks to people's health and wellbeing were addressed and mitigated.

Staff supported people with their medicines and to maintain cleanliness within their home. Staff were well trained and supported by the management team. Staff worked well with other health and social care professionals to enable good outcomes for people. People were supported to maintain a healthy and balanced diet.

People were supported to have maximum 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.

Staff treated people with kindness, dignity and respect. People were supported to maintain caring relationships with people who knew them well. People's independence was respected and encouraged as far as possible. People received care which was person-centred and responsive to their needs.

People knew how to make a complaint and felt confident they would be listened to. Regular audits took place to measure the success of the service and to continue to develop it. People, staff and the registered manager described a culture which focussed on people and ensuring they received good care.

The service applied the principles and values of 'Registering the Right Support' and other best practice guidance. The outcomes for people using the service reflected the principles and values of 'Registering the Right Support' by promoting choice and control, independence and inclusion. People's support focused on them living as full a life as possible, having many opportunities for them to gain new skills and become more

independent.

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 Good (published November 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Cypress Lodge

## 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 carried out by one inspector.

#### Service and service type

Cypress Lodge 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.

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. Due to the small size of this service the registered manager was predominantly based at a larger service run by the same provider. The registered manager visited regularly and was supported by a team leader on site who managed the day to day running of this service.

#### Notice of inspection

This inspection was unannounced. We arranged to return the next day to ensure we spoke with all the people living in the home.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with all three people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, team leader and two care staff. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality assurance records, policies and procedures were reviewed.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People reported they felt safe. It was clear from people's interactions with staff that they trusted them to keep them safe and to support them to meet their needs.
- Relatives told us their family member was kept safe by the service and they had no concerns in this area.
- Policies were in place in relation to safeguarding and whistleblowing; staff had all received safeguarding training. Staff had good understanding of how to spot potential signs of abuse and how to report harm to help protect people.
- Safeguarding records showed appropriate actions had been taken when concerns came to light and demonstrated that lessons had been learnt where appropriate.

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- Care records had up-to-date and appropriate risk assessments that were personalised for each person.
- Staff supported people in line with the care plans and staff were able to tell us about risks to each person.
- Risk management supported people with their independence. For example, risk assessments had been completed and support given to enable two people to self-medicate successfully.
- Radiators in the property were not covered. Whilst this maintained a homely environment, there was a risk that someone could fall against them and burn themselves if unable to move. Whilst the risk of this was currently low, the registered manager agreed to ensure regular risk assessments of this to balance the risk of falls against the benefits of a homely environment. This meant that in future reviews if the risks increased, such as due to a person's mobility deteriorating, the provider would take steps to mitigate the risks.

Staffing and recruitment

- The provider continued to operate a robust and thorough recruitment process to ensure that staff were of appropriate good character to work in care. The provider did initial criminal records checks (DBS) but long-serving staff had not been rechecked. The provider agreed immediately to review its policy in line with best practice, to include a renewal timescale and to request renewals for staff when required.
- Staff retention was very high. Staff were complimentary about staffing levels and the team spirit. No agency staff were required as familiar staff from another service run by the provider were used for cover when occasionally necessary. People were consulted on the options for which staff provided cover.
- There were sufficient staff to ensure people's needs were met quickly when required. Staff had time to talk and be alongside people during activities. A staff member slept on site at night to provide support and reassurance when required.

#### Using medicines safely

- Systems to manage medicines were well organised and ensured safe and timely administration of medicines to people.
- Staff followed safe protocols for the receipt, storage and disposal of medicines.
- Where appropriate, people were supported to administer their own medicines and/or participate in the procedure of ordering and collecting their medicines. Regular stock checks were completed to monitor correct administration and ensure adequate stocks.

#### Preventing and controlling infection

- The service was well presented and clean throughout.
- People's independence was promoted through being involved regularly in maintaining the cleanliness of the service and with developing good food and personal hygiene skills.

#### Learning lessons when things go wrong

- There had been no significant incidents or accidents.
- The registered manager was able to explain how they would respond to incidents or accidents. This included analysis of the circumstances and incorporation of any lessons learnt into the service's policies and procedures.



# 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.

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, and some hospitals, 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

- Staff demonstrated a good understanding of the principles of the MCA and we saw people were supported to make their own decisions during activities of daily living. A staff member gave us an example of supporting a person with their money.
- The service had in place appropriate financial care plans where they were supporting people with their money, which were in line with the principles of the MCA. However, there were not specific mental capacity assessments and best interest decisions to evidence the need for these plans. The registered manager acknowledged this omission and agreed they would put these in place in consultation with relatives where appropriate.
- The provider was aware of legal authorities held to act on behalf of people (such as relatives acting as appointees or deputies) but had not recorded evidence of these. The registered manager agreed to seek documentary evidence of these.
- The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice, including 'Registering the Right Support'. People had personalised care plans in place which promoted their independence and choice.
- People and their relatives were invited to be involved when care plans were reviewed. A relative told us, "I get invited to reviews of their day activities and to the annual review."
- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people and supported them to have a good quality of life.

Staff support: induction, training, skills and experience

- All staff had a comprehensive induction at the start of their employment and did not work unsupervised

until confident to do so.

- Staff felt the supervision and training they received equipped them well for their role. Staff training was up to date.
- People were supported by staff who had relevant training, skills and experience to care for them. All the staff had achieved relevant national vocational qualifications to level two or above.
- Staff had ongoing support through regular supervision from the team leader. Annual appraisals were significantly behind schedule which the registered manager acknowledged and agreed to address.
- The provider did not have a formal method of monitoring the competencies of their staff, but staff were regularly observed by the team leader. The provider agreed to ensure best practice was being observed in relation to regular competency checks such as for medicines administration.

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

- People were complimentary about the food provided. One person said, "Meals are very nice, lovely now." The menus were discussed at weekly 'house meetings' and people told us they were given genuine choice. One person told us, "We tell them if we don't like it and can pick something different."
- People told us they were encouraged to assist with preparing and cooking the meals as much as they were able. People were also supported to use the local supermarket when required.
- Staff showed understanding of people's dietary needs. For example, they supported one person to choose a diet that was appropriate for their health condition. One person explained to us, "When we do the food menu we choose all the healthy options."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with other health and social care professionals to understand and meet people's needs. One relative told us, "They are really good with medical matters - definitely. [Person] has regular check-ups at hospital, if I can't go, they will take them."
- The service collaborated closely with a variety of day services and community activities to ensure joined up support and consistent care. For example, when there had been a change to the familiar bus route between the services this was communicated, and the person supported to manage an alternative.
- Care records showed staff made appropriate referrals and supported access to external agencies and healthcare professionals when appropriate; and details of any advice was recorded and passed on to staff supporting the person.

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

- The accommodation was within a bungalow which provided a homely environment and was free from signs indicating a care home. There was a communal kitchen-diner, bathroom, toilet and sitting room. Behind the bungalow was a private garden and decking area with seating. The accommodation was well maintained and suitable for the people living in the service.
- Each person had their own bedroom which they had been supported to decorate and furnish as they wished.
- Regular house meetings discussed the environment and any improvements desired. For example, people had asked for a pathway to the front gate as they found walking on the shingle drive difficult and this had been recently completed.

# 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 their relatives were unanimous in their praise for the staff. One person told us, "Staff are lovely. I get on with everybody here actually." A relative explained, "I think they treat the [people] like one of their own family."
- People were treated with dignity and respect and staff had meaningful relationships with them. We saw kind and caring interactions between staff and people. One relative told us, "When I call [person] they always seem ever so happy. I can hear them laughing and chatting."

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

- People were involved in making everyday decisions and choices about how they lived their lives.
- People living in the service had weekly 'house meetings'. Issues discussed included any maintenance or environmental improvements required, where to go on holiday, social activities and the menu for the coming week.
- People were regularly asked if the care was meeting their needs and preferences. One person explained they could choose when to go to bed, and went out when they wanted. One person told us, "[Staff member] asks if I am ok and if I like being here."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and treated as individuals. Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender, marriage and civil partnership and religion.
- Each person had the choice of how much privacy and support they wished for. For example, staff explained one person showered independently but requested help with one aspect they found difficult.
- All the people in the service attended activities in the community most days. The provider had supported each person to become independent taking public transport to the daytime activities. They also supported them to learn strategies to cope if anything did not go according to plan. One relative said, "Since being there [person] has become a lot more independent which is what [person] and we wanted. They get themselves home independently."
- The service supported one person to maintain a relationship with a partner. They ensured the partner was included in events such as outings and birthday celebrations.

# 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

- People's care and support plans were person-centred and included a personal history, preferences, interests and dislikes as well as their physical and emotional well-being.
- There was strong emphasis on choice and control with people choosing what they wanted to do and when. The service had worked patiently with people to build their confidence and try new challenges. For example, one person now enjoyed working in a charity shop weekly.
- The service was responsive and adaptable. For example, a person explained during the recent hot weather, "Yesterday we should have had cottage pie, but it was so hot we had something else."

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.

- Staff identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard and could meet identified needs.
- For people who had a difficulty with reading, pictorial images and simple language were used; for example, in the menu and in their care plans.
- We saw staff communicate with people in line with their needs. Whilst none of the staff had training in formal sign language, they had developed an understanding of some personalised sign language which one person sometimes preferred to use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- All the people were very pleased with the amount of occupational and social activities supported.
- Staff supported people to live full and active lives and to maintain relationships with people important to them. People visited friends and family each week, including overnight stays where appropriate.
- There was a strong emphasis on inclusion in the community and people were supported to access a variety of activities in the community. A relative said, "[Person] gets a better social life than us!" Activities engaged in were varied and included nightclubs, cinema, going out for meals and drinks, and outings such as to the seaside or shops.

Improving care quality in response to complaints or concerns

- The service reported they had had no complaints. They explained they kept an open dialogue with people

and their relatives both informally and through weekly house meetings. This ensured any minor issues were responded to before they became more serious concerns.

- People told us they could not think of anything to improve the service and that they had not had to make any complaints. One person said, "Never had to make a complaint for years and years... the [registered] manager comes round every so often. They're alright. I could tell them if I had a problem." A relative commented communication is good, "They are very good at calling us and let us know anything - it always works very well."

#### End of life care and support

- No-one was receiving end of life care at the time of the inspection.
- We found two of the three people had completed advance care plans which detailed their preferences and choices should end of life care be required. The service assured us that they would encourage the third person to complete this as part of their next review which was due shortly.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- All the people and relatives we spoke to felt the service was a positive environment which supported and empowered people to maximise their potential and enjoy their lives. One relative commented, "There's always somebody there when [person] needs them."
- Staff and the registered manager described a culture which focused on people and ensuring they received good care.
- The registered manager and team leader were visible in the service. People and staff described them as supportive and approachable.

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

- The provider and registered manager were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong. One relative told us, "We know we can ring up and talk to someone. They will always respond and deal with anything."

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

- Some areas of governance such as renewal of criminal record checks, skills competency checks and recording of mental capacity assessments needed updating in line with best practice, however this had not impacted directly on practice or people using the service.
- There were simple but effective quality assurance and risk monitoring processes in place. Regular audits took place to measure the success of the service and to continue to develop it. These included medicines audits, care plan reviews, general cleanliness and checks on the health and safety of the environment.
- The service had an experienced and stable management and care team. Staff were clear what their individual and team responsibilities were and there was effective communication within the service.
- There were regular staff meetings to discuss the day to day events and address any concerns that may have arisen.
- The registered manager understood their responsibilities of registration with us. They ensured we received notifications about important events so that we could check they had taken appropriate action.

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

#### characteristics

- The service sought regular feedback both informally and through annual surveys to people and their relatives.
- People were involved in the running of the service. Regular house meetings attended by staff and people ensured people could express their views.
- Relatives told us they could be involved with the service as much as they wanted and support from the service was good. One relative told us, "[staff member] is very helpful, they help us with finance and benefit forms. We work together."
- There were strong links with the community. People attended local day centres and social clubs. People regularly attended activities in the community.

#### Continuous learning and improving care; Working in partnership with others

- The staff worked well with other health and social care professionals to support development and provide joined-up care for people. The service worked well with day services, other organisations and stakeholders to promote independence and self-confidence.
- The registered manager attended care forum meetings with other managers to share good practice.