

A+bility Limited

# The Cygnet

## 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

This inspection took place on 29 March and 4 and 6 April 2018 and was announced. This was the first inspection of the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger adults and children. The service was supporting 5 people in their own accommodation at the time of our inspection.

Not everyone using The Cygnet receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The Cygnet had a registered manager in post. 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.

We heard positive comments about the service for example, "I have no concerns and would recommend them as a service provider" and "I can't fault them, very good service."

People were enabled to live safely and they were protected from potential abuse. Risks to their safety were identified, assessed and appropriate action taken. People's medicines were safely managed.

People were treated with respect and kindness. Their privacy and dignity was upheld and they were supported to maintain their independence.

People were supported by staff who had training and support to maintain their skills and knowledge in order to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received personalised care from staff who knew their needs and preferences. People were involved in the planning and review of their care and support. There were arrangements in place to respond to concerns or complaints from people using the service and their representatives.

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. Surveys had been completed to gain the views of people about the service provided.

Further information is in the detailed findings below.

## 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.

People were safeguarded from the risk of abuse because staff understood how to protect them.

People's safety was monitored and managed.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People benefitted from liaison with health care professionals where this was needed.

People gave their consent to care and their rights were protected because the staff acted in accordance with the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring.

People benefitted from positive relationships with the staff team.

People's privacy, dignity and independence was understood, promoted and respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support and were involved in decisions about their care.

People were enabled to engage in activities and social events.

There were arrangements in place to respond to concerns and complaints

**Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager was in post who was available to people using the service, their representatives and staff.

Quality checks were in operation to improve the service provided to people.

A development plan was in place for the service.

# The Cygnet

## 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.

This inspection took place on 29 March and 4 and 6 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office. We needed to be sure that they would be in. This was the first inspection of the service.

Inspection site visit activity started on 29 March 2018 and ended on 6 April 2018. It included visiting one person to speak with them and their relative and speaking with the relatives of two other people on the telephone. We visited the office location on 29 March and 6 April 2018 to see the registered manager and speak with staff and to review care records, policies and procedures and give feedback about the inspection. We spoke with three relatives of people using the service on the telephone. We also spoke with two members of staff.

We reviewed records for three people using the service and checked records relating to staff recruitment, support and training and the management of the service. We did not request 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. We gathered this information as part of our inspection.

Before the inspection we received feedback from five health and social care professionals. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

## Is the service safe?

### Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people and children. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Staff were confident any safeguarding concerns reported to the registered manager would be dealt with in accordance with the provider's safeguarding adults and children procedures. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were understood and reviewed regularly, in response to people's changing needs. People had individual risk management plans in place. For example one person had a comprehensive risk assessment in place for the support they received for bathing safely. Another person had a risk management plan associated with their anxiety and behaviour. People's support plans included a section "things you must know to keep me safe" for staff reference. Information was recorded for use in the event of emergencies to ensure prompt action would be taken to keep people safe.

The service strived to provide a consistent service to people by providing sufficient staff with the right skills and knowledge. The views of people using the service and their representatives were taken into account about the staff that supported them.

Procedures were in place to gather information about the suitability of applicants to posts providing care and support to people using the service. We examined the recruitment documents for four members of staff. We found identity checks and health checks were completed. In addition Disclosure and Barring service (DBS) checks were carried out before staff started work with people. If information appeared on a DBS check then this would be subject to a meeting with representatives of the registered provider to consider the information. The registered provider was strengthening this process to include a risk assessment. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Checks were also made on the suitability of applicants from overseas to work in the United Kingdom. References had been sought about conduct in previous employment. The registered provider was increasing their oversight of the staff recruitment procedures. This was to ensure checks made in relation to previous staff employment would include all relevant employment.

People's medicines were managed safely. Where people were prescribed medicine to take on an 'as required' basis, guidelines were in place for staff to follow to support people with this. For example medicines prescribed for pain relief or to relieve anxiety. Relatives of one person commented positively about the consistent approach given to support their relative to take their medicines. Staff received training

and competency checks before they supported people with their medicines. An action plan had been produced in September 2017 following issues arising from staff medicines' training, all actions identified had been completed. Regular individual audits were completed of the recording of and the support given to people to take their medicines.

The registered manager described how accidents and incidents were analysed for any lessons that may be learnt in terms of how the staff responded to these. A summary log of all accidents, incidents and 'near misses' was kept with a record of the action taken and any further action needed.

## Is the service effective?

### Our findings

People's needs were assessed to ensure they could be met before they received a service. We saw examples of completed assessments in people's support plan folders.

People using the service were supported by staff who had received training for their role. Staff received training in subjects such as food hygiene, moving and handling and first aid. They also received training specific for the specific needs of people such as autism and diabetes. This meant that a range of skills and experiences were available to support the needs of adults and children. Staff told us the training they received was adequate for their role and training was kept up to date. Staff had also received a training presentation from one of the people using the service about autism.

Staff had regular meetings called supervision sessions with senior staff, both on an individual and a one-to-one basis, as well as annual performance appraisals. Staff confirmed they felt supported to carry out their role and described the supervision sessions as "useful". In addition staff were observed supporting people by senior staff and were given feedback about their approach and the effectiveness of this. A relative of one person commented positively on how staff understood the person's psychological needs and used a suitable interpersonal approach.

People were supported to prepare meals and eat a healthy balanced diet. Information was included in support plans about dietary preferences and healthy eating. Depending on the support provided, people were involved in planning their own menus, cooking and shopping for their meals.

People were supported to access health care services through attending appointments with GPs dentists and hospitals. People had hospital assessments completed. These described how people would be best supported to maintain contact with health services or in the event of admission to hospital. To guide staff, information was included in one person's support plan about what ill-health would look like for them. Where there was an assessed need people's weight was monitored in relation to their dietary intake.

The 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. Assessments had been made of people's capacity to consent to decisions about aspects of their care and support. One person had a best interest decision recorded regarding arrangements for their personal safety and security.



## Is the service caring?

### Our findings

People had developed positive relationships with the staff that supported them. Relatives of people using the service reported good relationships with staff. A relative of one person told us staff had a "very good attitude." and were "good at communicating". Another relative told us staff were "Very empathetic". We also heard, "Staff are interested in (the person)." One person told us how management and staff were interested in how they were progressing with their goals and aspirations, such as watching them play sport and asking them about how a job interview they had attended.

The provider's quality assurance visits included checks on the quality of relationship between staff and people. They looked to see if people were being treated in a kind, caring and compassionate way. Feedback received by the service from the relative of a person stated, "Your carers (staff) are very respectful whilst in my home and very empathetic to my situation".

Recorded observations of staff practice, carried out by senior staff, evidenced staff treated people with respect and responded to their needs appropriately. People's communication needs were recognised and met. Information was available for staff to reference about the communication methods people used. One person communicated with a form of sign language and another preferred to receive information through text messages.

People and their relatives were supported to express their views about the care and support they received. Regular meetings were held to review people's care and support.

People were able to access the services of advocates. There were no people using advocacy services at the time of our inspection visit. The registered manager had identified a person who may benefit from advocacy and was contacting a local advocacy service for support. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs).

People's privacy and dignity was respected by staff. People received support from staff of a gender appropriate to meet their needs and choices. Staff were aware of the importance of acting to preserve people's privacy and dignity when supporting them with personal care. Information was included in people's support plans about how to enter people's homes.

People were supported to develop their independence. For example receiving support to find work, growing vegetables, attending a college and shopping. Staff recognised the importance of promoting people's independence and offering them appropriate choices. People's goals to be more independent were recorded in their support plans.

## Is the service responsive?

### Our findings

People received care and support which was personalised and responsive to their needs. People had support plans with detailed and specific information for staff to follow to support each person. People also had 'one page profiles' which contained important information which staff could quickly reference. These included an overview of the person's support needs, their likes and dislikes as well as their aims and aspirations.

Staff had a good knowledge of the needs of the people they supported. Detailed information was available to staff to support the person to manage any distress. Support was provided to one young person on a flexible basis in order to meet their particular diverse needs. The person's relative was particularly appreciative of the service provided. They had struggled to find a care provider to respond to their particular needs.

One person and their relative made positive comments about how staff supported them in line with their expected outcomes. However they did not feel that all staff who had supported them did this. They told us "Sometimes they work really well, sometimes they don't." The person would communicate with the provider if they felt staff did not meet their needs and expectations. We discussed this with the registered manager who was aware of the person's needs and wishes regarding the staff that supported them and was continually reviewing the situation.

There were positive comments by social and health care professionals such as, "They have been very responsive to the needs of the service user and worked with him effectively in supporting him through very challenging circumstances and at a time where his condition was impacting significantly on his mental wellbeing", "They have developed very thorough yet user friendly positive behaviour support plans and from what I can see all staff have a good understanding of the need for consistency." and "I have been involved with two particularly complex service users that they provide care for and have been very impressed by the staff willingness to learn about how best to understand and support them".

People were supported to take part in activities. Some people were supported to attend an outdoor music festival in the summer. One person was supported to take part in sport and to play in a band. As well as individual activities, other events were organised where people using the service could meet each other.

There were arrangements to listen to and respond to any concerns or complaints. Records of investigations had been kept and appropriate responses given to complainants. Information was available for people using the service to guide them in how to make a complaint. This was also available in an easily accessible format using pictures, symbols and plain English. The findings of complaints led to improvements with the service provided. For example with staff being reminded of the importance of being contactable at all times when supporting people.

## Is the service well-led?

### Our findings

The vision and values for the service were described in the aims and objectives of the statement of purpose and included, "To provide the highest quality comprehensive support service" and "To support people to enhance their daily lives by offering a service that matches individual need respectfully and in partnership with them." Throughout our inspection we found examples of staff supporting people in accordance with the provider's values and objectives. The registered manager described the current challenges as "recruiting good quality staff" as well as the constraints of operating with the current levels of local authority funding.

The Cygnet had a manager in post who had been registered as manager since June 2017. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

We heard positive comments about the management of the service. Such as "Excellent", "Well run and well managed." A member of staff also commented the service was "Well managed." Social and health care professionals commented, "The manager has always responded to requests to meet with me to discuss the case and has worked with the Community Learning Disability Team (CLDT) closely to ensure that his support workers were able to receive training and support to manage (the person's) behaviours" and "They have been open and cooperative as a care provider, and appear to work well with the service user and their family. I have no concerns and would recommend them as a service provider".

Regular communication ensured staff were informed about developments with the service and the expectations of the management and provider. Continuous email chains which could be overseen by senior staff were used to communicate with staff. Staff could access important information and learn about necessary changes in people's support through this arrangement.

Quality assurance visits were conducted for each person using the service. Areas checked on these visits included, documentation, healthcare, medicines and the delivery of support. Any issues identified were recorded in an action plan with a target date for completion by staff. A monthly audit was undertaken of the records in people's support plan files, this also included feedback from the person about their support. A form using symbols and plain English was available to seek feedback from people where appropriate.

A provider development plan was in operation for 2017 – 2018. This included areas for development such as improving staff availability out of hours, developing a process for gaining feedback from staff and developing an information pack for people's representatives. The status of completion of the plan for each area identified was being monitored to ensure the planned improvements would be completed.