

Community Integrated Care Cypress Road

Inspection report

46 Cypress Road
Normanton
Wakefield
West Yorkshire
WF6 1LL

Tel: 01924896359

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Ratings

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

Summary of findings

Overall summary

About the service

Cypress road is a respite service providing accommodation for up to 4 people, who require personal care. The service has approximately 25 people who access the service over a 12-month period. The service provides support to people who have physical health needs, learning disabilities and autistic people. At the time of our inspection there were 2 people using the service.

The service is set out across 1 floor, with capacity to separate the service in to 2 units. There is a kitchen, dining room, lounge, communal bathroom and sensory room dividing the 2 units. Each bedroom had an en-suite facility. The service had an office with a sleep-in facility for staff.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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. People's support needs and risks were assessed to identify how their care could be provided safely.

Right Care:

People received kind and compassionate care. Staff had received appropriate training, knew people well and supported them in line with their preferences. People's care plans were detailed and reflected people's choices. People's medicines were managed safely.

Right Culture:

Feedback from people, relatives and staff was mostly positive about the care received. Care provided was person-centred and people were encouraged to make decisions around their care. The service worked in partnership with other health and social care professionals to ensure people's care was effective. The provider was working to improve the culture at the service and the robustness of newly implemented governance processes, including more regular and robust audits.

We have made a recommendation about the embedding of governance processes. Recruitment was managed safely. The service was well maintained and accommodated people's physical

and sensory needs. The service had not received any formal complaints but had a process in place to support this.

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 requires improvement (published 09 December 2019) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Why we inspected

We undertook this focused inspection 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.

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 COVID-19 and other infection outbreaks effectively.

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

Recommendations

We have made a recommendation about embedding newer quality assurance processes to improve the culture and governance at the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cypress Road

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 Health and Social Care Act 2008.

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 was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cypress Road is a respite service. It provides accommodation and personal care to people on a temporary basis. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 24 April 2022 to help plan the inspection and inform our judgements. We requested feedback from stakeholders, including the local safeguarding and commissioning teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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 observed the care of 1 person. We spoke with 2 people who used the service and 5 relatives about their experience of the care provided. We gathered feedback from 6 staff members including the registered manager, regional manager and care staff.

We reviewed a range of records including; 5 peoples care plans and risk assessments, 2 people's medicines records and 3 staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies and quality assurance records. Following the site visit, we reviewed further information and evidence from the provider. This included information relating to meetings and surveys, training and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed in a safe way and staff were able to describe safe medication administration practices. Staff's medicines administration competencies were checked annually or if the need arose.
- The service had a robust process in place to allow the safe transfer of medicines between people's home and the service. This included a pre-call discussion about any changes to medicines and a handover sheet to be signed by both parties.
- Improvements had been made to topical medicines records. These included detail about the amount of cream to be applied and a body map to indicate where to apply the cream.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us support provided was safe. One relative said, "The staff are very friendly and [person] is very safe".
- Staff were trained and knowledgeable about their safeguarding responsibilities. All staff were able to give examples of what may constitute as abuse.
- The providers safeguarding policies and systems protected people from the risk of abuse and staff knew the process to follow.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risk assessments were detailed and person-centred, providing clear guidance to staff on how to manage individual risks.
- Staff knew risks associated with people's care and what measures were in place to mitigate such risks. One staff member said, "We would update the risk assessment straight away if anything changed".
- The service completed regular fire and health and safety checks. People had personal emergency evacuation plans in place which were person-centred.
- All accidents and incidents were reviewed by the registered manager and had recorded actions taken to improve practice, if necessary. The provider also had oversight of all incidents in the service.
- Lessons learnt were shared with staff during staff meetings. One staff member said, "We always discuss this [lessons learnt] and it helps everyone understand how to move forward".

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People and relatives spoke positively about the staff team and said there was enough staff to provide safe care. The provider followed safe recruitment practices.
- The registered manager was actively recruiting to fill any existing gaps and was looking to recruit more drivers to allow for additional activities further afield if people wanted.
- The registered manager was responsible for another service, however changes to the staffing structure allowed for appropriate management oversight on a day to day basis. Senior staff felt this had improved under the new registered manager and they now had time to complete managerial tasks.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visitors in the care home was in line with current government guidance and people were supported to have visitors.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider had implemented a continuous improvement plan to ensure they were able to keep track of actions or feedback which indicated shortfalls in service delivery. However, this process was newly introduced and needed embedding in everyday practice.
- The registered manager had recently completed surveys for staff and relatives. The results were being reviewed during the inspection and the registered manager said an action plan would be formulated to address any improvement suggestions.
- The service used opportunities to engage with people and relatives to encourage continuous learning and improvement. One relative said, "We have had coffee mornings and they listen to my suggestions. For example, they got some more sensory equipment".

We recommend the provider continues to embed systems and processes to ensure identified actions and feedback received is recorded and responded to effectively.

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

At our last inspection the provider had failed to have effective oversight. This was a breach of regulation 17 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 17.

- The provider had governance processes in place to review the quality and performance of the service and staff. This included regular audits completed by the registered manager, regional manager and quality team who worked collaboratively to address any shortfalls identified.
- The registered manager and staff demonstrated a good understanding of their roles and responsibilities and feedback from people and relatives echoed this. One relative said, "They listen, sort out problems quickly and get back to you."
- Staff spoke positively about the registered manager and regional support team. One staff member said, "I have a lot of respect for [registered manager], [registered manager] is brilliant, very approachable and supportive".

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

- Not all relatives knew who the current registered manager was. However, all relatives said if they had concerns, these would be addressed.
- Since commencement in their role 12 months ago the registered manager, alongside the provider, have been working to address cultural challenges in the service. The management team and staff said the culture had improved, which had a positive impact on the care provided.
- Feedback from staff showed they were committed to providing a caring and person-centred service. We saw some positive and engaging interactions between people and staff. One person said, "They are kind to me and help me do things".
- The provider understood their responsibilities in relation to duty of candour and notified families when things went wrong. The registered manager also updated the appropriate bodies when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to maintain their links with community services and the provider was providing transport to and from day services to promotes people's social inclusion.
- Prior to each visit, the staff completed a pre-call visit form with people and/or relatives to discuss the previous stay and if any changes were required.
- Staff attended a monthly team meeting and said they found these useful. One staff member said, "Yes they are helpful because we get to discuss the clients together".
- The service worked in partnership with health and social care professionals and people's families to ensure people had holistic and effective care.