Ms Jennifer Jonas

Cygnet House

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 24 July 2017. It was an announced visit, as it is a small service and we needed to be sure that someone was available to speak with us. Cygnet House provides support and accommodation to people who may have a learning difficulty and/or mental health support requirements. There were two people living in the home when we inspected.

There was 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.

There were not always staff available who were able to support one person to access the community and provide them with support as often as had been agreed between the person and the service.

The registered manager had not always notified CQC of incidents which they are obliged to inform.

There were systems in place which monitored the service, however the organisation around these was such that the relevant information was not always available when required. Audits included medicines, premises and care records.

The home was safe and people were protected from the risk of abuse by staff who understood how to deal with any concerns. Staff were aware of risks to people and mitigated these, with the guidance being recorded in people's care plans. People who were living with a learning difficulty were supported safely to manage behaviours which some may find challenging.

People were supported to take their medicines as prescribed.

There were enough suitably recruited staff to ensure that people were safe. Staff received training in areas relevant to their roles as well as a comprehensive induction and regular supervisions with a senior member of staff.

Staff supported people to follow their dietary requirements as well as eat and drink enough. People had a choice of what they wanted to eat and drink, and when.

People were supported to access healthcare. Where needed, staff supported them to understand information and make decisions. Staff were aware of people's mental capacity and the importance of making decisions in people's best interests when needed.

Staff were aware of each person's preferences and specific support needs and how to meet them. They knew people well and treated them with kindness, whilst respecting their privacy and promoting their

independence. Staff built positive relationships with the people they worked with. They also worked well as a team and felt supported at work.

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.

There were enough staff to ensure that people were kept safe.

People had individual risk assessments covering aspects of their care needs and specific health requirements.

People received support to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff sought consent from people, and people were supported to make their own choices.

People's dietary needs were met and staff had a good knowledge of people's nutritional requirements.

People had timely access to healthcare services. Staff worked with, and followed advice from, healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff built strong, trusting relationships with the people using the service and supported them to maintain and increase their independence.

Staff provided compassionate support to people and knew them well. Staff proactively supported people to maintain relationships with their loved ones.

Is the service responsive?

Good

The service was responsive.

People were encouraged to participate in a wide range of personal and social activities. However, the service was not always able to accommodate these because there were not

always staff available to support them with this.

People had access to information about how to complain and spoke with staff, but concerns were not always effectively resolved.

Staff kept in contact with each other and reported any changes or issues promptly, and action was taken if needed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had quality assurance processes which monitored the service in order to pick up any concerns, but these were not always accessible for review.

The registered manager had not always notified CQC of events as required.

The culture of the staff was positive, and staff worked well as a team.

Cygnet 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.

The inspection took place on 24 July 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small. We needed to be sure that someone would be in. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us. 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 looked at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with one person who lived in the home and one relative. We also obtained feedback from one healthcare professional who visited the home regularly. We spoke with two members of staff which included the deputy manager and a care worker, as well as the registered manager. We also made general observations of the interactions between staff and people using the service throughout our visit.

We reviewed two people's care records and medicines administration record (MAR) charts. We also reviewed records relating to staff training and rotas. Additionally, a number of quality monitoring records were also viewed.

Good

Is the service safe?

Our findings

The person we spoke with said they felt safe when staff supported them, and this enabled them to feel more confident to do things for themselves. Staff knew how to protect people from harm and had received relevant training. Staff were able to tell us what different types of abuse there were and who they would report any concerns to should they have any.

People's care records contained individual risk assessments, which included information about people's behaviour, nutrition, individual health conditions and cognition. These provided staff with guidance on how to support people to reduce these risks. The staff we spoke with were knowledgeable about individual risks to people and were able to explain to us how they managed them. Procedures were in place that helped keep the environment in which people lived, safe. Checks were in place which included the water temperatures, electrical equipment and fire safety.

Some of the people living in the home could exhibit behaviours that might challenge others. We saw that there was detailed information regarding the possible triggers and ways to manage the behaviours which contributed to keeping people, and others around them, safe. Care records detailed possible and likely causes of distress for some people and how to de-escalate situations in a positive way. Staff had received training in restraint techniques but avoided these wherever possible. When used, they were recorded in detail and reviewed by the registered manager. This helped to ensure restraint was used safely and only when needed.

Staff monitored people's moods and behaviours constantly so that any changes could be quickly identified and responded to. One member of staff told us about certain techniques they used to support one person which helped them to become calm when they were agitated. The healthcare professional we obtained feedback from explained that the incidences of aggression and anxiety with regards to their client had greatly reduced over time whilst living at Cygnet House. They told us this was because the staff knew how to support the person to remain calm and therefore significantly reduce risk and increase the person's wellbeing.

Accidents and incidents were recorded in detail and the registered manager took appropriate action to review and update risk assessments where needed.

We received mixed views on whether there were enough staff to meet people's needs. The person we spoke with told us that they did not always receive support to go out into the community because there were not always enough staff available. They said that there was always a staff member in the house if they needed to call for help, but had to wait for this at times. A relative we spoke with also reflected this. The registered manager told us that staffing problems were sometimes due to staff calling in sick and the service not being able to find appropriate cover at short notice.

However, the healthcare professional we obtained feedback from told us that they felt there were enough staff to keep people safe. The service had also had problems with recruiting and retaining staff, and the

registered manager told us they were keen to improve this process. Staff told us that they had radios which they used if they were short of staff, to call over from the organisation's other home which was a short walk across a driveway and staff would attend quickly from there if they were needed. We saw from looking at the rota, that out of 28 days, 11 of these had not been covered by the amount of staff specified as necessary for the service. Whilst there were plans in place to keep people safe, this meant that people did not always receive the individualised care that had been agreed. We concluded therefore, that there were enough staff to ensure that people were safe, but not always enough staff to deliver individualised care.

There were safe recruitment systems in place. Disclosure and Barring Service (DBS) checks had been carried out to show the applicant's suitability for this type of work. The DBS assists employers in making safer recruitment decisions. Staff confirmed that they had not been allowed to commence work alone with the people using the service until relevant checks and training had been completed. The registered manager had ensured that only people deemed suitable were working at the service.

Staff were trained in administering medicines and supported people to take their medicines as prescribed. Medicines were stored securely in locked cabinets. We checked the stock for one medicine and found this matched the amounts indicated on the medicines administration record (MAR) charts. We saw that details of people's medicines were recorded and administrations had been signed by staff. We also saw protocols for people who had been prescribed PRN (as needed) medicines which contained information on when the person would need the medicine. We noted that each person's care plan also provided staff with guidance on how the person preferred to take their medicines.

Good

Is the service effective?

Our findings

Staff had received a range of training that provided them with the knowledge and skills relevant to their roles. This included e-learning training in mental capacity, infection control, epilepsy, and autism awareness. Staff had also undertaken training in safe holding techniques which they used if needed.

Staff completed a period of induction when they first started which included observing and shadowing more experienced colleagues before they started to provide support to people. This also allowed people to become familiar with them. New staff were informally observed by the registered manager to ensure they were competent. After some months, they undertook medicines training so that they could administer medicines and these competencies were checked and recorded in detail. Staff confirmed to us that this had happened when they commenced employment at the service.

Staff we spoke with told us that they undertook supervision regularly, and one new staff member said they had received this support monthly since they had started in January this year. A supervision provides an opportunity for staff to discuss their role and any support needs they may have, with a senior member of staff.

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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a good knowledge about supporting people to make their own decisions when necessary and told us how they did this. They also told us they sought people's consent when offering them support and respected their wishes if they declined, and we observed them asking for consent. We saw that appropriate mental capacity assessments had been carried out for people and they were decision-specific. There was one person who had a DoLS authorisation in place. We reviewed the records around this and saw that it was sufficiently detailed and ensured that the person was only restricted where it was necessary to keep them safe. Best interests decisions were recorded, appropriate people had been consulted, and the least restrictive methods had been considered and used.

People were supported with their nutritional and hydration needs by staff who understood individual people's needs and how to meet them. One person living at the home needed a diet that avoided certain foodstuffs. They told us that staff supported them with choosing the correct foods to eat. Staff were also

able to tell us how they catered for it. A relative of one person we spoke with told us that they supported them to have a healthy and varied diet of meals they liked.

People's health was monitored daily to ensure that any problems were picked up promptly and access to appropriate healthcare was sought when it was needed. We saw that the service had worked closely with health professionals to minimise people's distress when they needed more complex medical interventions. For instance, one person was accessing a counsellor. We saw in each person's care plan that a hospital passport had been written to provide hospital staff with information on how best to meet the person's needs while they were in hospital.

The service also routinely monitored people's mental health. Observations on all people were recorded by their one-to-one support worker every 15 minutes in order to pick up any signs of deterioration and to continually develop the service's understanding of people's mental health problems.

Good

Is the service caring?

Our findings

The person we spoke with said, "Every member of staff has been kind. I do enjoy it here." They told us that through a recent difficult time, the registered manager and staff had been very supportive in helping them through it. Their relative also said that staff were kind and caring. We observed some interactions between staff and people and noted that staff treated people with respect. Staff clearly knew people well and were able to tell us about their needs and preferences, and this was also reflected by the healthcare professional we obtained feedback from.

People's care plans contained detailed information about them particularly in the section entitled; 'pen picture'. This section contained a brief description of their personal history, their personal care abilities and support needs and their social interaction skills. The care plans focussed on the promotion of people's choice and independence. For instance, we noted in one person's care plan there was guidance on how to support them to make decisions of what to wear. This included guidance on the best way to communicate with the person and where they needed prompting and what support they needed. The healthcare professional who gave us feedback said that staff had gone beyond their duties to increase the confidence of one person when they were due to attend the dentist. They said this helped them to understand what was going to happen and supported them in the best way to prepare themselves for it.

We saw in people's care plans that they and their families had been involved in planning their care. A relative we spoke with confirmed this. Staff told us that people chose the food that they wanted to eat at the weekly house meetings and were involved in reviewing their care plans. Staff supported people to communicate their needs and choices. This included the use of signing and pictures for one person living in the home.

One person told us how they were supported to be independent with their cleaning of their bathroom and room, with staff offering reassurance and prompting when needed. A relative told us they felt that there were not always enough staff on duty to fully encourage independence when staff were needed to accompany their relative in the community. However, they said that staff supported their relative to become more independent as they assisted staff with the weekly shop for the house, and at times to prepare meals in the kitchen.

The person we spoke with told us they felt staff respected their privacy. Staff were aware of the need to promote people's dignity and privacy and details were recorded in people's care records. The staff we spoke with told us about people's preferences with regards to privacy, and that for example, one person would ask for staff when they needed them, and staff would stay outside the bathroom during their personal care in order to supervise whilst respecting the person's privacy.

We saw that people were supported to maintain relationships with their families and people who were important to them. One relative told us that their family member was supported to visit them at their home, and they were welcome to visit Cygnet House whenever they wished.

Good

Is the service responsive?

Our findings

The people living in the home were allocated one to one support during the day. However, the person we spoke with told us that they were not always able to go out and do activities in the community when they wished, as they required support from a member of staff to do so. The person also told us, "I do like to have a shower in the mornings but if they're short-staffed I can't." Their relative told us that the person sometimes missed out on going to the cinema when they would have liked to go, and at times had to wait for staff supervision for personal care. At times, this had resulted in them having a wash instead of a shower.

People's care plans contained details of their leisure interests and things they liked to go out and do. People had opportunities to attend local activities such as bowling or shopping, and groups for people living with a learning disability. These activities were carried out when there was a staff member who was available to drive the person and support them during their chosen activity. One person living in the home went out most days with staff support.

There was clear evidence in the care plans that people and their families had contributed to the assessment and planning of their care. The person we spoke with told us they had asked for some equipment to enable them to be more independent and the service had put this in place. They also said they regularly asked staff for advice and felt they listened. The registered manager told us that they also asked people's families for feedback regularly.

Staff knew the specific needs of each person very well and how to meet them. The person we spoke with confirmed that when there were enough staff, they supported them in a way which met all their preferences and needs. Information about people's life history had been captured and recorded in people's care plans. There was also information about each person's specific needs and preference relating to how they preferred to receive care and how staff should support them. The records had been reviewed and updated as needed so that the information in them remained relevant. The healthcare professional who gave us feedback also explained how other healthcare professionals such as themselves, as well as family members, were involved in the reviews of people's care.

Staff were in regular contact with each other using handheld radios so that assistance could be summoned quickly if needed. We saw that handovers at the end of each shift were conducted by secure email to ensure that all staff had precise updates on the latest situation for each person living in the home. Observations were carried out on people throughout the day to record mood and activities and these were used to build an accurate picture of the person and indicate any possible causes for distressed behaviours and reduce the risk of people becoming anxious or agitated.

People were encouraged and supported to follow leisure activities, however we concluded that recent problems with recruitment had limited this for one person living in the home. People were supported to go out on trips and follow their own interests inside and outside the home when staff were available.

There was a complaints procedure on display in a communal area that was in an easy read format. Staff

were also available to provide support to people to make a complaint if they needed it. However, a relative we spoke with told us they had raised a concern informally with the management team, and they did not feel that their concerns about not having enough staff to support their relative to go out had been responded to and resolved appropriately by the service.

There were regular meetings for people living in the home. Topics discussed included food preferences and activities such as trips out. They could express their views about the care they received.

Requires Improvement

Is the service well-led?

Our findings

The provider had not notified us of a DoLS authorisation which they received in April 2017 and are obliged to notify CQC.

The service did not have sufficient resources in place for covering unexpected staff absences so that people could receive their agreed person-centred care which fully met their needs. The organisation had not taken sufficient action to ensure this had improved and further improvements were required to ensure consistency of staff numbers.

We found that although there were systems in place to monitor and improve the service, the records were not always organised in an accessible way for the registered manager to oversee the service. An example of this was the weekly medicines audits which were carried out on each person's medicines. The last two weeks of the medicines audit were not available, so we were not able to see whether some missed signatures had been identified. However, the deputy manager proceeded to repeat the audit which they sent to us. We could see that areas for improvement had been identified and action taken on this audit.

We saw that the registered manager maintained auditing systems for the service including regular audit checks on people's support plans, antecedent behaviour and consequence (ABC) charts. We also noted that regular checks were carried out on the premises.

Staff were subject to competency checking when they administered medicines shortly after this was included in their role, and the registered manager was implementing the checks on a rolling basis to ensure that staff remained competent and any concerns would be identified.

Staff and the registered manager were in regular contact with the relatives of people who used the service. We saw that the registered manager was visible and familiar with people living in the home. The relative we spoke with told us that they appreciated this as they were able to keep up to date with how their family member was and felt more involved with their care. However, they had raised their concern about staff being available to support their family member to go out more often and had not felt this had been resolved properly.

All of the staff we spoke with said they worked well as a team and felt supported by their manager. The staff we spoke with were passionate about supporting the people living in the home well and had a positive attitude. Staff told us that there were regular team meetings where they discussed people living at the home and their progress as well as any concerns. Staff we spoke with told us that they felt able to discuss what they needed and raise concerns with the registered manager.

The registered manager told us that they received good support from the senior management in the organisation. This included regular visits from the senior manager who also carried out their own audits of the service. There were also regular meetings with the managers of the organisation's other services. Staff told us that the senior manager was approachable and supportive.

The registered manager empowered staff with roles within the home such as medicines management, maintaining the cleaning regime and food orders. Staff we spoke with told us about their roles and how they managed them to improve the running of the home.