

# Cygnet (OE) Limited

# Old Leigh House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Old leigh House is a care home with nursing providing support for up to six people. The service provides care and support to people with mental health or learning disability and complex needs. Care is provided in a large adapted building close to all amenities in the local community. At the time of our inspection five people were using the service.

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

People were positive about their experiences at the service. From surveys we saw relatives were happy with the care their loved ones were receiving.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting underpinning principles of Right support, right care, right culture. Staff promoted people's independence and care was personalised to each individual person's needs and goals. Staff supported people to develop their skills and confidence to live full lives.

Care was person centred and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimize the risk of infection and to learn lessons from accidents and incidents. Medicines were dispensed by staff who had received training to do so.

The registered manager and provider had good oversight of the service, they had encouraged a culture of learning and development. There were systems in place to monitor and review care and people's experience at the service.

Rating at last inspection: The last rating for this service was requires improvement published 20 March 2020 and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old leigh House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

# Old Leigh House

## 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.

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 service was inspected by one inspector.

#### Service and service type

Old Leigh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. Including action plans and notifications. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke with three people who used the service about their experience of care provided. We spoke with

the registered manager, regional director and four members of care staff. We reviewed a range of records. This included care records, medication records and staff recruitment folders.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed audits and quality assurance records.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure staff were following their policy on enhanced observation. This was a breach of regulation 12 (2) (b) (Safe Care and Treatment) 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 12 (2) (b).

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Care plans and risk assessments were person centred and contained all the information staff needed to provide support safely.
- When people were on enhanced support, this meant they needed a member of staff with them continuously. Detailed plans were in place for staff to follow and from records we reviewed we saw staff were following the providers policies to provide safe support.
- Where people needed support in the community the risks were clearly identified with plans in place for staff to provide support, whilst still promoting their independence and inclusion in the local community.
- Fire evacuation plans were in place and people and staff practiced fire evacuation procedures to safely exit the building.
- Environment and health and safety checks were regularly completed, and issues identified and addressed.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- People told us they felt safe living at the service. One person said, "We are treated well, we are not mistreated." Another person said, "I feel safe, I get on with everyone."
- Staff had received training in safeguarding and abuse and could recognise the signs of these. Staff knew how to raise concerns to keep people safe. One member of staff told us, "I could report to my senior nurse or manager. There is also a safeguarding line I could ring, or I could report to the CQC."
- The provider had systems in place to support staff to raise concerns. These included policies on 'whistle blowing' and 'freedom to speak up' with external contacts from the service staff could call confidentially to report concerns.
- The registered manager investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe.
- Safeguarding alerts were raised externally when required to the local authority and CQC.

### Staffing and recruitment

- There was a consistent staff team at the service.

- The registered manager had robust recruitment processes in place. Staff were interviewed to see if they were suitable for the role they were being employed for. Records were kept of the interview and answers given, references were sought, and full employment history obtained.
- An up-to-date Disclosure and Barring certificate (DBS) was obtained before staff commence work to ensure they were of suitable character to work with vulnerable people.
- New staff completed a probation period. One member of staff said, "I completed training and had a buddy allocated to me. I had regular meetings and completed a booklet which was like doing mini tests. I have completed my probation and feel I have learned so much."

#### Using Medicines safely

- People received their medicines as prescribed.
- People were supported to take their medicines by trained and competent staff.
- Records we reviewed contained all the information staff needed to support people safely. There was information on medicines and side-effects and how to monitor these. There were also individual plans in place for the use of as required medication.
- There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- The service was supported by a pharmacist who attended weekly to check medicines and the registered manager completed regular audits.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and analyzed for learning points. These were discussed with staff in staff meetings and during supervision.
- One member of staff told us, "I learned from one incident, when a person had a medical issue to be persistent with health professionals to obtain the treatment required."
- Staff also shared positive learning experiences. For example, how a person was supported to stop smoking. The learning they took from this was when the person asked for support it was the quick response from the smoking cessation team, GP and support of staff which helped them succeed.



# 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 Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centered care.

At our last inspection the provider had failed to notify us of notifiable incidents and safeguarding concerns. This was a breach of regulation 18 (2) (e) (staffing) 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 18 (2) (e).

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

- Since our last inspection a new registered manager was in post. They have been proactive in sending in notification as required promptly.
- The registered manager understood their responsibilities under duty of candour. We saw evidence they were open in discussing accidents and incidents with people, their relatives, advocates and other healthcare professionals. We saw actions plans in place to address safeguarding concerns to support people to remain safe.

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

- There was a positive culture at the service.
- People we spoke with were happy living at the service. One person told us, "The staff are kind, I want to stay living here."
- We saw care plans and support records were person centred. They encouraged people's independence and supported them in developing their skills to live full inclusive lives outside of care environments.
- Staff spoke positively of the people they were supporting. One member of staff said, "We want people to live as independently as possible to be free to express what they want and be supported." Another member of staff said. "Make sure people feel empowered with the best quality of life, and all options available to them."

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

- Staff were clear about their roles, quality and regulatory requirements.
- Staff had regular supervision meetings with the registered manager to discuss their role, how they supported people, any changes in policies or training requirements they may have. We saw the meetings were meaningful and were a two-way conversation.
- New staff were supported through probation with regular meetings to discuss their progress and identify

and support needs they may have.

- Where staff were underperforming the registered manager met with them to discuss their performance and supervised them through improvement and learning plans.

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

- People were fully engaged in their care and support needs. People had keyworkers who worked with them to achieve their goals. People had regular meetings with their keyworkers to discuss their progress and what support they needed. One person said, "My keyworker helps me makes lunch, we go out together and I can talk to them privately."
- Each week everyone living at the service met with staff and an external advocate to take part in what they called an 'empowerment' meeting. During these meetings people shared their opinions on the running of the service and if they had any concerns or worries. They also used the meetings to discuss keeping themselves safe during Covid-19.
- The registered manager also used questionnaires for people, relatives and staff to gain their feedback. Were needed following this feedback actions plans were put in place to address issues.
- We also saw positive feedback. One relative had written, 'I feel the staff caring for my son are very competent and they go over and beyond in order to do their job in the best way.'

Continuous learning and improving care, Working in partnership with others

- There was a learning culture that was shared from the provider to all staff.
- We saw the provider shared lessons learned bulletins across all their services so that staff could share the learning from accident, incidents, safeguarding and best practice. For example, they had shared best practice guidance on managing constipation with people who have a learning disability.
- The provider promoted learning on closed cultures and restrictive practices. All staff had undergone this training. There were also staff identified to act as leads to prevent restrictive practices from happening.
- Audits were undertaken on all aspect of people's care to monitor that restrictive practices were not being used.
- The registered manager and provider had good oversight of the service through the auditing systems they had in place. The provider had an auditing team which went into all their services to provide quality audits. Where issues were identified action plans, were put in place and followed up.
- The registered manager worked closely with other health professionals such as GPs, speech and language therapist and occupational therapist to promote good outcomes for people.