

Cygnnet Behavioural Health Limited

Malborn Teroan 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?	Good ●

Summary of findings

Overall summary

About the service

Malborn Teroan House is a residential care home providing accommodation for people who need personal or nursing care. Six people, aged 18 and over, were supported at the time of the inspection. The service can support up to six people, and consisted of two 3-bed, semi-detached, houses on the same site. The service specialised in caring for people who had mental health support needs or issues relating to the misuse of drugs or alcohol.

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

People told us they felt safe living in the service. Staff received training and knew how to report any safeguarding concerns. The environment was homely, clean, safe and well maintained.

People were supported by enough trained and experienced staff to meet their care needs. Staffing levels were flexible if people's needs increased. When incidents occurred the care team identified any lessons to be learned to reduce the likelihood of recurrence.

People had comprehensive care plans in place which staff understood and followed. This meant people received consistent support. Advice from internal and external health care specialists was also obtained for people if required.

People were supported to maintain, and increase, their independent living skills. The service had been successful in supporting some people to move into other, less intensively supported, living situations. Any restrictions placed on people were all appropriately authorised, recorded, and monitored.

People were supported, by staff, with kindness and their dignity and privacy was respected. Important links with families were maintained where appropriate.

People were involved in developing and reviewing their own care and support plans; and deciding what outcomes they wanted to achieve from the care they received.

The service was well-led by a registered manager based on site. Staff told us they felt well supported. The provider's monitoring processes ensured the service maintained quality standards. Feedback received from external professionals, about the service, was wholly positive.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 September 2020 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection to assess how the service was operating and to rate the service in respect of the Safe, Effective, Caring, Responsive and Well-led key questions.

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.

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.

Malborn Teroan 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 inspection was carried out by one inspector.

Service and service type

Malborn Teroan 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 the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people, who used the service, about their experience of the care provided. We spoke with three members of staff including the registered manager, advanced nurse practitioner and support worker. We observed general interactions between the staff and the people who lived at the service.

We reviewed a range of records. This included multiple medication records and a variety of records relating to the management of the service, including policies, procedures and risk assessments.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at two people's care plans, three staff recruitment records, staff training data, and the provider's quality assurance records. We received feedback from five professionals who had contact with the service. We also received feedback from a relative of a person who lives at the care home and from five staff who worked there.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service. There was a relaxed atmosphere and we observed people asking staff for help and advice; and receiving appropriate responses.
- People told us they knew how to raise concerns. A person told us they would speak with the manager, or the care staff, if they were worried about anything.
- People were safe and protected from avoidable harm. Staff had received safeguarding training and understood how to respond if they believed a person was at risk of abuse or neglect.
- Staff had access to information about how to raise concerns. The provider's safeguarding policies and procedures were readily available for staff to refer to.

Assessing risk, safety monitoring and management

- People's individual risks were appropriately identified and assessed. Care plans contained relevant risk assessments and details of how people should be supported to remain safe and develop their coping mechanisms.
- The environment was safe. The provider carried out routine safety monitoring and environmental risk assessments. They took action to ensure any environmental issues identified were rectified in a timely manner.

Staffing and recruitment

- People were supported by enough skilled staff to meet their assessed care needs. Additional staffing was also provided when people occasionally needed extra support. This flexibility ensured people received the care and supervision they needed to remain safe.
- Staff were safely recruited. The provider carried out pre-employment checks to ensure potential new staff were suitable to work with vulnerable people.

Using medicines safely

- People received their prescribed medicines safely. Medicines were received, stored, administered, and recorded appropriately. Some people managed their own prescribed medicines, with support from staff if occasionally required. This helped maintain people's independence.
- The provider's quality monitoring systems ensured that medicines were managed safely. We discussed with the registered manager the importance of ensuring hand transcribed notes, on the medicines administrations records, were exactly in line with the prescriber's instructions. The registered manager took immediate action to correct minor discrepancies.

Preventing and controlling infection

- People lived in a clean and homely environment. Arrangements were in place to ensure the care home was hygienic, but that did not detract from the homely atmosphere.
- People were supported to take part in the daily chores of cleaning the communal areas of the house and their own bedrooms; with staff support if needed. That helped maintain people's independent living skills.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager reviewed incident reports and extracted any potential lessons which could be learned to reduce the likelihood of recurrence. For example, the registered manager explained how they had supported a person who had an unfortunate incident in the local community, and identified the lessons learned.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had comprehensive care plans in place which identified the support they needed. Staff provided support in line with those care plans and risk assessments. This helped ensure consistency of support.
- The registered manager monitored the delivery of care. Being located on site meant the registered manager had daily contact with people and the staff who supported them. This helped ensure people received effective support from staff.
- People's care plans clearly stated what outcomes people wanted from the support they received. Care plans were regularly reviewed and updated as required.
- People were referred to the provider's internal healthcare specialists when necessary, and also to external specialist agencies and community healthcare services if required.
- Staff supported people effectively. Some people had been enabled to move on from the service, into less supported community placements, when they were assessed as being ready. Staff also recognised some people continued to need the support available from the service in the longer term, but still ensured people were supported to be as independent as possible.

Staff support: induction, training, skills and experience

- Staff had the right training, skills and experience to carry out their roles. Some staff had worked in the care home for several years, which helped create a stable environment for people.
- The provider had a comprehensive staff induction and training programme. This helped ensure they had the necessary skills and expertise to support people effectively.
- Staff told us they felt well supported by their managers and the provider. A staff member told us, "We have a good management team to support us. I know I can go to any of them at any time if I have any worries and know that these will be dealt with."

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

- People were supported to plan, shop for, and prepare, their own meals. Staff provided guidance on meal choices and healthy eating, but people were supported to make their own choices.
- People had access to pleasantly decorated and equipped dining rooms and kitchen area. Food and refreshments were readily available. This helped create a relaxed meal experience.

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

- People experienced positive outcomes regarding their health and wellbeing. People were supported to manage their own health conditions and issues related to drugs and alcohol dependencies, with

appropriate support.

- Staff made appropriate and timely referrals to other relevant professionals and services. Care plans were updated when necessary and staff followed the specialist advice.
- The registered manager acted as an advocate, for the people living in the care home, when dealing with other agencies; to ensure people received the support they needed. For example, supporting people to access community health services.

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

- People had personalised their bedrooms with their own belongings. They were also involved in discussions about how the care home should be decorated and the design and use of the gardens.
- People had access to garden areas for fresh air and recreation. A person told us they were hoping to work with staff to make use of garden fruit to make a favourite meal item.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- People had the necessary authorisations in place relating to their placement at the service. Details of any restrictions were clearly detailed in people's support plans.
- Staff had received training in the MCA and also understood the arrangements which were in place in respect of Court of Protection or Ministry of Justice requirements. These are conditions which are sometimes placed on people as part of their placement in community care establishments.
- People were supported to make their own decisions on how they wanted to live their life, subject to any legally imposed conditions which were in place. This helped maintain people's independence and ability to direct their own lives as far as possible.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were supported by staff who were kind to them. People told us they liked the staff who supported them.
- Staff regarded the people living in the service positively. A staff member told us, "Staff clearly care so much about the residents. It's lovely to see how much they do for them, and how much they encourage them to always choose the right path."
- People were supported by staff who took the time to listen to them and help them to make sense of their concerns and anxieties. We saw this approach in action and the positive impact it had on people.

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

- People were supported by staff to re-establish links with their family members where appropriate. This had a significantly positive impact on people, although staff were aware that those relationships needed to be carefully, and sensitively, supported.
- People were supported by staff to make decisions about how their care was to be provided. This helped maintain their levels of independence. Staff also understood when people might need additional support; and when best interest decisions might be needed if the person was not able to make a specific decision for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by the staff. The registered manager and the provider's policies and procedures supported that practice.
- A staff member told us, "I feel all the individuals in our care are treated with respect and care, and this is shown in the mutual respect and feedback that is given from the residents, their families, and the community team."
- People's right to privacy and confidentiality was respected. Staff were discreet and understood the essential professional boundaries that existed in their roles as carers for people.
- People were supported to direct their own care wherever possible. A staff member told us, "We integrate our residents back into the community in the safest and least restrictive way possible. We empower them to make their own decisions and forge their own paths."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were involved in developing their care, support and treatment plans. Care plans included details of any support needs relating to people's equality and diversity characteristics.
- People's care plans were focussed on the outcomes the person wanted to achieve from the support they received from staff. Staff worked with people towards achieving those desired outcomes.
- People were supported by staff to develop, and carry on, hobbies and activities which were meaningful to them. Staff understood the support required might vary over time and were aware of the need to be flexible in the levels of support given to people.

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.

- The provider ensured that relevant information was presented to people in formats they could understand, and staff had the time to explain documents to people if necessary. Pictorial posters, such as complaints leaflets etc, were readily available for people to access.

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

- People were supported by staff to maintain links with family members if appropriate. This helped maintain those relationships and reduce social isolation.
- People were supported to try different community activities which were socially and culturally relevant to them. A person told us they would like to try more new things but did not feel well enough to do so at that time. Staff confirmed they planned to support the person to restart community activities once they felt well enough again.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experience of the care they received. The provider carried out formal satisfaction surveys, but people also told us they would simply tell the staff and registered manager if they were unhappy about anything.
- A relative told us they had not had cause to contact the service with any concerns, but they knew how to contact the registered manager if they had any worries or complaints.
- The provider had a suitable complaints policy and procedure in place, copies of which were available to

people, relatives and staff. Compliments received about the service were also recorded and monitored by the provider.

End of life care and support

- People were not being supported with end of life care in this service, but the registered manager understood the importance of obtaining information from people about those important final arrangements.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People told us the registered manager, and staff, were supportive of them. This meant they felt comfortable in the service.
- Staff told us the registered manager created a positive culture in the service. A staff member told us, "[Registered manager] is approachable at any time, and very supportive with any concerns. They deal with them promptly and professionally and always keeps us updated."
- External professionals told us the service achieved good outcomes for people. For example, a healthcare professional told us, "[Person] has remained in the community at this placement for several years which, in my view, exemplifies the skill set and commitment the staff have. I have always found the registered manager to be very knowledgeable, thorough and helpful. The service provides a bespoke level of care."
- The service had supported some people to achieve their outcomes and move on into more independent living placements. In some cases, people, and their families, had maintained informal contact with the service after they had left. This showed the positive impact the service had on some people's lives.

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 registered manager had made notifications to the CQC, and local authority safeguarding teams, in a timely manner; and understood their responsibility to be open and honest with people when something goes wrong.

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

- The registered manager, and the staff, were aware of their roles and responsibilities. Incidents were reported in a timely manner and any necessary action taken.
- The provider had effective quality monitoring arrangements in place to ensure the service was of good quality. Regular quality audits were carried out and action plans created which evidenced progress made.

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

- People were involved in shaping the service they received in a meaningful way. This considered their individual characteristics and was recorded in people's individual support plans.
- Staff feedback surveys were routinely carried out by the provider. This helped the provider to understand

any issues raised by staff and to address any concerns.

Continuous learning and improving care

- The registered manager defined quality from the perspective of the people using the service. Incidents and feedback were reviewed, and lessons learned. This helped reduce the likelihood of the recurrence of incidents; and helped ensure the service continued to be responsive to changes in people's care and support needs.

Working in partnership with others

- Feedback received from external professionals was wholly positive about the service and the impact it had on the outcomes of the people who lived there.
- An external professional told us, "The staff have a good knowledge of how to move their residents towards a more independent setting and are pro-active in this." Another told us, "This is one of the best placements I visit, it's hard to find fault. The manager is always available and communicates with staff, service users, and professionals, well. They are very personable, respectful and diligent in their role."
- The service demonstrated an open and transparent approach to working with other agencies. This helped maintain effective partnership working and the shared understanding of risks associated with individual placements in the care home.