

# Cygnet (OE) Limited

# Ducks Halt

### **Inspection report**

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### Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

### Overall summary

About the service

Ducks halt is a care home providing support for up to five 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 house close to 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 and told us they were happy living there. One person said, "I am happy living here, the staff make me happy."

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. Staff supported people to develop confidence to live full lives.

We received information of concern that the provider may not have shared information or taken action across the organisation following a specific incident at another location.

We found systems had been put in place to share learning with staff through briefings, guidance, supervisions and meetings. We saw additional support and training had been provided to staff on closed cultures and there was an independent 'Freedom to speak up' guardian. Staff had received further training and information on restricted practices and closed cultures.

There were systems in place to provide a good oversight of the service with additional audits and monitoring by the management team.

The senior management team were more visible and held regular briefings with staff. Registered managers were supported with the providers initiative 'project best', where through regular coaching meetings registered managers were supported to drive improvements and improve outcomes for people.

Rating at last inspection: The last rating was good (report published 9 June 2018).

Why we inspected: We undertook this targeted inspection to follow up on specific concerns we had about the provider. The inspection was prompted in response to concerns received on safeguarding and culture. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection program. 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?	Inspected but not rated
At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.	
Is the service well-led?	Inspected but not rated
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# Ducks Halt

## **Detailed findings**

## Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had shared learning from a specific concern across the organisation. We will assess all of the key questions at the next comprehensive inspection of the service.

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 team consisted of one inspector.

#### Service and service type

Ducks halt 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. 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 care provided. We spoke with the registered manager, deputy manager and three members of care staff. We reviewed three staff files.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audits, quality assurance records, support plans and lessons learned.

#### Inspected but not rated

### 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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check that a specific concern the provider had addressed in other services, had been shared and learning implemented. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- People we spoke with told us they felt safe living at the service and were happy.
- We observed people were happy in the company of staff and were supported to take part in activities they enjoyed.
- 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 staff could call confidentially, to report concerns.
- Staff we spoke with knew the correct processes to follow to raise concerns. One member of staff said, "I would report poor practice, if I had a safeguarding concern, I would inform the manager and safeguarding lead."
- The registered manager took the appropriate actions when concerns were raised to investigate these and to put action plans in place to keep people safe. When needed they liaised with the local authority and notified the CQC.

#### Staffing and recruitment

- There was a consistent staff team at the service.
- The registered manager told us they had only needed to use agency staff when there was an increased need for staffing. During this time they used the same agency staff for consistency and they had regular Covid-19 swab tests as part of the whole home testing guidance.
- People told us they had dedicated staff who supported them. One person showed us photos they had of staff in their room who supported their needs regularly.
- The provider had a robust recruitment process 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 Service certificate (DBS) was obtained before staff commence work to ensure they were of suitable character to work with vulnerable people.
- Staff received an induction to the service and had regular meetings to review their performance, and to see if they needed any additional support.

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.

#### Inspected but not rated

### 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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check that a specific concern the provider had addressed in other services, had been shared and learning implemented. We will assess all of the key question at the next comprehensive inspection of the service.

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

- There was a positive culture at the service.
- People had support plans in place which were person-centred and aimed at supporting them to live fulfilling lives. One person told us, "My long-term goal is to go to Disneyland Paris." Another person told us, "I enjoy baking and have made a banana cake to share with everyone tonight."
- Staff we spoke with knew people well and spoke warmly when they described the ways they supported people. One member of staff told us, "We want people to live their best lives and be as independent as they can be."
- People and staff told us that there were not any blanket restrictions in place and people were supported to make their own decisions in the least restrictive way. One person told us, "I can do what I choose to do, I like watching horror films in my room, and cooking spicy food to eat."
- The registered manager told us they held meetings called empowerment meetings every week with people. This was an opportunity for them to discuss community living and if they had any concerns or issues. An advocate attended the meetings and also had individual meetings with people. An advocate is a person independent to the service who can speak on their behalf.

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

- Staff were clear about their roles, quality performance and regulatory requirements.
- Staff had regular supervision meetings with senior staff 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.
- The registered manager told us they felt supported in their role by the provider. They had regular meetings to discuss actions and updates around Covid-19. They also had meetings called 'Project best' which was an opportunity to discuss any improvements needed and how these could be implemented.
- There were systems in place to share lessons learned from the provider and learning from the service. We saw both positive and negative learning was discussed. One lesson discussed was how people liked to share roles within the service such as changing the staff photo board to identify which staff would be on duty.

People now took it in turns to do this.

• The registered manager understood their responsibility under duty of candour to share information in an open way when things go wrong. We saw there was a proactive approach to investigations and addressing findings.