

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

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Cypress Road is a respite service providing personal care to four people at the time of the inspection. The service supports up to 30 people over the course of a year with varying amounts of respite.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There was a lack of effective provider oversight. The concerns identified in the audits had not been addressed quickly enough and demonstrated a lack of rigour. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

Risk management needed to be more robust as it relied on staff's knowledge and length of time in service rather than being documented in full. Staffing levels were sufficient but the lack of drivers impacted on people at weekends when activities were more limited.

The registered manager was trying to develop improvements but there was a lack of overall direction for the service as they were sharing their time between two services. The vision for the service was unclear. The internal environment was tired, but plans were in place with the building's owner to refurbish. Rooms were adaptable and could be altered according to people's needs and wishes. The outside area was very accessible and geared for people's sensory needs.

We observed positive interactions between people and staff. Staff were friendly, supportive and attentive, and respectful of people's dignity. Staff felt supported and said they access to training and supervision, although the latter was not always individual. Communication between staff was good and work practices were reviewed and reflected on which showed a culture of wanting to change and improve. Medicines management was safe.

Staff could recognise possible signs of abuse and knew how to report such concerns. 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.

Care documentation reflected people's needs but the service needed to consider how to better involve people and make records more accessible as they had for other parts of the service. Quality assurance

systems did assess overall service delivery but had demonstrated reduced levels of performance due to pressures on time. However, all issues had been addressed at the point of inspection.

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

Rating at last inspection

The last rating for this service was good (published 25 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

Enforcement

We have identified a breach in relation to provider oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service 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.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 September 2019 and ended on 4 October 2019. We visited the office location on 24 September 2019 and made telephone calls to relatives on 4 October 2019.

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 observed four people who used the service and spoke with four relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and three care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff meetings 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff described safe medication administration practice, including the transfer of medication between services. They explained two staff administered and a third checked, in accordance with people's requirements. Staff competency in medicines administration was checked.
- One relative did state staff were very responsive with medication and would contact relevant medical professionals if the person refused to take them.
- There had been two medication errors which had been dealt with promptly. The registered manager explained what action they had taken to try and resolve the issues with all relevant services.
- Topical medication records did not always provide sufficient detail as to amount and location of cream application and the registered manager agreed to action this. PRN, or 'as required', medication had detailed guidance drawn up with medical professionals.

Learning lessons when things go wrong

- Due to past concerns the registered manager had implemented more robust 'pre-stay' calls with family members. This was to ensure information they held about people was still current or if it required updating.
- Staff explained learning was shared where things had gone wrong and all had learnt from such experiences.

Assessing risk, safety monitoring and management

- Relatives felt staff understood safe moving and handling techniques well. Each room had a ceiling hoist and different bed types which were allocated according to people's needs. However, more detail was required in associated risk assessments where people used equipment for safe moving and handling practice.
- Fixed equipment was checked by the building's owner. Staff knew how to check for pressure damage.
- Positive behaviour support plans were in the process of being developed for people based on a simple traffic light system, such as showing staff how to support when the person was anxious. The service was using risk assessments from other professionals in the interim.
- Risk assessments were in place for people in regard to their health needs, medication, nutrition and other care needs. Measures were in place which showed what actions had already been taken to minimise the risk of harm and others which needed to occur each time an activity took place.
- Accidents and incidents were recorded. Relatives were notified and investigations conducted if necessary.
- Each person had a personal emergency evacuation plan in place which was updated as required. Regular fire safety checks were conducted.

Staffing and recruitment

- Some relatives did state staff turnover had been high recently but there were also some very long-serving members of staff. Staff said levels were sufficient to support people safely and the service was keen to recruit the 'right' people for the posts.
- Agency staff were used but this was from the same agency to promote consistency.
- As the registered manager was responsible for two services senior care staff often provided management cover on a day to day basis. Senior staff felt there was not always sufficient time to complete specific management tasks due to supporting people and other requirements made of them.
- Respite was allocated in accordance with families' wishes wherever possible and staffing determined according to the groups of people coming into the service. Staff had completed a one-page profile which indicated their key interests and enabled them to be matched more closely with people coming into the service.
- Recruitment processes were managed via the head office but the registered manager interviewed all applicants. Following interview, potential staff were invited to spend time in the service and this formed part of the recruitment decision.

Systems and processes to safeguard people from the risk of abuse

- One relative said, "My [relative] would indicate if they were unhappy and they have never showed any signs of not wanting to go back to the service."
- Staff had a sound understanding of what may constitute abuse and knew how to report it. They were confident appropriate action would be taken.

Preventing and controlling infection

- The service was clean and staff adhered to safe infection control practice.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's needs were thoroughly assessed prior to using the service and contact made with all relevant parties to ensure information remained accurate and current. This was enhanced by a pre-visit call where information held was checked to ensure it remained relevant and to identify any possible changes to support needs.
- The registered manager attended short stay panels organised by the local authority to promote shared information and good practice.

Staff support: induction, training, skills and experience

- Staff new to the service completed a full induction workbook based on the Care Certificate, a minimum set of standards for staff working in social care. This was in addition to e-learning which staff could access to supplement their understanding. One staff member stated how supportive their colleagues had been in sharing information.
- Staff were supported through supervision with their line manager to discuss their performance, raise any issues and identify any developmental needs. Staff said they would not hesitate to raise any concerns and said they would be listened to.
- Relatives were confident staff were appropriately trained and experienced.
- Staff had received training in relation to de-escalation techniques and managing potential and actual aggression.

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

- Relatives said food was adapted according to their family member's needs, such as soft or pureed in consistency. One relative told us staff would keep offering choices if their relation indicated they did not like something. They said, "They would never give up."
- People had access to plentiful drinks in the kitchen which were freely accessible.
- Care documentation showed people's specific nutritional needs such as blended food.
- Staff had received training and were able to explain how they supported people with a percutaneous endoscopic gastrostomy (PEG) feeding tube.

Staff working with other agencies to provide consistent, effective, timely care

- One staff member described their colleagues as "extremely helpful and brilliant." They felt well supported.
- A detailed handover book provided significant information about each shift so all staff were up to date.
- As most people were out during the day staff had strong relationships with these day services, ensuring

robust handovers during morning and afternoon shifts to ensure all key information was shared.

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

- The reception area was welcoming with large displays of people's photographs and comments about them, highlighting their interests. There was also a large wall display of a tree with leaves describing people's specific goals and targets. These had been taken from people's daily notes to ensure all in the service could see what they were aiming to achieve.
- We saw the 'snug' being used later in the day by one person who liked time alone. This was cosy and allowed people to some quiet time.
- Areas were adapted according to people's needs in the service at the time. Furniture was also moved around bedrooms to ensure people's needs were met safely or to reflect their preferences. Staff displayed a good understanding around different people's needs. Tactile displays were also on walls to promote sensory involvement.
- The premises were not owned by the provider and were in need of some refurbishment which was planned.

Supporting people to live healthier lives, access healthcare services and support

- People accessed external services when needed but due to the short nature of their stay, this was a rare occurrence.

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.

- One person was subject to some restrictions within the home due to their unpredictable behaviour and the risk they posed to others who were more vulnerable. This ensured they and others were kept safe through only accessing certain areas of the building. They were able to access the kitchen, toilets and some communal areas. These measures reduced the likelihood of behavioural incidents.
- Staff understood the importance of obtaining consent before any intervention and that they must presume capacity at all times. One staff member gave an example of the different levels of capacity according to the complexity of decision-making, and how they would support a person through this.
- People had had mental capacity assessments to review their ability to make decisions around personal care, medication, activity, relationships, medication and finances. These clearly reflected people's abilities.
- The service used a restrictions screening tool which considered all restrictions people faced in the service to ensure they were the minimum required to keep them and others safe. Further understanding by the registered manager and staff about the significance of conditions was needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives said staff were all very approachable and very accommodating. One relative told us how staff did over and above their duties when needed. They described staff as being, "absolutely lovely."
- Another relative described staff as "excellent" and said how much they felt their relation was "part of a family" while at the service. They explained how staff knew little details about their relative that usually only close family members would know or recognise, such as if their relation was experiencing hormonal changes.
- Staff were assigned according to their interests and gender if a person had expressed a particular preference. One person was supported to attend church when they were in the service.

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

- People were encouraged to record their views on each stay in the service through completion of a simple pictorial sheet if they were unable to give verbal comments. This ensured staff had a view on how people were feeling. The record showed their key achievements and recollections.

Respecting and promoting people's privacy, dignity and independence

- When people returned from their day activity, staff were attentive to their individual needs such as ensuring they were comfortable and wiping rain water off wheelchairs. We observed good communication between staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care documentation was focused on people's usual morning, afternoon and evening routines. They outlined in detail people's preferences and wishes. Records also included a one-page overview which highlighted key care and support needs, and people's interests.
- Records were regularly reviewed and updated where needed. People's oral health needs were well documented including how best to communicate with a person during teeth brushing.
- Records included a 'missing person' protocol to provide detailed information to emergency services in the event they left the home unaccompanied.
- Staff completed a reflective practice workbook at the end of each shift to identify and consider what had gone well and what needed to improve. Five positives from each shift were recorded and this provided a useful record of key events.
- A snapshot of people's stay was completed each time and referenced where a person had engaged with an activity or displayed a different behaviour to their usual demeanour. This was a positive endorsement of their time.

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.

- Staff were able to describe how different people communicated and their unique symbols, showing they understood people well. One staff member said, "I talk to other staff to check I've understood a person's symbol correctly." This staff member was due to undertake Makaton training to promote better communication. Makaton is a sign language used by people with learning disabilities.
- The service used picture cards and had a Makaton display wall with common symbols and gestures to aid people's communication.

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

- Some relatives felt there were not always sufficient activities arranged. While accepting it was a respite service and people were tired after being out all day at other places, relatives said weekends were often spent in the service. Although significant work had taken place in the garden, including the provision of sensory toys, this was limited to the weather. The summer house was in the process of being turned into a sensory room.

- Some parents and staff expressed concerns at the lack of drivers among the staff as this impacted on the number of trips out. Others felt going for a local walk was possible but was not always offered.
- The service did have a photograph album in the reception area which people enjoyed looking at, showing where they had been on trips out and other activities. The registered manager described some ideas they had about future events which were being planned.
- Staff told us movie and baking nights were popular, especially with people with more sensory needs. They also explained activity provision was based on the needs of the guest group as some preferred calm to organised events.

Improving care quality in response to complaints or concerns

- Relatives we spoke with told us complaints were dealt with promptly and to their satisfaction, although one relative had experienced a delay in receiving a response.
- Another relative said they had no concerns at all. They were very happy for their relation to attend the service and knew who to contact if they had any issues.

End of life care and support

- The service did not support people at end of life as it was a respite service, and therefore did not seek people's views on this.

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. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Not all relatives knew who the current registered manager was, and the registered manager by their own admission, stated they spent a considerable amount of time at their sister service. This did not stop them from being responsive to relatives or people when needed but they felt by not being visible this sometimes hindered relationship building.
- Relatives felt they could talk to other staff about any issues and these would be addressed.
- Staff felt the provider had a strong value-base focused on meeting people's needs as they wished them to be met. However, they were also aware much change was needed in the service to enable this especially around the choice and availability of activities.

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

- One relative said staff were, "Very honest and open. They would not cover anything up."
- Staff felt they had positive and constructive relationships with parents and other relations and were keen to address issues immediately they arose.

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

- Staff spoke positively of the registered manager and how supportive they were. However, they also felt the provider needed to develop a clearer identity for the service as a respite service as it did not fit the usual model of provision. One staff member described the service as, "A good solid boat which is floating about, needing direction."
- Quality assurance systems provided a three-monthly overview of the service by the regional manager who considered all aspects of service delivery. The last three audits had shown a slight deterioration in the achievement of this as the registered manager had been spending time at the other service and this had impacted on the scrutiny at Cypress Road. Action plans had been generated and the latest one had been completed but only after the audit had identified gaps.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of effective provider oversight. The concerns identified in the audits had not been addressed quickly enough.

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

- One relative described the service as "friendly," and felt it fitted the needs of the people using it really well. The service used pre-visit calls to obtain feedback about the previous stay in conjunction with feedback forms sent to families of people they supported.
- There was a suggestions box on the wall in reception for people and relatives to post their ideas for an improvement to the service.
- There was limited evidence of links with the community but the service did have a frequently changing intake of guests which made this hard to develop.
- Staff had monthly meetings although these varied in quality and content. Good practice was acknowledged but there was little robustness about sharing of new models of practice or key changes. An acknowledgement was made that culture in the service needed to change.

Continuous learning and improving care

- We asked relatives what could be different to improve the running of the service and one said, "More staff who are drivers" to enable an increase in activities. The service had acquired a new bus but needed to recruit the staff to drive it.
- The provider ran an 'employee of the month' scheme where staff were recognised for their outstanding contribution to supporting people and were exemplified as role models for others to follow. A member of the staff team had been nominated for their commitment to developing activities and other resources in the service. The registered manager had also been nominated for an award.
- Staff felt appreciated and supported each other. Equally, where learning needed to occur this did.

Working in partnership with others

- There was considerable evidence of joint working with both families and others involved in the support of the people who used the service. This working crossed both physical and mental health support needs to ensure the person was receiving all the support in the correct manner for them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of effective provider oversight due to the concerns we found in regard to medication and staff time. The concerns identified in the audits had not been addressed quickly enough due to pressures on the registered manager's time.</p>