

# Cygnet Learning Disabilities Midlands Limited

## Eleni House

### Inspection report

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Date of inspection visit:  
10 December 2019

Date of publication:  
08 January 2020

### Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

Eleni House is a residential care home that provides care and support for up to eight people who have a learning disability, complex needs and/or autistic spectrum disorder. At the time of our inspection there were seven people living in the service.

Services for people with learning disabilities and or autism are supported

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

The service did not have effective measures in place to ensure the environment people lived in was safe. We identified shortfalls in recruitment and medicines administration which had not been identified and addressed in a timely way.

Staff were trained, and competency assessed to administer people's medicines safely. However, staff did not always follow the provider's policy when administering medicines. We recommended further work is carried out to improve the current system in place for auditing medicines to ensure the identification of medicines errors.

Staff understood how to recognise and report any concerns they had about people's safety and well-being. There was not always enough staff due to current vacancies, but this was being addressed. The provider's policy in relation to safe recruitment practices had not been followed which meant not all safety checks had been carried out.

Staff were provided with a variety of training relevant to their roles. We identified further work was needed to ensure staff were provided with accredited training with competency assessment to ensure they were able to mobilise people safely.

Staff monitored people's weight for signs of changes and where necessary referred people for specialist advice and support. Most people had been assessed at high or medium risk of choking. However, not everyone had a care plan in place to guide staff in the steps they should take to keep people safe.

People's records provided information reflective of their personal histories and backgrounds. This included information in assessment of people's diverse, religious and cultural needs. Where religious and cultural needs had been identified further work was needed to ensure care plans described what action staff should then take to meet these diverse needs.

People using the service were older adults. We recommended further work be carried out to assess people's needs and wishes in the event of sudden death or the need for palliative care support. The registered manager was in the process of implementing a new system of care planning to address these shortfalls.

People's capacity in relation to day to day decisions had been assessed. People were supported to have 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 support this practice.

The service worked with other organisations and people were supported to access a range of healthcare services. People had access to specialist advice and support to meet their health care needs when needed.

Most people using the service have limited verbal communication skills and some complex health care needs which meant they were unable to verbally communicate when in pain. We recommended work be carried out to implement pain assessment tools for people with limited ability to verbally express themselves.

The registered manager had a system for recording and managing complaints but had not received any since the last inspection.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was Good (published 26 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

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 well-led.

Details are in our well-Led findings below.

**Good** ●

# Eleni 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.

#### Inspection team

The inspection was carried out by one Inspector.

#### Service and service type

Eleni House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

Due to their complex needs, we were unable to speak with people using the service about their views and

experiences. We therefore spent time observing the care and support they received.

We spoke with the registered manager, deputy manager, and team leader and four support workers. We also spoke with an independent advocate who provided an advocacy service to those using the service on a regular basis and two relatives.

We looked at a range of records which included two people's care records, three staff recruitment files, training records and records in relation to the quality and safety management of the service.

After the inspection

Following our visit to the service we spoke with two relative's and received feedback from a professional who regularly visits the service.

# 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 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

- Processes were in place for the safe keeping and timely ordering and supply of medicines. Staff completed training to administer medicines and their competency was checked regularly. However, the current system in place for auditing medicines was not robust at identifying errors.
- The provider had a policy which required two staff to carry out administration of all medicines and immediately following administration to both sign medicines administration records (MAR).
- We identified gaps in MAR records where only one staff member had signed to say they had administered medicines. We also observed staff signing MAR records for medicines administered earlier in the day and not immediately following administration.
- MAR records for one person showed staff had signed for medicines which had not been administered but were due for the following day of our visit.
- We found creams and lotions in people's rooms which had not been dated when opened in line with the provider's policy and best practice guidance.
- The deputy manager told us they carried out an audit of medicines daily but had not identified the errors we found.

We recommend further work is carried out to improve the current system in place for management auditing of medicines to ensure effective, timely monitoring of medicines errors.

### Assessing risk, safety monitoring and management

- Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved, such as legionella, water temperature testing, fire and electrical safety. However, risks associated with the safety of the environment and equipment were not always identified and managed.
- We found an electric, oil filled radiator, unguarded in the room of a person who was at risk of falls and had a diagnosis of epilepsy. The risks to this person's safety had not been identified. The management team were unaware the heater was in use. Following our bringing this to the attention of the registered manager, the heater was immediately removed. The registered manager assured us the lack of sufficient heating to this person's room would be addressed with the maintenance team.
- Risk assessments detailed people's individual risks such as, mobility, risk of falls and managing behaviours that may present a risk to the individual and others.
- Most people had been assessed at high or medium risk of choking. However, not everyone had a care plan in place to guide staff in the steps they should take to keep people safe. Such as what texture of food they needed and guidance for staff on actions to take should a person start to choke.

- The registered manager told us people care plans were currently being reviewed and a new format would provide more detailed information and address the shortfalls we found.
- People had personal emergency evacuation plans known as PEEPS. These were used to inform staff and emergency services in how to support people to evacuate the building in the event of fire or flood.
- Staff received health and safety training including what action to take in the event of a fire. Staff gave examples of how they supported people to prevent the risks of falls and first aid.

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

- There were systems in place to ensure people were safeguarded from abuse.
- Staff were trained and both they and the registered manager demonstrated their understanding of how to raise safeguarding concerns appropriately in line with the provider's policy and local authority protocols.
- Where concerns had been raised the service worked in partnership with health and social care professionals to ensure people's safety.

#### Staffing and recruitment

- Staffing levels were based on individual needs. Staff were deployed to ensure personalised, one to one care support was provided when needed.
- The registered manager told us there were two staff vacancies with recruitment in progress to fill these posts. Staffing levels were achieved using regular staff overtime and bank staff. This ensured consistency of care for people. However, staff told us there were occasional shortages of staff on shift which impacted on their ability to support people to go out on trips and ensure planned activities were provided.
- Registered services are required to undertake checks to protect people from the employment of unsuitable staff.
- The registered manager had a system in place to ensure appropriate checks were carried out on staff prior to their employment. However, this had not always been followed. For example, not all references had been obtained for staff employed since the last inspection as per the provider's policy.
- Where criminal records checks had been carried out and identified convictions, there was no risk assessment in place to evidence the management decision to employ and ensure people's safety in line with the provider's policy.

#### Preventing and controlling infection

- The service was clean and free from offensive odours.
- Staff had been provided with infection control training. Protective clothing such as aprons and gloves were readily available for staff and worn.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Recent provider audits had identified where improvements were needed to ensure lessons were learnt from incidents and accidents. For example, discussed at team meetings so trends could be reviewed, and similar incidents prevented from occurring again.

# 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

- There had been no new admissions since the previous inspection. The service had an assessment process in place to identify people's needs before they started using the service. This helped to ensure people's needs and expectations could be met.
- People were supported to go on personalised holidays and take part in community activities of their choice.
- Staff worked in accordance with care plans to make sure people received care and assistance which met their individual needs.

Staff support: induction, training, skills and experience

- Staff told us they felt very supported at the service by the registered manager and provider. One member of staff said, "The new manager is a breath of fresh air. They are approachable, listen to us and things have improved."
- Staff told us the regularity of staff meetings and supervision which were used to discuss their training and support needs had improved since the new registered manager had taken up post.
- Staff were provided with a variety of training relevant to their roles. However, we noted safe moving and handling training was provided on-line only and not face to face. This meant staff did not have the opportunity to practice using equipment including competency assessment. Staff had not been regularly assessed as competent to move people safely in line with best practice guidance.
- In response to our feedback senior staff responsible for organising staff training told us face to face training and competency assessment had not been provided as there was no one using the service who needed support with their moving and handling. However, we observed staff supporting people to mobilise. Staff also told us, most people they cared for needed support in the use of wheelchairs.
- In response to our feedback the registered manager told us immediate action would be taken to provide staff with additional face to face training and competency assessment as this was the provider's policy to do so.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- At our last inspection meals were provided directly from the local mental health hospital located in the same vicinity. Since our last inspection the provider had made some adaptations to the service to provide a kitchen and dining area to meet the needs of people.
- People were supported to maintain a healthy diet. Staff monitored people's weight for signs of changes and where necessary referred people for specialist advice and support.

- Meals were planned with seasonal menus produced. Whilst people were involved in shopping for food it was not evident people had been involved in the planning of menus or supported to enhance their independence in the preparation of meals.

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

- People's healthcare needs were considered and supported by staff.
- Staff worked closely with other health professionals such as district nurses, GPs and speech and language specialists as well as mental health professionals.
- People were supported to access annual health checks and flu vaccinations if they wished.
- Oral health care needs had been assessed and care plans provided some information to guide staff in how to support each person. However, further work was needed to ensure planning to enable people access to regular dental checks.
- Each person had a health action plan and a hospital passport. This helped to make sure other professionals would have the information they required if the person was admitted to hospital.
- Staff described how they had on occasions supported people during a stay in hospital.

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.

- The registered manager had a detailed understanding of the MCA and understood their responsibility in terms of how this legislation was applied.
- Care plans contained clear information regarding people's capacity to make decisions about their care.
- Staff had received training in understanding their roles and responsibilities in relation to the MCA.
- Where people's freedom of movement was restricted to protect them from the risk of harm, legal authorisation had been obtained.

# 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 told us staff had developed good relationships with them and their loved ones. They said people were treated with kindness.
- One relative told us, "Staff treat [person's relative] very well, we have never been concerned." Another said, "They [staff] treat [person's relative] with kindness and respect their individuality. They understand their needs."

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

- People were supported to express their views and choices as to their daily routines and decisions about their care and support.
- People were involved where possible, in decisions regarding their care and support. When this was not possible, relatives and advocacy support was sought.
- Regular meetings took place between independent advocates and people where they were supported to express their views and assess their wellbeing.
- Each person had a named key worker to support them individually.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well including their preferences for care and their personal histories.
- Staff were respectful when they spoke about people and were sensitive in their communication when supporting with their care support.
- People were supported as individuals to enhance their quality of life, this included respecting their age.
- Relative's told us they had always observed staff to be respectful and worked to promote people's independence.
- Care plans provided information as to people's choices and described how they wanted staff to care for them and encourage their independence.

# 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 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

- Before people came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and included information on people's background, interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed to ensure staff had the most up to date and relevant information to support them.

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.

- People's communication needs had been assessed. Where needed, staff accessed specialist support and advice from occupational therapists and speech and language therapists to enable people to express their needs and wishes.
- The registered manager was working to improve the support for people with their communication needs including training for staff in the use of sign language.
- Steps had been taken to support one person with the use of technology to improve their ability to communicate their needs and choices.
- Most people using the service have limited verbal communication skills and some had complex health care needs. For people with limited verbal communication skills it was not evident from discussions with staff and a review of care plans how staff would recognise when someone was in pain.

We recommend work be carried out to implement pain assessment tools for people with limited ability to verbally express themselves as is good practice to do so.

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

- Staff were aware of what activities people enjoyed taking part in. People accessed the community on a regular basis with shopping trips, swimming, visits to the zoo and meals out.
- People were supported by staff to access annual holidays.
- A visiting reflexology service was provided twice weekly. Staff told us this was of great benefit for people.
- Both relative's we spoke with were satisfied with the activities people were provided with and said these

were relevant to their relative's needs and choices.

- Care plans documented family involvement and how staff supported those relationships.
- Where people had been assessed as having specific cultural and religious needs, care plans did not always describe planning and steps staff should take to meet these needs.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints. There had been no complaints since the last inspection.
- People and their representatives were provided with opportunities to attend regular reviews of their care. This system enabled people's care to be reviewed and any concerns to be discussed.
- Annual satisfaction surveys were carried out with people who used the service and sent to staff and relatives. Responses received had been analysed and action plans put in place in response.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care.
- People using the service were older adults. There was limited information to evidence people's preferences and choices had been explored in relation to their end of life to ensure their cultural and spiritual needs would be met.

We recommend further work be carried out to ascertain people's needs and wishes in the event of sudden death or the need for palliative care support.

# 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 remained the same. 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; 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 the last inspection there had been a recent change in registered manager. The registered manager took up post in July 2019. They told us they had identified a number of areas which needed improvement and were working to change the culture of the service to become more person centred and improve the quality and safety monitoring of the service.
- The registered manager presented as open and transparent. Immediately following our inspection feedback, the registered manager provided an action plan which described how they would address the shortfalls as described within the safe section of this report.
- Improvements to the environment had been carried out and training was being planned for staff to meet the complex needs of the people using the service. New care plan formats were being introduced and were in the process of being updated to reflect people's needs.
- Relatives told us there was an open culture where they were regularly updated with any changes to the health and welfare of their loved ones. Where appropriate relatives were involved in the planning and review of care and invited to share their views as to the quality of the service.

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

- The registered manager had identified a need for a more structured plan to identify staff training needs and ensure their ongoing training.
- Staff told us access to planned supervision and annual appraisal had recently improved. This meant staff had opportunities to discuss their work performance and development needs.
- The registered manager had implemented systems and processes to delegate and enable the management team to share in monitoring the quality and safety of the service. However, the current system was not always effectively managed as the management team had not identified all the shortfalls we found during this inspection.

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

- Staff told us the registered manager was supportive and approachable. One staff member said, "The new manager is making improvements to the place. It is a much more organised and a nicer place to work now." Another told us, "They [registered manager] are trying to improve things for the people who live here. We

have had a lot of training and the new kitchen has made a big difference."

- A relative told us, "The new manager is approachable and appears to have a handle on things. We are very happy with how things are managed."

Working in partnership with others; Continuous learning and improving care

- The registered manager worked in partnership with health and social care professionals to ensure the needs of people were being met.
- The registered manager was working to improve links with the community, so that people could access community events and opportunities to socialise with people in other services.
- A visiting professional told us, "The culture of the service is changing, it was hit and miss before. Staff have been resistant to change and have not always followed through on the positive changes the manager is trying to make, but it is getting slowly better."