

# Benell Care Services Ltd

# Cypress Lodge

## 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

This inspection took place on 11 October 2016 and was announced. Cypress Lodge is a service that provides accommodation for up to three people who have a learning disability. On the day of the inspection, there were three people living at the service.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was not based at Cypress Lodge. The service was overseen by a senior carer. We met with the senior carer on the day of our visit.

Appropriate plans were in place to guide staff in how to minimise risks to keep people safe. Staff knew what action to take to ensure people were protected if they suspected they were at risk of harm. They were encouraged to raise and report any concerns they had about people through safeguarding and whistleblowing procedures.

The service had sufficient staff to meet the needs of the people living there. Staff were recruited only after completing the necessary checks to make sure they were suitable to work at the service.

The service was following the guidance in people's risk assessments and support plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs. Medicines were managed safely.

There was an open and transparent culture within the service. People and staff could openly voice their opinion if they wished to without hesitation. They could be confident that they would be listened to and that any concerns would be acted upon. People were supported to make their own decisions about the care and support they received.

Support files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Good leadership was in place that provided staff with the necessary support and training to make sure people received good quality care. The provider did not have formal systems in place to monitor and improve the quality of care that people received, although relatives were complimentary about the service and the support their family member was receiving. There was information available if people or their relatives wanted to complain.

## 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.

There were sufficient numbers of staff to provide people with the support they needed.

Recruitment policies were in place and focussed on ensuring that only staff that could meet the needs of the people that used the service were employed.

Medicines were given to people in a safe way

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to enable them to care for people effectively.

There was a varied menu that included people's choices and suggestions.

If people became unwell staff sought medical advice promptly to promote their health.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were kind and compassionate and enjoyed their work.

Staff relationships with people were caring and supportive. Staff knew about people's specific needs and how they liked to be supported.

People's dignity and independence was promoted by caring staff.

### Is the service responsive?

Good ●

The service was responsive.

Care was personalised and care files reflected personal preferences.

There were regular opportunities for people to raise issues, concerns and compliments.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt the registered manager had good management oversight of the service and supported them when they needed it.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns. Staff felt valued.

# Cypress Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 October 2016. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in. The inspection was completed by one inspector.

The provider completed a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the focus of our inspection.

We also reviewed other information that we held about the service. Providers are required by law to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the service, we spoke with all three people who lived there. We also spoke with two staff members. After our visit and as part of this inspection we also spoke with the registered manager, two further care staff and three relatives. The records we looked at included two people's care records and other records relating to their care. We also looked at records in respect of how the provider and registered manager monitored the quality and safety of the service.

# Is the service safe?

## Our findings

We spoke with all three people who were living at Cypress Lodge. People told us they felt safe in their home. One person said, "Yes I feel safe here, staff help me." Another person said, "I feel safe because I know staff are here."

There were systems in place to protect people from abuse and potential harm. Staff told us that they had undertaken training in safeguarding procedures and were clear about what constituted abuse and understood the need to report concerns. Staff knew who to contact and the role of the local authority. One member of staff told us that they had all the details they needed to raise a safeguarding concern. They told us that this was fixed near the telephone at the service so it was easily accessible to all staff.

Risk assessments were in place and reviewed regularly, to enable people's support to be provided in a way that helped them to live their lives safely. Risks were identified and clear plans were in place to minimise the impact on individuals. We saw risk assessments were in place to cover a range of situations including accessing the community, using public transport, crossing roads safely and managing finances.

Potential hazards in the service were risk assessed and managed. There were up-to-date maintenance contractors' reports, including the landlord's gas safety certificate and the fire equipment.

Staff had been recruited safely and appropriately. As records relating to staff recruitment were not held at Cypress Lodge we received confirmation from the registered manager of the processes undertaken. We were told that employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider of this service has one other service, Drayton Wood. We checked the recruitment records of the staff at this service during our inspection in March 2016 and found that they were satisfactory. The staff working at Cypress Lodge commenced employment at Drayton Wood so were employed using the same policies and processes.

There were enough staff to keep people safe and meet their individual needs. The provider determined staffing levels based on people's assessed needs and any additional hours they received for one to one activities with staff. Staff we spoke with told us there were always enough staff on duty to meet people's needs. They advised us they supported each other and worked well as a team, covering shifts between themselves so people always had familiar faces and continuity of care. We saw that staff had the time to support people in an unhurried manner. There were opportunities for staff to interact with people and to accompany them out into the community.

People and their relatives told us there were enough staff available to respond to people's care and support needs. One person's relative told us, "The staff are great, there are enough of them. My [relative] is always out and about somewhere." We saw there were staff available to assist people with their daily tasks, communicate with them in a relaxed way and to support people away from the service to follow their

interests. The atmosphere was calm in the service and staff were observed not to be rushed. We found that the staff had worked at the service for at least two years and this ensured a level of consistency in the care being provided and familiarity to people using the service. This was evident through our observations. We saw that people were comfortable around staff. Staff told us that if for any reason one of them couldn't come into work, they covered the hours between them or the provider's bank staff so that people only had staff they were familiar with.

We checked the management of medicines. Two people who lived at Cypress Lodge organised their own medicines, arranging their own prescriptions and self-administration. For the one person who required staff assistance with medicines we found records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration. Medicines were appropriately secured in a locked cabinet, staff held the keys with them securely. Where people were prescribed medicines on a 'when necessary' (PRN) basis, there were clear instructions for staff so they could recognise when the medicine was needed. Medicines received from and returned to the pharmacy were recorded. This meant that medicines were stored safely, and that people were protected from the unsafe access and potential misuse of medicines.

Audits of medicines and medicine administration record (MAR) charts were carried out daily. Staff recorded the amounts of the medicine held in stock. This ensured that levels of medicine stock were checked and medicines supplied were accounted for. We checked the stock levels of one of the medicines and found that they were correct according to what had been dispensed.

# Is the service effective?

## Our findings

People received effective care because staff were knowledgeable and supported through learning, development and supervision. Staff were enthusiastic about their job roles, the training they had undertaken and the support they received. All staff told us a key strength to the service was the small, stable and well established staff team.

People could be confident that they received support from staff that had the skills and experience to meet their needs. All new staff undertook an induction programme and worked alongside more experienced staff initially. Staff told us that they undertook training with the 'in-house' trainer who was based at the provider's other service within the same city. The staff we spoke to said they were pleased with the training they received when they first came to work at the service as it had helped them to gain the skills to effectively support people. They also told us that the trainer was available for them to contact at any time with any questions.

All staff were encouraged to develop their skills and knowledge and told us felt supported by the registered manager and senior carer to identify and access further training opportunities. All three members of staff had been supported to complete their National Vocational Qualification Level 3 which one staff member told us had helped them to refresh their skills and knowledge.

Staff told us they felt well supported and had regular supervision. The senior carer worked alongside the staff once a week which gave them the opportunity to support staff more informally; staff felt able to speak to the registered manager or senior carer at any time. Staff received support from the senior carer who held one-to-one supervision meetings as well as team meetings. Staff told us they received feedback on their performance and were able to discuss any concerns they had. A member of staff told us how the senior carer came into work at the times that the staff member worked, so that they could have supervision.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

People told us they were involved in the decisions about their care and were able to express their preferences to staff. Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently. Throughout the inspection visit, we saw staff asking people for their consent before providing support to them. Staff were clear about their responsibilities and aware of the importance of consent and people's rights to make decisions independently. People told us they were involved in deciding where they went, what they did, and what they ate and drank, amongst many other decisions.



Meals were planned in line with people's choices and preferences. Two people showed us the menus and told us how they met together as a group and decided on what they wanted to be included for the week. Each person took it in turns to prepare the evening meal with staff support. Two people showed us the list that had been developed to show whose turn it was to cook and on which day. People were supported to prepare a balanced and appetising diet. During the evening meal the staff member working sat with people and ate with them. We saw that the mealtime was a relaxed and socialable occasion. People also told us how they prepared their own breakfasts and packed lunches each day and that these items were of their choosing.

People were supported to maintain good health. Each person had a separate 'health care plan' folder which provided detailed information on people's individual health care history and support needs. They kept these in their own rooms and could access them whenever they wanted to. It was evident a wide range of health care professionals were regularly involved to support people to maintain good health such as occupational therapists and physiotherapists. Routine appointments were scheduled with, podiatrists, opticians and dentists.

## Is the service caring?

### Our findings

We received positive feedback about the caring nature of the staff from people and their relatives. A person said, "The staff are lovely. They help us with the things we can't do ourselves and encourage us to things we can do." Another person said, "I don't like the dark and they make sure I have a nightlight on."

Staff supported people in a way that was friendly and kind. Interactions were often light hearted and staff had a good understanding of people's sense of humour. Throughout the inspection we saw people smiling and their home was full of laughter. One person's relative told us, "I know for a fact that [relative] absolutely loves living there [Cypress Lodge]." Staff spoke affectionately about the people they supported. We saw kind and considerate approaches to care and support. One member of staff said, "I absolutely love my job. The people who live here really do have a great life."

People were encouraged to be as independent as possible and staff were able to tell us how they encouraged people to do as much as they could for themselves. One staff member told us, "People really are so independent. They can do so much. We [staff] prompt them and are there to help if needed." We observed that staff worked patiently and kindly with people and promoted their independence. Staff asked one person if they would like to show us around their home when we first arrived. The person showed us around with pride and told us all about their home.

We heard staff used the preferred form of address when speaking with people. We also heard staff using humour appropriately and people in the home interacted with staff in a relaxed way. It was obvious that most of the staff knew individuals very well and understood their needs and preferences. We heard some people in the home gently teasing some staff and this was taken in good humour.

Staff demonstrated good knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and what was important to them. They could also tell us about people's preferred routines and how they took a key part in their home.

People were encouraged to express their views and to make choices. There was information in people's support plans about their preferences and choices regarding how they wanted to be supported by staff and we saw that this was respected. People told us that they were aware of their support plan and what was recorded within it. We saw that people had signed their support plan to state that they were in agreement within it. Two people told us that they were involved in the reviewing of their support plan. They told us that they spent time with their key worker talking about what they had been doing and what had gone well.

Staff treated people with dignity and respect when helping them with daily living tasks. People were actively encouraged to take a part in the running of their home. Two people we asked were keen to show us their bedrooms. People decorated their rooms according to their individual preferences such as with memorabilia from football teams, DVD's and pictures. One person's relative told us, "[Relative] has a lovely home; they chose exactly what they wanted in their bedroom." People told us that they had been choosing the colour paint for the redecoration of their hallway. One person commented, "We have the paint charts

but haven't all decided yet what we would like." People chose to keep their bedroom door closed and told us that they didn't go in each other's rooms without permission. We observed staff talking to people in a respectful manner and where they were talking about something confidential to the person staff were discreet.

## Is the service responsive?

### Our findings

People were supported to follow their own interests and hobbies and they told us about places they had visited and activities they had participated in. One person told us enthusiastically about the places and theatre shows they had been to recently. Another person told us that they had recently been away on holiday and had loved it so much they had already booked to go with staff again next year to the same place.

Support plans were up to date, reviewed as needed and contained information about people and their preferences. We saw that the plans were individualised and person-centred and included information about a range of the person's needs including; health, care, social skills, community living, finances and communication. Support plans clearly detailed information about people's preferences, daily routines, what was important to them. One person told us about how it was important to them that they were independent, used public transport and had a key to their own front door. We saw that the care plan for this person reflected this. Support plans were reviewed and updated regularly.

We asked staff how they knew if a person's needs had changed. They told us messages were often passed on verbally by the team leader and a communication book was used which staff read each time they came on shift.

Staff spoke with pride about the people they cared for and their accomplishments. The staff we spoke with told us about the support they offered people and the approaches they used to help people achieve their full potential. People were very independent. They carried out tasks at their home such as housework and cooking and laundry. One person told us, "Staff help me with things I can't do by myself. I can do the dusting but not the hoovering." Another person told us about how they had re-arranged their bedroom with staff support.

Activities and community access formed an important part of people's lives. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest. For example, local clubs they belonged to, meals out and local events. People were encouraged to maintain relationships with their friends and family. On the day of our visit, people were busy having been out for the day. They told us about their plans for the evening and how they were going out again to socialise with friends they knew. Activity provision was a regular item on the house meeting agenda and people were often asked for their opinion on how this could be improved or any ideas they had for new places to go.

Records showed the service had not received any formal complaints in the last 12 months. People we spoke with told us that they would tell staff or the manager if they were not happy with anything. Relatives and staff we spoke with told us the manager and senior carer were approachable and if they had any concerns, they would speak with them. We discussed the complaints procedure with the senior carer. They showed us the system they had in place and told us any complaints would be recorded and investigated.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of this inspection. People we spoke with told us that they knew who the registered manager was. One person said, "I know who the manager is. I can talk to the manager; they pop in sometimes to see us." People's relatives also spoke highly of the service and of the manager. Comments included, "I know I could ring anytime and speak to [manager] or [senior carer] if there was something I needed to discuss."

Staff told us that the registered manager was approachable and supportive and they could speak to her at any time. One staff member said, "Manager pops in to check we're okay. I feel if I needed [registered manager] I could call, they are only a phone call away." Another staff member said, "[Registered manager] comes here once every couple of weeks. We run smoothly. The senior staff member sees the [registered] manager to update themselves and then passes any information on to us."

We asked staff about the culture and values of the service. Staff told us that they felt part of a close team. One staff member said, "We [staff team] are so close. We are all there for each other and help and support each other." Another staff member told us, "We're like family. We cover each other to ensure that [people] have continuity of care."

Staff spoke positively about communication at the service and how they ensured that they were all kept up to date and aware of any changes. A member of staff said, "We have a communication book and an online care planning system where we can make notes. We also diarise everything. We use a diary for all appointments. Everything gets written down so we can all see it and read it."

Staff told us that staff meetings took place and records confirmed this. Minutes from staff meetings showed that a range of topics and issues relating to the running of the service were discussed and information was shared with staff. One member of staff told us that even when they couldn't attend staff meetings, the senior contacted them to see if there was anything they wanted to add to the agenda. They told us they always read the minutes of the meetings too.

No regular or formal systems were in place to identify and rectify issues with the quality of the service should they have arisen. For example, when we asked to see how medicines administration and management was monitored, no formal audits could be produced however staff told us that they checked the records daily and recorded the stock levels. The senior carer told us that they checked the medicines regularly however they didn't record this information anywhere. When we checked the medicines we found they were well managed.

There were no structured processes in place for regularly auditing support plans, infection control and general cleanliness of the service for example. However we found that the support plans and other records were up to date. We discussed this with the senior carer who told us that due to the small size of the service any issues arising were dealt with promptly and updated where needed. We found that records were well kept, up to date, secure and kept confidential. We were assured that the senior carer had sufficient oversight

of the service and was ensuring, along with the staff team, that the quality of service that people receive was good.

People were able to feedback their thoughts on the service through house meetings held every three months. We saw that these meetings were an opportunity for people to discuss their activities, any maintenance issues that they needed addressing in their home and what they have been happy with or unhappy with. We also saw, and people's relatives told us that there were no formal processes in place for gathering feedback from people's relatives, for example through the use of questionnaires. This meant that people's relatives did not have the opportunity to put forward their views and opinions about the service or participate in development of it. We spoke to the registered manager about this who told us that they had recently sought feedback from people. They also told us that they would be broadening this during the rest of this year and contacting people's families as well.