

# Community Integrated Care Cypress Road

## Inspection report

46 Cypress Road  
Normanton  
Wakefield  
West Yorkshire  
WF6 1LL

Tel: 01924899072

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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

The inspection took place on the 2 February 2017 and was unannounced.

Cypress Road is a registered care home providing 24 hour respite support up to four adults with a learning disability for a maximum of 56 days in one calendar year.

The service does not provide nursing care.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. People were protected from harm. Staff knew what to do if they were concerned people were not safe. Risk was well managed across the service. Where people were assessed to be at risk there were practical and effective measures in place to keep them safe.

There was a regular and consistent staff team. The provider had appropriate recruitment checks in place which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role and we saw that staff had received training and formal supervision had been regularly provided.

We found that detailed assessments had been carried out and that the care plans had been developed around each individual's needs and preferences. People and their relatives told us they agreed the care plans and were fully involved in making decisions about the support delivered.

People were happy and relaxed with staff. Systems were in place for people to raise concerns and they could be confident they would be listened to and appropriate action would be taken.

People's medication was well managed and this helped to ensure that they received their medication safely. They were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. People participated in a range of activities within the home and in the community and received the support they needed to help them to do this.

People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had effective quality assurance systems in place. People and their relatives were encouraged to feedback on their experiences and staff tried to involve people where possible in day to day decisions and the running of the service.

## 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.

People were protected from avoidable harm and abuse.

The risks associated with people's care had been assessed and managed.

There were sufficient numbers of staff to safely meet people's needs.

People received their medicines safely from trained staff.

### Is the service effective?

Good ●

The service was Effective.

Staff were well supported. There was effective training and guidance in place to enable them to develop the necessary skills to meet people's needs.

People were enabled to make their own choices. Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests.

Staff worked well with outside professionals to promote people's physical health and wellbeing.

People were supported to have enough to eat and drink.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their relatives and loved ones.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

### Is the service responsive?

Good ●

The service was responsive.

People received support which was personalised around their individual needs.

Care plans described people's care and support needs.

People felt able to complain or speak about any concerns they had.

### Is the service well-led?

Good ●

The service was well led.

The registered manager provided strong leadership and drove improvements in the service.

Staff felt supported by the registered manager.

There were systems in place to measure the quality of the service.

# Cypress Road

## **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 2 February 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service including previous inspection reports and notifications. We also reviewed safeguarding alerts and monitoring information we had received from the local authority. Notifications are important events that the service has to let the Care Quality Commission know about by law.

During our inspection, we spoke with one person who was staying at the home and two relatives. We also talked to six members of staff, including care staff, the deputy manager, the registered manager and the regional manager. Not all of the people who were staying at Cypress Road during our inspection were able to tell us in detail about how they were cared for and supported because of their complex needs.

We looked at four people's care files, incidents records, activities records, staff training records, staff duty rotas, complaints records and records associated with the provider's quality assurance systems. We also observed people's care and support in the communal areas of the home at different times of the day.

## Is the service safe?

### Our findings

People and their family members said Cypress Road was a safe service. One person said, "I really like it here, yes I feel safe." One relative told us, "Staff are very aware of (person) issues, that helps with their safety" Another relative commented, "I am completely happy, I fully trust them."

People's individual risks were well understood with clear plans in place to minimise any risk. For example, risks relating to mobility, medicines, swallowing, and safety during outings. Any accidents or incidents were reported through the provider's reporting systems for monitoring.

People were supported by staff who had training and information on how to protect them from harm and abuse. Staff demonstrated an understanding of the different forms and potential signs of abuse, and their broader role in keeping people safe. They recognised the need to report any abuse concerns to the manager or senior on duty without delay. The provider had developed formal procedures requiring that any actual or potential abuse was reported externally and appropriately investigated. Our records showed they had made appropriate referrals to the local authority's safeguarding team in line with these procedures.

The provider had assessed the risks connected with each person's care and support. This assessment encompassed important aspects of the person's safety and wellbeing, including their physical and mental health, their mobility, behaviour and nutrition. The manager had implemented plans to reduce the risks to individuals whilst recognising the need to keep restrictions on people to a minimum. People's relatives told us the registered manager and staff team consulted with them about any risks affecting their family members and the management of these. Staff demonstrated a good insight into the particular risks to individuals and the agreed strategies for keeping people safe. We saw staff working in accordance with people's risk assessment, for example, they supported people to eat and monitored their movements around the home.

People received their medicines safely and as prescribed. Medication had been stored safely and effectively for the protection of people using the service. They had been administered and recorded in line with the service's medication policy and procedure. Bottles and boxes were noted to have been dated when opened which would assist staff with auditing medication. Medicines had been recorded and signed for and each person's medication folder was accompanied by their photograph and details of any 'as and when required' medication. Each file had details of individual's prescribed medication and this included any possible side effects. This supported staff to ensure that the correct person received the correct medicines prescribed for them.

All staff had been provided with medication training when they were first employed by the service and competency checks had been regularly completed. A monthly audit had been completed by management to check for any errors and regular stock checks had been completed. This meant that systems were in place for staff to ensure all medicines could be safely accounted for.

The premises were in a good state of repair with regular maintenance and servicing arrangements in place. Staff said the arrangements for maintenance worked well and any requirements were responded to quickly.

Records showed that other servicing and maintenance requirements were organised through Wakefield Council. The premises were clean and staff had personal protective clothing which they wore to reduce any possibility of cross contamination. The laundry arrangements at Cypress Road ensured all bedding and any clothing requiring laundering was done in a safe way.

There were enough staff to meet people's needs and ensure their safety. One person said, "Staff are always there for me, whenever I need them." The registered manager told us any vacant shifts were covered with permanent staff working additional hours. This was confirmed by the staffing rotas we looked at. One staff member said, "We always have enough staff." This meant people were supported by staff they knew well and who understood their care needs.

We found staff recruitment was managed safely. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen also confirmed that staff members were entitled to work in the UK.

# Is the service effective?

## Our findings

A family member told us, "I think the staff are well trained." Another relative said, "I don't have any concerns at all about the capability of staff." We spoke with a nurse who had provided training to the staff at Cypress Road. They told us that staff had, 'A good and responsive attitude to training.'

People were supported by staff who effectively met their needs. We observed staff supporting people and noted they had the skills and knowledge required when working with people who presented a variety of needs. We observed incidents where people became angry or distressed and saw staff knew what to do to support them. Staff interventions were swift, effective and in line with those described within the person's care plan.

Training records showed that staff had completed mandatory and specialist training, which included classroom and computer based training. Induction training was delivered using the Care Certificate; which is used to help care staff develop the core skills needed in their role. To ensure staff skills were maintained, key training was refreshed annually, for example manual handling. Senior staff carried out observations to ensure staff had the necessary skills to support people. These observations included manual handling, dignity and respect, equality and diversity and nutrition.

Staff told us that they had also received training to meet people's specific health needs such as to enable them to support a person who used a percutaneous endoscopic gastrostomy (PEG) tube. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing. A member of staff told us, "We get lots of training."

Documentation we saw showed that staff had received regular support through one to one sessions, meetings and appraisals. Staff told us that they found the management within the service approachable and supportive and that they received the support they needed. One staff member told us, "I really value supervision as a time to discuss training needs, personal performance or support I may need." Minutes of monthly staff meetings were made available and the agenda had issues round the running of the service and included activities, medication, care certificate and training.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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 make 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 procedure for this in care homes is 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 were being met



and no concerns were found. Where best interest decisions were in place these had been completed with other health care professionals and recorded on people's care plans. Staff we spoke with demonstrated an awareness of the MCA and DoLS and confirmed they had received training.

Where possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. People were observed being offered choices during the day and this included general decisions about their day to day care needs and also any activities they wanted to take part in. Care staff spoken with stated that they would ensure where possible that each person would be involved in their day to day care and decisions.

We looked at how the provider supported people to eat and drink enough and to maintain a balanced diet. As part of this, we observed the support people received from staff during mealtimes at the home. We also reviewed the information recorded in people's care files around their nutrition and hydration. One person we spoke with told us they liked the food and drink on offer at the home. They told us, "The food is lovely and (staff) is a really good cook." People's relatives were also satisfied with the quality of the food and drink supplied, and the support their family members had with eating and drinking. One relative told us, "The food is really good, the staff know (person) needs and preferences." Any risks or specific needs associated with people's eating and drinking had been assessed, recorded and plans implemented to manage these. The registered manager confirmed that any specialist input needed from the speech and language therapy team or others was sought as part of this process. The mealtimes we observed at the home were relaxed and flexible. People chatted freely with staff as they ate their meals at the table.

People's health was well promoted. Records showed that health care professionals were involved in assessment of people's needs and in their treatment. For example, there was an arrangement for a district nurse to visit one person when they were receiving respite at Cypress Road. Other health care professionals involved in people's care were occupational health workers and speech and language therapists. The registered manager said that if a person had a routine health care appointment whilst at Cypress Road they would ensure this went ahead.

## Is the service caring?

### Our findings

One person we spoke with told us they liked the staff, they told us, "I really like the staff here. We always have a laugh." People's relatives also spoke positively about the caring approach staff adopted to their work, and the positive relationships they built with their family members. One relative said, "There is a lot of work done to ensure compatibility of staff which is important." Another relative told us, "Staff are wonderful I can't say anything negative about them." A relative also told us, "My son always comes home happy. He is well dressed, well fed and I am always kept up to date. I really can't fault them." The staff we spoke with demonstrated a good insight into people's personalities and individual needs, discussing the people they supported with affection and respect.

During our inspection we saw that people were relaxed with care staff and given the time and support they needed. Some staff had worked at the service for a number of years and they knew the people very well, including their history, what care and assistance each person needed, their likes, dislikes and any triggers that could cause challenging behaviour. Care was seen to be provided with kindness and compassion and care staff were seen to offer one to one support and guidance. One staff member was playing music requested by a person who used the service. They both joined in singing along. People looked relaxed and the atmosphere felt very homely.

People received good person centred care and care staff did their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. People were seen during the inspection being empowered to make choices for themselves, including what they wanted to wear, eat or drink. Staff were seen responding quickly to people's needs and they were kind and caring in their approach. They were observed interacting with people and everyone was included in the general conversations and activities within the service, such as food preparation. Staff were heard using each person's preferred name and they were seen to use this to help interaction and ensure they had the person's full attention.

Staff showed good practice when people became agitated or upset and they knew what may help to change the person's behaviour and help to make them calmer and relaxed. Care plans were very informative and included information to assist staff in knowing each person and their past history and how to best manage any changes in behaviour or moods.

People and their relatives were involved in planning care. One relative said, "I am fully involved. Communication with the manager and staff is always good." People made choices about their day to day lives. One person told us, "They (staff) don't make me do anything I don't want to do. I make all my choices." People chose when they got up and went to bed, their meals and what personal care they wanted. People were supported to express their views about their care and support even where they were unable to express their views verbally, such as choosing meals from a pictorial menu.

People and their relatives told us staff promoted people's rights to privacy and dignity. Staff had received training in, and demonstrated awareness of, the need to treat people in a respectful and dignified way. One staff member explained, "It's not just about being polite, it's also about respecting people's choices and

promoting as much independence as possible." Other staff gave us practical examples of how they promoted people's dignity on a day-to-day basis. These included the need to respect people's wishes and decisions, protect their modesty during personal care and knock before entering their bedrooms.

Although Cypress Road is a short term respite service, people's relatives were able to visit them without any unnecessary restrictions. Systems and procedures were in place to protect the confidentiality of people's personal information held at the home, and we saw that staff followed these.

## Is the service responsive?

### Our findings

Staff assisted people with their care and were responsive to their needs. People received the support and assistance they needed and care staff were aware of how each person wanted their care to be provided and what each person was able to do for themselves. Each person was seen to be treated as an individual, the care was person centred and it was clear from documentation seen, observations and discussions with staff that the service provided individual care to each person. Feedback from relatives included, "I am very happy with the service (person) receives at Cypress Road, it's just a really good service."

Through observations we saw people had trust in the care staff and management and it was a friendly and homely environment. It was clear that all staff worked to ensure people had a good quality of life and they empowered people. Many of the people had used the service for a number of years, but all had their needs fully assessed before they returned to stay at the service from home for a short break. The assessment helped to identify any changes in each person's needs and assisted the service to identify whether they could continue to provide the care required.

The care plans we reviewed contained a variety of information about each individual person including their physical, psychological, social and emotional needs. The assessment included each person's history so that anyone looking at these would have a good understanding of the person and who they were. Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs. Each person had a document called 'All about me' which contained personalised information about them and included details on what the person liked to do, what risks had been identified and any behavioural or nutritional needs.

People had support from staff to spend time doing things they enjoyed. One person told us they liked listening to music. We saw that staff were engaged with the person discussing music choices and singing along with the songs they chose. Two people were spending the day at local day centres. One member of staff told us, "(person) loves the day centre; it's the interaction with lots of people." We saw a building in the garden which had sensory equipment and a pool table. The registered manager told us that this was well used. There was also plans for a sensory garden which would be planted during better weather in the summer.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. One person said, "If I wasn't happy or didn't like something I would talk to any of the staff or registered manager." They also joked, "Yes, I would complain about (staff) cooking, she's rubbish." Relatives told us they knew how to complain or raise concerns more informally. One relative told us, "I can't think of anything I'm unhappy about but I have all the information I need if I wanted to complain." Another relative said "We know we can complain, but there is nothing to complain about."

## Is the service well-led?

### Our findings

The service had a registered manager in post who was aware of their responsibilities and ensured the service was well led. There were clear lines of accountability and the registered manager and deputy manager had access to regular support from senior management when needed. Staff we spoke with were complimentary about the management team. They said that they felt well supported and could go to the registered manager or deputy for support and advice when needed. One staff member said, "The entire management team is really supportive."

When we spoke with staff they said the registered manager encouraged them to contribute to making decisions about the running of the home. They said there were regular staff meetings that took place and their views were respected and encouraged. Staff told us they felt they had a role in shaping the services being provided to people. Staff described the registered manager as very approachable and committed to the home and the people living in it. They said they felt quite comfortable to raise any concerns with the registered manager. We found there was an open and transparent culture in the home where staff were encouraged to share in the development of the home for the people living in it.

There was a positive culture of putting people using the service first and providing the highest standards possible. One staff member said, "We are a strong and supportive team." They spoke with enthusiasm and pride in the work they did. One relative told us, "I have nothing but praise for the manager and her team. It's a great service."

We saw staff were required to read the home's policies and procedures and then sign to say they were understood. This had helped staff to keep up to date with all aspects of running the home and of the procedures to do with caring for and supporting people.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the registered manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. This included areas such as safeguarding, care planning, medication, staffing, staff training and health and safety. Where areas of improvement had been identified in the audits, action had been taken to rectify these. Environmental and equipment checks had been carried out to help ensure people and staff's safety.

Significant incidents were recorded and where appropriate were reported to the relevant statutory authorities. All accidents and incidents were entered onto a computer system and the registered manager explained that these were reviewed regularly so that any patterns or concerns could be identified. The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

People who used the service, their relatives and staff were asked for their views about the care and treatment provided. One relative told us, "Communication is excellent." The provider had their own feedback forms which people or visitors could fill in.

