

# Cygnet Care Services Limited

# Devon Lodge

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Devon Lodge is a care home which provides care for up to twelve young adults with autism and learning difficulties often accompanied by complex needs, behaviours which might challenge others and self-injurious behaviours. The accommodation is arranged over two self-contained buildings, a main house and a smaller four bedded annex. At the time of our inspection there were ten people living at the home.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service model of care and setting maximised people's choice, control and independence. Care was person-centred and the ethos, values and behaviours of the leaders and care staff ensured people lead confident, inclusive and empowered lives.

Risks to people were mostly recorded in their care plans. However, some did not always contain sufficient detail. The risks of this was mitigated by how well staff knew people. The culture in the home was not risk adverse. People were supported to take positive risks and the provider was passionate about promoting people's independence.

The manager and staff understood their responsibilities to safeguard people from abuse. Relatives told us people were safe and staff were confident any concerns raised would be acted on. Incidents and accidents had been investigated, analysed and remedial action taken. Incidents were managed safely by staff, and staff consistently supported people using proactive approaches, redirection and de-escalation techniques. Medicines were administered in line with people's preferences by staff who knew people well. However, whilst PRN protocols contained sufficient detail to support people safely, care plans for regularly prescribed medicines did not always have sufficient detail to support people safely. The risks were mitigated by how well staff knew people and the robust medicines training and competency programme in place.

Staffing levels were sufficient and although there was a reliance on agency staff the provider had prioritised recruitment and ensured consistent agency staff were used. Safe recruitment processes were in place. Staff demonstrated a good understanding of infection control procedures. Staff had received training in infection control and COVID-19.

A manager was in post, but they were not registered with the Care Quality Commission. However, the manager was in the process of applying. Relatives and staff spoke positively about the new manager. The service worked in partnership with professionals to achieve positive outcomes for people. There was an

'open-door' policy in place and staff felt they were supported and listened to. The provider had robust quality assurance procedures to help drive ongoing improvements within the service.

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 29 January 2018).

#### Why we inspected

We received concerns in relation to staffing levels, use of physical interventions and a closed culture. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Devon Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

# Devon Lodge

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Devon Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was not in post. However, a manager had been appointed and had recently started in the service at the time of the inspection. The manager was in the process of applying to register with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced. However, having consideration of the coronavirus pandemic we gave the manager notice of our arrival from outside the premises. This was to ensure safe systems were in place to protect everyone.

#### 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

Some people were not able to fully share with us their experiences using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with one person who used the service. We reviewed a range of records. This included care records for two people and multiple medicine 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 were reviewed. We spoke to seven members of staff including the manager, acting manager, three care workers, a housekeeper and an assistant psychologist.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two relatives and eight members of staff to obtain their feedback about leadership and the quality of care provided. We spoke to the provider, manager, acting manager and deputy manager to obtain additional information in relation to quality assurance, staff support and risk management.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were mostly recorded in their care plans. However, care plans and risk assessments relating specifically to physical interventions and choking risks did not always contain sufficient clarity of detail to enable staff to carry out the support safely or to evidence that risks had been mitigated. However, the risks were mitigated by how well staff knew people and the training they had in place. The manager provided assurances that these would be updated with the relevant information following the inspection.
- The culture in the home was not risk adverse. People were supported to take positive risks and the provider was passionate about promoting people's independence. For example, two people had been supported to join a gym locally and one person was able to use keypads to independently move around the home as they wanted.
- Equipment was maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the maintenance and safety of equipment and regular practice fire drills were held.
- Environmental risks were assessed, monitored and reviewed regularly.

### Using medicines safely

- Medicines were administered in line with people's preferences by staff who knew people well. However, whilst PRN protocols contained sufficient detail to support people safely, care plans for regularly prescribed medicines did not have enough information to support people safely. For example, where people were supported to have tablets crushed. The risks were mitigated by how well staff knew people, their medicines and their preferences. The manager provided assurances that the care plans would be updated following the inspection.
- There were effective systems in place for the ordering, storage and management of medicines. Up to date records were kept of the receipt, administration and storage of medicines. Since the last inspection the provider had introduced spot checks of the medicines management systems to ensure they continued to be effective.
- Staff received training and completed competency assessments before supporting people with their medicines. The provider had implemented a competency programme where managers independent to the service carried out the competency assessments which ensured impartiality.

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

- Relatives told us they felt people were safe. One relative told us, "They have kept [relative's name] safe and have done it in a really good way, a really safe way."
- There were appropriate policies and systems in place to protect people from abuse. The provider had easy read copies of policies available for people. Easy read refers to the presentation of text in an accessible, easy to understand format. This supported people to understand safeguarding and how to report any concerns

they may have.

- The manager and staff understood their responsibilities to safeguard people from abuse. Staff we spoke with understood their role in protecting people and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected.
- Staff were confident any concerns they raised to the manager would be dealt with appropriately.
- Safeguarding information and signposting were displayed within the service. People benefited from staff that understood the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

#### Staffing and recruitment

- We observed sufficient staffing levels during the inspection with staff providing 1:1 support. We saw staff were responsive in their interactions with people and knowledgeable in their individual needs.
- Staffing levels were based on the needs of the people living at the service. Staff confirmed that whilst staffing levels were sufficient there was a reliance on agency staff. One staff member told us, "It's [staffing levels] manageable, we're working with agencies."
- The provider told us how they had worked with a local agency to provide consistent agency staff to ensure people were supported safely whilst they prioritised recruitment. Staff agreed that the provider was working hard to recruit more staff.
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

#### Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures. The home environment appeared clean and tidy on the day of the inspection. We spoke with the cleaner who confirmed they had sufficient PPE and other equipment, as well as time, to complete the cleaning schedules that had been extended in response to the COVID-19 situation. These included the regular cleaning of contact points such as door handles, hard surfaces, light switches, sinks, taps, tables and toilets.
- We were assured that the provider was preventing visitors from catching and spreading infections. The home displayed their COVID-19 alert status prominently to visitors.
- We were assured that the provider was meeting shielding and social distancing rules. The provider had identified a designated room for visitors which had a separate entrance, which could support social distancing and could be effectively cleaned before and after visits.
- We were assured that the provider was using PPE effectively and safely. Staff had received training in infection control and COVID-19 and understood how to put on and take off personal protective equipment (PPE) safely. One staff member told us, "We've got mountains of PPE, loads of it."
- We were assured that the provider was accessing testing for people using the service and staff, including agency staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence. There was a prominently displayed lessons learnt board in the staff room. We saw evidence of how the provider had implemented changes to their investigatory processes following a review of a recent incident. This was to ensure staff were



fully confident and supported to raise any concerns.

- We reviewed incidences where there had been behaviours that had challenged and saw staff had supported people in a proactive way and had diffused escalating situations through the use of verbal and non-verbal communication. Staff consistently told us that they supported people with re-direction and communication to deescalate incidents and were fully trained in behavioural support.
- Following any incidents, people and staff were supported with de-briefs and any learning used to update relevant care plans and risk assessments. One staff member told us, "As a team leader I do a de-brief with them (staff), even if it was just a bit of loud vocalisations I check they are ok, especially if they are new staff."
- Although an additional training needs analysis had taken place for the service, and additional skills had been taught to the staff in the form of some physical interventions, the provider told us it was rare the physical interventions were used. Staff confirmed this and the evidence we reviewed supported this.
- We saw evidence of trend analysis of incidents taking place. For example, we saw how information relating to a person's behaviours had been collated and analysed by behavioural professionals to aid the best outcomes for that person.

# 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

- Relatives and staff spoke positively about the new manager. One relative told us, "I have spoken to the new manager quite a bit. He's very good, tries to put in place anything I ask." Comments from staff included, "[manager's name] is very approachable", "Always happy to talk...you can just come in and say anything or e-mail" and "He is very supportive, I can talk to him about anything, he's great."
- Before the manager was in post there had been an acting manager seconded to the service who was familiar with the organisation and their values. They had worked with the management team to implement an 'open door' culture in the service which had been continued by the manager. The manager had spent time getting to know staff and ensured they met staff from all shift patterns. Staff told us how they had appreciated this.
- Whilst the manager had only been in post a short time, staff told us they felt it had been a positive change and communication had improved since they had been in post. However, they felt it needed time for the culture change to be fully embedded within the service and felt it would take time for trust and confidence to build.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards. The provider had set up an accessible COVID-19 guidance file to support staff's knowledge and awareness of updates to guidance, policies and procedures.
- The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed, confident and engaged with people consistently.
- The manager and provider were aware of duty of candour and had clear processes in place to ensure this was met when required.

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

- A manager was in post but they were not registered with the Care Quality Commission. However, the manager was in the process of applying.
- The manager was clear about their roles and responsibilities and regulatory requirements. Staff were positive about the management team and felt supported. One staff member told us, "I definitely feel

supported and listened to, by my manager, deputy or team leader." A staff member told us how they had advocated for a person and how the manager had listened to, and supported, them to achieve a positive outcome for the person.

- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- The provider had robust quality assurance procedures to help drive ongoing improvements within the service. The provider had a quality assurance team who carried out audits. The most recent audit had found the service to be compliant with the provider's required standards. When issues were identified, action plans were made with timescales for work to be completed.
- The provider had regular operational and clinical meetings to review best practice and share lessons learnt. Following an organisational review of the impact of the pandemic on their services they had implemented a change in practice. For example, the positive impact on people having reduced visitors to the service had resulted in a change to their visitors' procedure.
- Staff told us how the new management team had reviewed processes within the service and had introduced new ways of working. For example, they had supported staff's development in medicines management and ordering. Staff told us they felt listened to about their training needs and felt supported in their professional development. One staff member told us about a longstanding training issue they had had and how responsive the manager had been in supporting them to resolve it.
- Staff told us they felt supported since the management changes and the manager had been in post. One staff member told us, "In my opinion Devon Lodge has never experienced a management team like this before, in a brilliant way. ... Staff are listened to and people are happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us they received regular communication from the service and felt listened to. Comments included, "They do listen and do progress and put in place anything we want" and "They have kept me informed and I trust they will get in contact with me if anything happens with [relative's name] and keep me updated."
- During the pandemic the provider had utilised different communication methods to support people to maintain contact with their relatives and friends. For example, video calls, socially distanced walks and socially distanced visits. The mental health and wellbeing of people was a priority for the provider.
- There were systems in place for gathering the views of people and their relatives. The provider had sent out surveys for feedback about what had worked well and what could have been done better in relation to their management of the pandemic and the communication methods they had used. Surveys for people were in their preferred communication and focused on the wellbeing of people and how they felt during the pandemic.
- Staff told us that they felt involved in the service and that the management were supportive. Staff said there were regular meetings which kept them well informed. Staff commented, "I feel totally supported and that I can discuss anything", "They will take action" and "We have monthly supervisions and it is a chance to voice any concerns you have."
- The provider and manager understood and implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting maximised people's choice, control and independence. Care was person-centred. The providers ethos, values and behaviours of leaders and care staff ensured people led confident, inclusive and empowered lives.
- There were regular reviews carried out by the provider's multi-disciplinary team including an occupational therapist, speech and language therapist, and assistant psychologist. During the COVID-19 pandemic, these were being carried out remotely. There were systems in place to share relevant information instantaneously and securely to ensure best outcomes for people.

- In addition to the internal professionals, the service had developed close links with external agencies, and we saw evidence of successful partnership working. For example, partnership working with the local authority's least restrictive team. Another example, Devon Lodge had implemented a weekly call with a learning disability professional at their local GP surgery which had resulted in a better understanding of people's needs and had enabled people to access support in a way that met their individual needs.