

Cygnet Care Limited

Dell House

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

About the service

Dell House is a care home providing accommodation and personal care to 50 people aged 65 and over at the time of the inspection. The service can support up to 66 people.

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

People told us they felt safe living at Dell House. Staff had a good understanding of how to keep people safe. Individual risk assessments and care planning was in place to guide staff on how to minimise risks.

Medicines were managed, monitored and administered safely. Errors were identified promptly and addressed.

The service was clean and there were appropriate processes in place to minimise the risk of the transmission of infections such as COVID19.

People told us there were sufficient numbers of staff to provide them with support when they needed it. This confirmed our observations. Robust recruitment procedures were in place to ensure prospective staff had the right background and character to work with vulnerable people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they were able to make decisions and that staff respected their choices.

People received appropriate support to eat and drink. People told us the food was good quality and they had a good choice of meals.

The service had a good relationship with the local doctor's surgery and had regular face to face visits from surgery staff to discuss people's needs.

There was a caring culture in the service and staff were observed to be pleasant, kind and warm towards people. People told us the staff were kind to them and treated them well. Care was personalised to the individual and staff had a good understanding of people's personal preferences, likes and dislikes.

People were involved in the planning of their care where possible and were encouraged to feedback their views in a number of ways. People told us they knew how to make complaints.

The provider had robust quality assurance processes in place to monitor the quality of the service and identify areas for improvement. Audits were carried out by senior staff, the registered manager as well as a quality manager and overseen by an operations manager. This ensured that any actions identified were followed up.

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

Rating at last inspection

This service was registered with us on 18 March 2019 and this is the first inspection.

Why we inspected

This was the services first inspection.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Dell 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

This inspection was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives to ask about their experience of the service.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dell House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the it's registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the operations manager, quality manager,

registered manager, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place and staff had a good knowledge of safeguarding and how to identify and report concerns.
- Where safeguarding issues were identified, these were escalated and reported externally to the appropriate organisations.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Dell House and that the support they received from staff made them feel safer.
- There were a set of risk assessments in place for each person. These set out the individualised support people required to reduce the risk of injury from falls or pressure ulcers.
- We observed staff supporting people to keep safe when moving around the service, such as by helping them walk or by reminding people to use their walking aids to reduce the risk of falls.

Staffing and recruitment

- People told us there were enough staff to provide them with support when they needed it and that they did not have to wait long for support. One said, "There are lots of staff, we all have call-bells."
- Observations concluded that there were enough staff to support people and answer call bells in a timely manner. People received prompt support with eating and drinking and staff had time to spend with people, engaging them in activity.
- The service was continuing to recruit and was using incentives such as bonuses to attract and retain new staff.

Using medicines safely

- Medicines were managed, monitored and administered safely. We reviewed medicines administration records (MARs) and found that on all but one occasion, the number of tablets administered matched those signed for on the record. On the one occasion where these did not, the service acted appropriately to investigate this.
- Checks on the balances of medicines remaining were completed daily which meant that any discrepancies were identified promptly. We saw records of where missed signatures had been identified and these were highlighted to individual staff.
- People said they received their medicines on time and that they were supported to be independent, where that was possible. One said, "I am independent, I have insulin and I do it myself."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The service acted where they identified shortfalls in staff practice. For example, where staff had made medicines errors.
- Incidents and accidents were monitored for trends to ensure that action could be taken to reduce the risk of reoccurrence.
- All staff were open to constructive criticism and to changing their approach where required to improve the quality of the service provided to people.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- An assessment of people's needs was carried out when they started using the service. These were updated regularly to ensure that changes in their needs were identified. This assessment underpinned the care planning for the person.
- Care planning was written in a way which reflected best practice guidance such as that produced by the National Institute for Health and Care Excellence.

Staff support: induction, training, skills and experience

- Staff received appropriate training for the role. This included training in subjects such as safeguarding, health and safety, fire safety, food hygiene and medicines.
- Staff had regular supervision sessions with their manager where performance could be discussed, and staff could feedback their views.
- The provider was committed to growing its staff team and investing in supporting staff to further their skills and move into roles with more responsibility. For example, the registered manager had worked for the company for many years and started off as a carer before being supported to build upon their skills.

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

- People received the support they required to eat and drink sufficient amounts. We observed staff supporting people with eating their breakfast and having drinks or snacks.
- The support people needed to maintain their nutrition and hydration was clearly set out in people's care plans. Where people were at risk of malnutrition, it was clear what action the service was taking to reduce this risk.
- People told us the food was good quality and they had a choice. One person said, "The food is good, there is always something I like, and you can have a glass of wine or a beer with your meal."

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

- The building of this care home was completed in 2019. The provider had considered how they could best meet people's needs when designing the building and had given thought to inclusion of areas for activity and engagement. This included an activities room, a café and a cinema.
- Different areas of the service were distinguishable from each other with differing décor. For example, on the two units for people living with dementia there were lots of items of stimulating décor to help people orientate themselves around the service.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live

healthier lives, access healthcare services and support

- The service had a good relationship with the local GP surgery. On the day of inspection, they were having a visit from a surgery staff member. They told us they visited once or twice a week to discuss people's needs and discuss things any changes to people's medicines.
- This staff member made very positive comments about the service, the management and its staff. They told us the service worked very well with them, escalated concerns in a timely way and were always willing to accept and implement advice. They said that the service had participated in training to be able to carry out observations of statistics which indicated people's current condition, such as measuring people's oxygen levels. They said this helped them decide what external healthcare support might be required.

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.

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.

- People were supported by staff to make decisions based on their abilities. People who were living with dementia were supported to make visual choices, such as by being shown the different options.
- People's care plans set out the ways in which they could communicate their preferences, including nonverbal ways for people with limited communication.
- Staff knew people well and knew of their likes and dislikes, so they could offer people choices of items they enjoyed.
- Assessments were carried out of people's capacity to make specific decisions. Best interest meetings were held where required and people's advocates were involved in decision making where people themselves found it difficult to communicate their views.

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People told us staff treated them with kindness and this supported our observations. One person said, "The staff are incredible, they are amazing." A relative told us, "They are so caring when they walk past, they always stop and talk with [relative]."
- Staff knew people as individuals and understood their diverse needs. People were cared for in a way that respected their individuality. We observed staff spoke to people about subjects they enjoyed.

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

- People told us they felt able to share their views and give feedback. People were given the opportunity to share their views at regular meetings and these were recorded in meeting minutes. Any suggestions or areas for improvement were acted upon.
- People were involved in the planning of their care and in making decisions according to their ability. Where people were unable to do so, family or advocates were involved to ensure decisions were made in line with what the person would have chosen in the past.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respected their privacy. One said, "The staff are excellent. They ask you when you come in whether you prefer a male or female carer."
- We observed staff that staff supported people in a way that respected their dignity, ensuring care was delivered in a private setting and that conversations about people's needs were discreet.
- Care records for people made clear what tasks they could carry out independently and what they required support with. This reduced the risk of people being over supported and encouraged independence. We observed staff supporting people to be independent.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care records reflected their individuality and their likes, dislikes and preferences. For people living with dementia, there were life histories in place to inform staff of important parts of their life which they may not always be able to recall. This enabled staff to reminisce with people about their past life in a way that is stimulating and engaging for them.
- Observations of staff concluded that care delivered was person centred and in line with the preferences people had specified.

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 care records made clear the ways in which they could communicate. This included how someone with limited verbal communication may communicate their needs with body language or certain behaviours.
- Staff understood how each person communicated and tailored their approach to ensure communication with people was effective.

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

- The service had employed two activities coordinators to engage people in stimulating activity. There was a member of activities staff working seven days a week.
- The service had assessed how people could be engaged in meaningful activity. They had considered people who preferred to stay in their bedrooms or were looked after in bed, and plans were in place for activities staff to spend one to one time with these people.
- The service had invested in activities provision. When building the service, they had included a cinema as well as a large, dedicated room for activities such as crafts. We saw art work displayed in this room which had been recently made by people.
- The service had also invested in engaging and stimulating technology. For example, they had a system which projected interactive images onto the floor. People could then use a baton to hit moving objects as part of a game. We saw people enjoying this during our visit.
- People made positive comments about the activities on offer. A relative said, "They asked what they liked to do, and they said that they liked sweeping up in the garden, which they enabled them to do."

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy but did not have any complaints.
- The service had a suitable complaints procedure in place. Where a complaint had been raised, the service had taken steps to address these concerns and held a meeting with the complainant regarding their complaint. Actions had been taken to address their concerns.

End of life care and support

- There were end of life care plans in place for using the service, which set out their preferences and how they would like to be cared for at the end of their life.
- The service had a good relationship with the local GP surgery and district nursing team so that people could receive support to have a comfortable, pain free death at the place of their choosing.
- Anticipatory medicines were in place for people coming to the end of their life. These are medicines which are held into the home in advance to ensure they can be quickly administered to ensure people are comfortable at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider encouraged and promoted a positive culture of caring, kindness and inclusivity. This was evidenced by our observations of staff at all levels and discussions with staff.
- The provider showed genuine care for people using the service and went over and beyond to ensure they felt special. This included giving staff money to get each person a present to open on Christmas day.

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

- The provider and registered manager understood their duty to make notifications to CQC and other organisations.
- Complaints had been investigated and responded to appropriately, and to the satisfaction of the complainant.

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

- The provider and registered manager had a robust quality assurance system in place. Audits were carried out on behalf of the provider by a dedicated quality manager and were overseen by the operations director who followed up on actions.
- Audits were also carried out by senior staff in the service with a lead role and the registered manager. We saw evidence that shortfalls were identified, and that action was taken to address these.
- People made positive comments about the management of the service and said they were visible. One said, "I see the manager about regularly."

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

- People were given opportunities to give their views on the service and make suggestions. This was through regular meetings and questionnaires.
- Suggestions people made were acted upon by the service.
- Staff attended regular meetings and said they felt able to share their views freely and were confident that what they said would be acted upon.

Working in partnership with others

- The service had positive and open relationships with other organisations such as Suffolk County Council, the local GP surgery and district nursing teams.
- The service was open to continuously developing and improving practice, and a visiting healthcare professional made positive comments about how the service engages with them.