

# Cygnet Behavioural Health Limited

## Adele Cottage

### Inspection report

Rufford Colliery Lane  
Rainworth  
Mansfield  
NG21 0HR

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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

Adele Cottage provides care and support for up to two people in a single adapted building. The service specialised in supporting autistic people, people who have learning disabilities, and people who have issues with the misuse of drugs or alcohol. At the time of our inspection there was one person living in the service.

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 supporting people with a learning disability or autistic people.

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

The service could show how they met the principles of Right support, Right care, Right culture.

The person was supported to lead a confident, inclusive and empowered life because of the ethos, values, attitudes and behaviours of the management and staff. The needs and quality of life of the person being supported formed the basis of the culture at the service. Staff understood their role in making sure the person was always put first. They provided care that was genuinely person centred.

Staff felt empowered to suggest improvements and question poor practice. There was a transparent and open and honest culture between people, those important to them, staff and leaders. They all felt confident to raise concerns and complaints if necessary.

The person being supported was able 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.

- The person's care and support were provided in a safe, clean, well-furnished and well-maintained environment which met their sensory and physical needs.
- The person was protected from abuse and poor care. The service had enough appropriately skilled staff to meet the person's needs and keep them safe.
- The person was supported to be as independent as possible and had control over their own life. Their human rights were upheld.
- The person received kind and compassionate care from staff who protected and respected their privacy and dignity; and understood the person's individual needs. Their communication needs were met, and information was shared in a way that could be understood.
- The person's individual risks were assessed regularly in a person-centred way, and they had opportunities for positive risk taking. The person was involved in managing their own risks whenever possible.
- The person had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.

- The person made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to work towards achieving their aspirations and goals.
- The person's individual care, treatment and support plans, reflected their sensory, cognitive and functioning needs.
- The person received support to meet their needs and work towards achieving their aspirations. Support focused on the person's quality of life and followed best practice. Staff regularly evaluated the quality of support given, involving the person and other professionals as appropriate.
- The person received care, support and treatment from trained staff and specialists able to meet their needs and wishes. The provider ensured that staff had relevant training, regular supervision and appraisal.
- The person, and those important to them, were involved in planning their care. Where needed, a multidisciplinary team worked well together to provide the planned care.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- The person was supported by staff who understood best practice in relation to relevant specific genetic conditions, learning disability and/or autism.
- The provider's governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs.

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

This service was registered with us on 28 September 2020 and this is the first inspection.

#### Why we inspected

This was a planned comprehensive inspection to assess how the service was operating and to rate the service in respect of the Safe, Effective, Caring, Responsive and Well-led key questions. We undertook this inspection to provide assurance that the service is applying the principles of Right support, Right care, Right culture.

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 COVID-19 and other infection outbreaks effectively.

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Adele Cottage

## 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.

#### Service and service type

Adele Cottage 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the service registered with CQC. 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 this information to plan our inspection.

#### During the inspection

We spoke with the person who lived in the service. We observed the interactions the staff had with the person. We spoke with three members of staff including the registered manager. We reviewed a range of

records. This included the person's care records, medicine records, and staff recruitment records. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further details of specific sections of the person's care plan. We also reviewed staff training data, and the provider's quality assurance records. We received feedback from a professional who had contact with the service. We also received feedback from a relative of the person who lives at the care home and from one staff member who worked there.

# 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.

- Care and support was provided in a safe, clean, well-furnished and well-maintained environment. The environment was homely and met the person's sensory and physical needs. The person told us they were happy they had moved to the service from the place they had previously been living.
- The service aimed to keep the person safe from avoidable harm but recognised the person's need to live their life as they wanted to live it. For example, the person told us the staff supported them to manage important aspects of their health which the person had previously found difficult to cope with.
- The service had enough staff, who knew the person, and had received relevant training to support the person safely. The provider's multi-disciplinary team ensured the staff understood the issues the person faced, and staff told us how they put that information into practice when supporting the person.
- The person was safe from abuse. Staff understood how to protect the person from potential abuse and the service worked well with other agencies to do so. The person told us they knew how to raise any concerns they may have, about the care they received, by contacting the registered manager or other senior staff.
- The person was involved in managing their own risks whenever possible. For example, the person told us how they were being supported to plan an increase in the community activities they were able to do unsupervised. They understood this needed to be done in a step by step way.
- Staff anticipated and managed risk in a person-centred way. There was a culture of positive risk taking. For example, the person was empowered to manage their own medicines as far as they were able. The person told us about the support they received from staff, and it was clear the person was involved in the routine reviews of those medicines.
- Staff had a good understanding of the person's needs. Care and support were provided in line with the person's care plan and individual risk assessments. We saw staff supporting the person in line with the guidance contained in the person's care plan.
- Restrictive practices were only used where the person was a risk to themselves or others, as a last resort, and for the shortest time possible. For example, the person was being gradually enabled to extend the amount of time they could spend in their house without staff support being present. The person told us they were not happy with the current restrictions but understood why they were in place.
- The service recorded all incidents of distressed behaviours. Staff told us they recognised the person sometimes had good days and bad days, but that did not alter their positive regard towards the person.
- The person's care records were accessible to those staff who needed to see them. The provider's record keeping systems made it easy for staff to maintain clinical and care records – whether paper-based or electronic.
- The person was supported to make their own decisions about medicines. Staff involvement was mainly the safe storage of the person's medicines and being available to give prompts if required. The person took

their medicines in line with the prescriber's instructions. Information about medicines was available in a format the person understood. The person received the correct medicines at the right time, and their medicines were regularly reviewed to monitor the effects on their health and wellbeing. Staff followed systems and processes to support the person to manage their own medicines to the extent they were able to.

- The manager and staff understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured the person's medicine was reviewed by prescribers in line with those principles. The person had a specific capacity assessment in place around their medicines and the level of support they needed with these.
- The service kept the person and staff safe. The service had a good track record on safety and managed accidents and incidents well. Staff reported incidents appropriately. Managers maintained the person's safety and investigated incidents. Lessons learnt from incidents were shared with the whole team and the wider service. Staff told us they found the sharing of lessons learnt was helpful to them and helped reduce the likelihood of repeated incidents by increasing the consistency of support the person received from staff.

#### 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.



# 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.

- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This means people who lack capacity, or had fluctuating capacity, have decisions made in line with current legislation.
- The person had reasonable adjustments made to meet their needs and their human rights were respected. For example, the person told us the provider was working in conjunction with external health agencies, the person's legal representative, and the person, to ensure that the Court of Protection received accurate and up to date information on which to base decisions about restrictions the person was subject to.
- The person was supported to make decisions about their care. Staff understood the Deprivation of Liberty Standards (DoLS) and the role of the Court of Protection. Where the person had been assessed as lacking mental capacity for certain specific decisions, staff clearly recorded assessments and any best interest decisions made. The person was knowledgeable about this, and confidently informed us about the process they were engaged in to ensure the Court of Protection reviewed their case and listened to the points they wanted to raise.
- The person's human rights were upheld by staff who supported them to be as independent as possible. For example, the person told us they were being supported to regain the freedom to access the community without staff support, but that this was a step by step process. Staff were focused on identifying ways to support this to happen safely and told us they were confident the person would eventually succeed.
- Support focused on the person's quality of life outcomes and was in line with best practice. The person's care plans were clearly focused on supporting them to achieve the outcomes, which they aspired to, in a step by step way. The person told us they enjoyed the community activities they had been engaged in.
- Care and support plans were holistic and reflected the person's needs and aspirations. Relevant assessments were in place, such as health and risk assessments. We spoke with staff about the person's care plans and they were knowledgeable about the contents of the care plan and the needs of the person they supported.
- The person planned their meals with guidance from one of the provider's catering team. Importantly, staff support was provided to enable them to follow healthy eating guidelines and to be safe when preparing their meals. The person told us this support was helpful to them as they recognised this was an area they needed support in.
- The person had access to a range of meaningful activities in line with their personal preferences. Support and guidance in respect of self-care and everyday living skills was provided; and there was a clear focus on supporting the person to increase their levels of independence. The person told us they wanted to continue to increase their level of independence, with a view to living with less staff support in the future.
- The person was supported to live a healthier life. The person told us their health had improved

significantly since moving into the service. They told us they had become physically fitter and had achieved a healthier weight since receiving support from the provider.

- The person was referred to other healthcare professionals where appropriate. Staff were knowledgeable about the external support the person received from other agencies, knew where the person was on certain pathways, and what the next steps looked like.
- The person was keen to develop the skills necessary to move to a more independent way of living, with less reliance on staff support. We saw staff were actively working with the person to map out the steps they would need to take for that to be achieved safely; and be able to be sustained in the long term.
- The person received support from staff who had the relevant training, including around learning disability, mental health needs, and specific health conditions relevant to the person.
- Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff. However, a staff member told us opportunities for further training and development were not always easy to access. We discussed this with the registered manager who told us they would use a staff meeting to explain to staff what development opportunities were available to them within the provider's organisation.

# 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.

- The person was enabled to make choices for themselves and staff ensured they had the information they needed. The person's decisions were respected, but, where there were concerns about the person's capacity to make a specific decision, appropriate best interest processes were in place.
- The person told us the staff treated them well, and the person knew how to raise any concerns with the manager if they were unhappy with any aspect of the care they received.
- Staff protected the person's privacy and dignity and understood the person's needs. A relative we spoke with told us, "I am quite happy with the way they support [person]. It seems to be going well. [Person] is managing okay now."
- Staff knew the person well and knew how to communicate and work with them appropriately. We observed positive interactions between the person and the staff supporting them. We observed the person being supported to get ready for a health appointment and noted the relaxed and friendly approach adopted by staff which was successful in reducing any potential anxiety.
- The person took part in making decisions and the planning of their care. For example, the person was being supported to formally challenge restrictions which had been placed on them by the Court of Protection. Both the manager of the service, and the care staff, were working with the person to explore options to present to the Court which may enable the restrictions to be gradually lifted.
- The person was supported to develop cooking and domestic skills to increase their levels of independence. Plans were also in place to gradually introduce periods when the person was able to be in the care home without direct staff support being present.
- Staff ensured the person had access to appropriate advocacy support. For example, the person had a legal representative to support them in their dealings with the Court of Protection.
- Staff supported the person to maintain links with people who were important to them. During the COVID-19 pandemic staff had supported the person to keep in contact with family. A relative told us that as lockdown measures had eased, they had been able to visit the person again.
- Staff maintained contact and shared information with those involved in supporting the person. However, a relative told us they would prefer more regular updates to be provided on the progress the person was making at the service.

# 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.

- The service's design, layout, and furnishings supported the person and met their individual needs. The person told us they had personalised their bedroom and had requested additional shelving be fitted, by the provider, so they could store their belongings more easily.
- The person's privacy and dignity were promoted and respected by staff. The person had access to quiet areas for privacy. In addition to their bedroom, the person told us they had access to the lounge and the garden if they wanted time and space by themselves.
- The service met the needs of the person. Staff helped the person by advocating on their behalf when needed. They were also aware of the person's cultural background and understood the person could choose to express that however they wished.
- The person's communication needs were met. The person told us they did not require alternative communication formats, but sometimes needed staff to explain things to them more than once. Staff told us they understood communicating with the person in a calm manner enabled the person to better understand the issues being discussed with them.
- The person knew how to raise concerns and complaints, and staff supported them to do so. When complaints had been received by the provider from the person, we saw they had been investigated thoroughly and the person provided with an outcome. Where lessons learnt were identified from complaints, we saw they were shared with all the staff team members.
- Communication had improved. A relative told us that communication from the service about incidents had not always been very effective but seemed to have improved recently.
- Staff ensured the person's choices were followed whenever possible. Where there were concerns about the person's ability to make a specific decision there were best interest decision making processes in place. The person told us the carefully considered measures, put in place by the provider to support the person's health needs, had been effective in improving their physical health and wellbeing.
- The service worked in a person-centred way, and staff understood how to meet the needs of people who had a learning disability and autistic people. The provider was aware of best practice and the principles of Right support, Right care, Right culture and ensured that these principles were carried out.

# 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.

- The registered manager had the skills, knowledge, and experience to perform their role and understood the service they managed. They had a vision for the service and for the person who they supported. Although not regularly present in the Adele Cottage service, the registered manager was in a nearby building.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. They had regular team meetings and received information updates by email.
- The culture of the service appeared positive. We observed the person appeared relaxed in the presence of the staff and was communicated with in a respectful and appropriate way. The service had a homely atmosphere.
- The person had very specific needs and their care plans were overseen by the provider's advanced nurse practitioner. Staff we spoke with understood the person's needs and the support they required.
- The provider's governance processes ensured the person was kept safe and received good quality care and support. This helped to protect the person's human rights.
- Staff had the information they needed to provide safe and effective care. Where required, information was also reported externally.
- The person worked with their support staff to develop and improve the service they received. The provider sought feedback from the person and used the feedback to develop the service.
- Relationships with family members were supported. A relative told us, "Adele cottage is nice, small and well maintained. Not too far away from us, so we can visit and [Person] can visit us as well."
- The service was well led. Even though the registered manager was not based on site at the service the arrangements the provider had in place ensured good quality support and continuity of care was maintained.