

Cygnet Learning Disabilities Midlands Limited Gledholt Mews & Coach 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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Gledholt Mews and Coach House is a residential care home which also provides nursing care to people with mental health support needs. At the time of the inspection there were nine people living at this service which can support up to 21 people.

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

The culture within the home was a strength of the service. People and staff shared the same goals and values. The management team and staff worked together with other professionals to deliver outstanding care and support which people were at the centre of. Recording around people's care needs demonstrated regular reviews which people and professionals participated in. Risks to people had been assessed, monitored and reviewed.

People were supported to independently be part of their local community. Healthy eating was encouraged and kitchen skills were being taught to people living in the home. People were empowered to learn these and other skills to gain confidence and independence.

People spoke positively about the care they received from staff. They told us this was dignified and respected their privacy. Our observations from the inspection supported this.

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.

Medicines were appropriately managed. People said they were safe and staff knew how to recognise and report abuse. There were sufficient numbers of suitably qualified staff to meet people's needs.

People received access to healthcare services when they needed this. A range of professionals were involved in people's care journey. The staff team worked well with partners who we contacted following our inspection. They spoke enthusiastically about the support people received.

Staff were suitably supported through a programme of training and supervision.

The living environment was clean and bright. People made suggestions for extra furnishings which had been acted on.

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 11 December 2020 and this is the first inspection.

Why we inspected

We inspected the location due to information giving us concerns about the safety and quality of the services operated by the provider.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Gledholt Mews & Coach 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.

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

This inspection was carried out by two inspectors.

Service and service type

Gledholt Mews and Coach 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.

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 inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived in the home. We also spoke with the registered manager, head of care, a nurse, four support workers, two further members of staff and a visiting professional.

We reviewed a range of records. This included two people's care records in full, as well as medication records. We looked at the recruitment of two staff members as well as a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also contacted commissioners and other professionals who were in contact with the service to gather further feedback.

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

- People were protected from harm as systems to prevent abuse were effective.
- People with spoke with at this inspection consistently told us they felt safe.
- Staff received training in safeguarding awareness and were able to describe the signs they would look for to identify different types of abuse. They felt confident that if they reported any such concerns to the management team, these would be dealt with appropriately.
- We observed 'Freedom to speak up' posters were on display in the home which encouraged everyone to raise any concerns they had, including those relating to possible abuse.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People's support needs were used to calculate the number of staff needed to safely support people. People told us staff were always available. One person said, "There's always someone on hand if you need them."
- We looked at the recruitment records for two members of staff and found appropriate checks had been carried out. The registered manager said they wanted to invite people living in the home to interviewing panels to get their views.

Assessing risk, safety monitoring and management

- Systems to assess, monitor and reduce risks to people were effective.
- People had positive behaviour support plans which recorded risks and action needed to reduce risk levels.
- Staff were pro-active and recognised people's support needs, giving them opportunity to intervene before incidents occurred. There was no use of restraint at the time of inspection.
- When an incident occurred, this was reviewed by the registered manager and head of care who analysed the event and debriefed the affected persons as well as the staff team. Incidents were discussed in multi-disciplinary meetings as well as at monthly clinical governance meetings.

Using medicines safely

- People's medicines were found to be safely managed.
- We observed the administration of medicines and saw this was done in a caring way.
- Through working with relevant health professionals, people were being supported to reduce medicines safely which they no longer required. One person said, "They have helped me with my wishes to have my medication reduced."
- Some people were supported to take responsibility for their medicines over a few days with staff monitoring to ensure this was done appropriately.

- Staff received medication training and had their competency checked to ensure they were safely managing people's medicines.

Preventing and controlling infection

- Staff were seen wearing PPE appropriately. There was an adequate supply of PPE, soap and hand gel throughout the premises which were found to be clean and tidy.
- People and staff were part of a regular programme of testing. We observed one person receiving their medicines had their body temperature checked to look for symptoms of COVID-19.
- One person said COVID-19 has been explained to them and added they had decided to receive a vaccination as information about this had been provided, so they could make their own choice.

Learning lessons when things go wrong

- There was a culture of learning lessons from unwanted events.
- Lessons were taken forwards and used to develop care planning with people at the heart of this work.

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

- The service was delivered in line with standards, guidance and the law.
- The registered manager was clear about the importance of assessing and fully understanding the needs of potential placements in the home. They wanted to ensure people were referred at an appropriate stage in their mental health recovery for their placement to be successful.

Staff support: induction, training, skills and experience

- Staff received appropriate ongoing support to carry out their roles.
- We spoke with a new starter who was completing their induction. They said they were shadowing and felt well supported. The head of care said the induction lasted for two weeks.
- New staff received monthly supervision, whilst established team members received this every two months.
- Staff confirmed they received training and people said staff were suitably qualified to support them. Staff told us training was valuable and prepared them for their role.

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

- People were supported to receive a balanced diet and learn new skills to improve their independence.
- Fresh fruit was available to people and 'eat well plates' were used to promote appropriate portion sizes and healthy eating. The registered manager said they wanted to introduce a salad bar. A chef said they wanted to introduce themed nights with foods to match.
- Kitchen staff supported people to learn through a 'master class' to teach new skills. One person told us, "I was cooking saag and smoked mackerel yesterday." This person added, "We get asked about what food we like. The food is very good and it's all fresh. We're going to make pizza from scratch soon, so that will be really good."
- Care records covered people's food likes, dislikes, allergies and other dietary needs.

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

- The premises had been modernised to a high standard, whilst retaining some of its original features and a homely feel. Bedrooms were bright and ready to be personalised once they were occupied.
- One person said, "You have proper space here, facilities like a decent bed that's comfy, a shower, it's a proper home."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to maintain active lifestyles as part of their recovery.

- People were actively engaged with leisure activities in the community. One person said, "Staff always ask if you want to do things like joining the gym." On the day of inspection, people had been to the gym and were going swimming.
- The home worked with a range of health professionals such as speech and language therapists, psychologists and occupational therapists.
- People had health action plans which included, for example, their medical appointments and health goals. One person's plan included having less takeaways and taking up exercise.
- In case of an emergency, the home had access to a defibrillator on-site.

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.

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. 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.

- At the time of inspection, no one living at the home required a DoLS application to restrict their liberty lawfully. However, four people were subject to a Community Treatment Order (CTO). A CTO sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community. These were managed appropriately.
- People were supported to have maximum choice and control of their lives. One person said, "I have freedom to come and go as I please." Staff demonstrated their knowledge of the MCA and what it meant for people living in this home.
- Care records we looked at showed people had signed their own consent forms.

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 were well treated and respected by staff who understood their needs.
- One person told us, "Staff are really good, open-minded and friendly." Another person said, "When I get down, I talk to staff and they help." A further person said they liked living in the home and described staff as, "Lovely".
- A person living in the home had their artwork on display in communal areas. We saw them planning where their latest display was to be shown.
- Staff we spoke with were able to demonstrate knowledge of the people they were supporting and were familiar with their needs. Following inspection, a professional told us, "I have attended several meetings where the team have consistently demonstrated an in-depth knowledge of the (people) and their treatment pathway." Both people and staff said they had built a rapport together.
- People's hospital passports contained information on their religious beliefs which were also recorded in their care plans.
- The home had an appointed diversity leader who took an active interest in ensuring people's equality characteristics and needs were met.

Respecting and promoting people's privacy, dignity and independence

- Care was provided which respected people's privacy, dignity and independence.
- One person told us, "Staff are very good and they are really respectful. They don't just walk in [to your bedroom]." Another person said, "Staff respect my privacy and dignity."
- The service operated a recovery model where people living in the home were trusted to take responsibility for their own actions. One person told us, "Now that I'm here and comfortable I'm able to expand. I am a lot happier I feel success will come with happiness."
- Staff were always on hand to listen to people and we found they had encouraged people to do more for themselves where this was possible. One person said, "There's always something to pick you up and be encouraged to do, even when you're not feeling motivated."
- People were encouraged to take responsibility for their surroundings and helping keep their personal spaces clean.

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

- It was clear people were at the heart of their recovery and involved in meetings and their care planning. Staff actively encouraged this.
- People were engaged with monthly 'resident' council meetings where they were able to share how they wanted the service to develop.

- Twice daily meetings took place with people to talk about their planned events for the day as well as time for reflection at the end of the day to discuss what went well and what did not.

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

- Care plans provided detailed records which showed the support people needed to assist their recovery and records showed this was regularly monitored. Each person had a 'visual discharge planner' which was focused on the steps needed for them to live more independently.
- Professionals such as nurses, occupational therapists and speech and language therapists helped to create care plans which were regularly reviewed by a group of multi-disciplinary professionals. Following our inspection, a professional told us, "There is very much a focus of collaboration, with the (person) at the centre of this."
- Positive behaviour support plans looked at action needed to address areas such as self-neglect, stress and other factors which had made it necessary for them to be referred to mental health services.
- People we spoke with recognised the role they played in their recovery and what they needed to do. They talked about the different methods staff used to help them better understand their own mental health needs.

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 communication needs were recorded in their care plans.
- Easy to understand information was in people's care records, such as the 'resident' charter and house agreements.
- People told us they were encouraged to visualise their recovery and to imagine sitting in a happy chair or an unhappy chair to help understand their approach to a problem. One person said. "[Registered manager] is very animated, he helps me picture things using objects." We observed staff adapting their communication style, by not overloading people with questions.

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

- People were supported to be part of their local community.
- One person said, "There's always walks to go on and a chance to play games." An activities coordinator had recently joined the home and told us, "I want to involve people in activities to build their confidence."
- People spent time in a communal yard where there was seating for them to socialise. A local park is

situated behind the home which meant people had immediate access to this facility.

- One person talked about what they did in the evening and said, "I spend time in the lounge. Staff sit with me and we do karaoke and watch the football."

Improving care quality in response to complaints or concerns

- A system was in place to be able to manage people's concerns or complaints.
- People we spoke with knew how to complain if they weren't happy. We reviewed the complaints received and found appropriate action had been taken to investigate and respond to matters raised.
- One person told us if they had concerns they would be listened to. They mentioned a recent issue, but noted this had been resolved to their satisfaction and the service was quick to respond.

End of life care and support

- At the time of our inspection, no one living at Gledholt Mews and Coach House was receiving end of life care.
- The registered manager told us if there was a need for end of life care, they would follow recognised guidance on best practice which they had access to. They also said they would liaise with the clinical commissioning group (CCG) and a local hospice.

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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture people lived in was a strength of the service.
- Staff we spoke with were clear about the registered manager and head of care's vision for how people should be supported. The whole staff team promoted a culture of compassionate care, responsibility and involvement. People we spoke with felt there was a togetherness within the home that empowered them as self-directing partners in their care. This demonstrated everyone fully understood and worked towards the same goals and values.
- The management team were innovative and responsible for initiatives such as the medication reduction programme and cooking masterclasses. The registered manager shared ideas around future improvements for people living in the home throughout the inspection. For example, they mentioned having a Japanese meditation garden for people to relax in as well as introducing a salad bar. It was clear that people and staff were fully listened to and had their say in these and other initiatives.
- One person told us, "Managers are very good. [Registered manager] is a genius in expressing things. [Head of care] gets things done. She talks to us all and cheers us up. They have helped me a lot." People praised the rest of the staff team equally. Staff comments about the home included, "I enjoy coming to work. I've never felt as welcome" and "They [management team] give us all the encouragement we need to talk to them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- All partners were involved in planning and reviewing the care people received.
- The management team ensured people and partners were engaged in care planning from the point of admission. It was clear people were at the centre of their care journey and staff worked hard to establish and support in line with best practice for people's complex mental health care needs.
- Daily planning and reflective meetings took place with people living in the home and staff. This innovation was essential for learning about areas of success and to identify where people needed additional support. People were encouraged to be involved in regular meetings. Minutes showed ideas people wanted to introduce in the home. For example, improvements to shared facilities in the home, such as extra features in the courtyard as well as other items.
- In July 2021, the provider independently commissioned feedback from an external agency to further listen to the voice of people using this service. Feedback was overwhelmingly positive, with the following comments noted, "People like the responsibility and trust that they have gained" and "(Staff have) enabled

people to gain more independence and skills as well as feeling part of a community."

- The home had an appointed diversity leader who was dedicated to ensuring people's equality characteristics and needs were met.
- One person's communication skills had significantly improved since they moved into the home and another person was being carefully supported to manage their own finances, which represented a significant change towards more independent living for them.

Working in partnership with others

- The service excelled in working with partners to closely involve them in people's care journey.
- Feedback we received from partners following our inspection was exceptionally complimentary. These professionals spoke about the confidence they had in the care provided and the outcomes this had helped people to achieve.
- The home had access to a clinical psychologist, occupational therapist, nursing staff and a speech and language therapist. These professionals worked for the provider and were essential in assessing and reviewing people's care needs using their specialist knowledge. This meant people were supported utilising best practice in an holistic approach to understand their needs.
- The provider offered placements to honorary assistant psychologists and individuals studying occupational therapy at a local university. They also worked with the prison service to support people with behaviours which could restrict them from being part of their community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service acted openly and honestly and had detailed oversight through systems used to measure quality performance. The provider made us aware of events which were reportable as this is a legal requirement.
- We saw the provider's response to one complaint included an apology and reference to what action had been taken in response to the concern received. This demonstrated a commitment to openness and continuous improvement.