Cygnet Learning Disabilities Midlands Limited

Pines

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

Pines is a residential care home for up to seven young people and adults with autism and severe learning difficulties, often accompanied by complex needs. The accommodation is on two levels and there is access to a garden area and outside space.

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found systems and processes were in place to keep people safe. Staff understood their responsibilities for safeguarding people they cared for and assessed risks to their health and safety. Measures were in place to reduce these risks and people were supported to stay safe, whilst not unnecessarily restricting their freedom. Incidents and accidents were reported and the management team completed a detailed analysis and investigation to reduce the risk of similar incidents happening again. All incidents were reviewed on a weekly basis by a multi-disciplinary team.

Medicines were managed effectively and safely. The premises and environment was well maintained and the required safety checks were completed. Infection prevention and control was effectively managed.

Staff received appropriate training for their role and they were supported to further develop their knowledge and skills. People's needs were assessed and care was delivered in line with national guidance. Care plans contained detailed information about each person's individual support and their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Although most people were unable to fully express themselves verbally, they clearly enjoyed living at the home and appeared to be relaxed and happy. Staff had developed caring relationships with people and treated them with kindness and respect. People felt able to express themselves in a safe and supportive environment.

People continued to receive care that was responsive to their individual needs. Staff had a detailed knowledge of the people they cared for and were able to recognise subtle cues from people that enabled them to respond effectively to their needs and wishes. People led full and active lives. They engaged in a wide range of activities based on their personal choices. People were treated equally, without discrimination and information was presented to them in a way they could understand.

The registered manager and deputy manager provided good leadership and support to staff. The provider had put processes in place to support the manager and staff. The views of staff, people using the service and

relatives were actively sought and listened to. Quality audits and governance processes were in place to enable continuous improvement in the quality of the service provided and to ensure that learning was shared.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Pines

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. It took place on 17 July 2018 and was unannounced. The inspection team consisted of two inspectors.
Before the inspection, we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home including notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided. Healthwatch is the local consumer champion for people using adult social care services.

During the inspection we spoke with one person using the service. Most people using the service were unable to speak with us. Following the inspection, we spoke with three relatives. We spoke with the registered manager, the deputy manager, two care staff, a cook and a housekeeper
We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included looking at three people's care records and associated documents. We reviewed records of meetings, recruitment checks carried out for four staff, staff rotas, staff training records and maintenance and safety logs. We also reviewed the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

People were cared for by staff who knew how to protect them from avoidable harm. Relatives told us they felt their family member was safe at the home and they did not have any concerns about their safety. When asked about a person's safety, a relative said, "Absolutely, yes!" People using the service could not always express themselves verbally; however, a person we spoke with described it as "A good house," and people were clearly relaxed and comfortable with staff. There was pictorial and easy read information in the reception area and in the communal areas of the home about adult abuse and bullying and who people could talk to if they had a concern.

Staff we spoke with were aware of the signs of abuse and what to look for, such as changes in people's behaviour, that might indicate they were being abused. They told us they would report any concerns to the registered manager or deputy manager and they were aware of how to escalate issues to the provider's management team, or the local authority safeguarding team if necessary. The registered manager kept records of all safeguarding concerns and recorded their contact with the local authority when there was a potential safeguarding issue.

Risks to people's health and safety were assessed and reviewed so they were supported to stay safe while not unnecessarily restricting their freedom. For example, there was a risk assessment for a person using different forms of transport and this provided information about the number of escorts, signs the person may be becoming distressed and how staff should act, depending on the situation. Staff were trained to provide safe interventions to respond, when people presented with behaviours that might place others at risk and to manage a person's behaviour in the least restrictive way. The staff used positive behaviour support plans that provided detailed information about things which might act as triggers for a person's behaviour and things that might be helpful in calming or distracting them.

Staffing levels were set to provide the level of support each person required. At times when people needed one to one support or an additional member of staff to accompany them in the community, this was provided. Safe recruitment practices were followed to ensure staff were suitable to work with vulnerable people and those with complex needs. These practices included criminal record checks, obtaining a sufficient number of references from previous employers and proof of identity.

Staff told us they were encouraged to report incidents and accidents. Records we reviewed, provided a detailed description of the incident, preceding events and actions taken by staff. A full debrief was carried out with the person and members of staff involved following incidents. All incidents and accidents were reviewed at a weekly multi-disciplinary meeting which included an assistant psychologist, occupational therapist, care staff and managers. This enabled the team to identify any increase in behaviours that might put the person at risk and to provide more guidance for staff.

Medicines were stored and managed safely. Detailed information was available for staff about how each person preferred to take their medicines and any allergies they had. People's medicines records also contained a photograph of the person to aid identification and prevent misadministration. A person had

medicines, which were prescribed to be given in the event of a prolonged epileptic seizure, and there was a protocol in place to explain when and how the medicine should be used. Medicines administration records indicated people received their medicines as prescribed. Staff received training in medicines administration and their competency was checked regularly. Policies were in place for the safe management of medicines.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Personal emergency evacuation plans were in place to inform emergency services of the support people required in the event of an emergency evacuation of the building. The home was visibly clean throughout and cleaning schedules we reviewed, showed that all parts of the home were regularly cleaned. Staff had completed infection control training and where required, training to ensure food was prepared hygienically and safely.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and their care and support was planned and delivered in line with legislation and evidence-based guidance. Policies and procedures were based on national guidance. Staff had access to the providers policies and guidelines electronically and in a folder kept in the home. Staff had signed to say they had read and understood the policies. Resources files with information about the latest research and information for staff were also available. The registered manager told us they were doing a lot of work to increase understanding of Pica as this was pertinent to a person they cared for. Pica is an eating disorder in which a person eats non food substances with no nutritional value.

People's health needs were assessed and they had access to a wide range of professionals to assess and monitor their ongoing health. A psychiatrist attended the home monthly and reviewed all the people using the service. Documentation indicated the involvement of other professionals including occupational therapists, speech and language therapists, psychologists, dentists and chiropodists. Care records showed that staff followed the guidance of health professionals for example with regard to diet, activities or managing behaviours

The staff used a nationally recognised tool (Adult Global Assessment of Progress) to assess people's progress through their time at the home and plot the positive developments, set backs and changes in well being and identify early warning signs of deterioration. It enabled staff to make referrals to specialist services promptly and effectively.

Staff received training and support to enable them to provide safe and effective care and support. Staff told us they were provided with all the training they needed and were encouraged to undertake further professional development. The registered manager told us of several members of staff who had progressed and taken on more senior roles, including the deputy manager. All staff had undertaken training in managing actual and potential aggression.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked the ability to consent to decisions about their care, their support records contained assessments to ensure decisions that were made, adhered to the principles of the MCA. When a person was unable to consent to a decision, mental capacity assessments were completed. Documentation showed how decisions were made in the person's best interests. Staff gave us examples of best interest meetings, where family and a range of professionals involved in the person's care, came together to discuss alternatives and reach a decision which was the least restrictive for the person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the required authorisations were sought and where conditions were in place, the service was taking the required actions to meet those conditions.

People's nutritional needs were assessed and care plans were in place, providing information on the support people required with eating and drinking. People were encouraged to eat a balanced diet; however, they were able to choose what they wanted to eat and drink and they had access to snacks of their own choice. The cook had a good understanding of people's preferences and spent time with them to identify new ideas and meals they might like. The cook was able to interpret the non-verbal signs people used to communicate their preferences. Although there was a planned menu, we observed people being given a range of different meals at lunchtime which catered to their individual preferences. We observed a pleasant and social mealtime experience where people were able to change their mind about their mealtime choice without any problem, and adjustments were made to encourage people to eat and drink well.

The premises were adapted to meet the needs of the people using them. The home and surrounding gardens were accessible to all and there were a number of areas where people could spend quiet time as well as communal areas. There was access to a mini bus to enable everyone to access the community and external venues.

Good

Is the service caring?

Our findings

Most of the people living at the home were unable to tell us about their experiences of living there. However, they reacted very positively when we asked if the staff were kind to them and they were clearly relaxed and comfortable with the staff. Two relatives told us their family members appeared very happy at the home and that staff were caring, relaxed and friendly. They said they had never had any concerns about their family member's care or the attitude of staff.

We observed people and staff interacting throughout our inspection visit. Staff provided support in a sensitive manner, encouraging people to participate where they could, and they showed genuine warmth and affection in all their interactions. People were allowed to express themselves individually and staff provided encouragement and positive feedback to improve their sense of well being, while giving gentle reminders or re-direction when the person's behaviour was not appropriate and might upset or endanger others.

The atmosphere throughout our observation was one of familiarity, friendship, support and calmness. We observed much laughter and chatting and people felt confident to express themselves in a safe and supportive environment.

Staff told us of the way in which people had positively responded to the care and support they provided. For example, one person had been very withdrawn and extremely anxious before they came to live at the home. They said initially the person sat in the corner and would not come to the table to get a drink. Their behaviour had transformed in the time they had been living at the home and they were now confident and upbeat and able to express themselves freely. A relative of another person said their family member had, "Opened up," while living at the home and felt this was due to the relationships they had built with staff and the fact they were happy at the home.

Staff responded flexibly and were sensitive to people's mood and preferences for support. When a person went into the garden, staff accompanied them, but maintained a distance that enabled the person to have freedom of expression whilst maintaining their safety. When people became agitated, staff demonstrated good understanding of their needs by offering distraction activities in line with care plan guidance.

Care plans contained reference to ways in which staff should support people to maintain their privacy and dignity. Staff told us of steps they took to preserve people's dignity during personal care, such as closing their doors and drawing the curtains. The registered manager told us one person, whose bedroom window looked out into the garden, sometimes came out of their bathroom in a state of undress and therefore they had applied a reflective screen on the window, which enabled the person to see out, and prevented anyone in the garden seeing into the room.

Staff worked together to identify people's wishes and preferences and went out of their way to respond to them. We were told of times when staff had bought something for a person out of their own money when they were out and the person did not have enough money with them. They volunteered for additional shifts

to enable people to go away on holiday to resorts which provided dedicated events for people with complex needs. Staff did as much as possible to enable people to maintain their relationships and contacts with their family. When families could not visit due to long distances or difficulties in travelling, staff arranged to take the person to visit their family. They held an bi-annual family day in which they organised a range of activities which everyone could participate in, creating a party atmosphere for everyone.

People had access to an independent advocacy service and an advocate visited the home on a weekly basis

Good

Is the service responsive?

Our findings

Staff demonstrated they knew people, and their preferences in relation to their care and support, very well. They were able to recognise subtle cues from people that enabled staff to respond appropriately to their needs. They spoke to us about activities each person particularly enjoyed, their interests and how they liked to spend their time.

Each person's daily activities were based on their choices. They planned their activities for the week with the staff, and pictures were used to display them on a board. We were told one person moved the pictures around on the day, dependent on what they wanted to do. A person we spoke with, showed us the board and went through their activities for the day. They told us enthusiastically about a planned holiday and about what they liked to do on holiday. People were encouraged to access community events such as a weekly local disco and we were told they went out locally on a daily basis. On the day of the inspection, we observed people spontaneously asking to go out and staff supported them to do this. We saw examples of a meeting where people had been encouraged to identify places they would like to visit and things they would like to do. Pictures were used to promote people's choices and put forward suggestions in a way they could understand.

A range of facilities were available to encourage people to be active and were adapted to their needs. This included a swing and trampoline, scooters and paddling pools. There was an area of black rubber matting which increased safety and provided a safe sensory experience for people. A wide range of games, toys, and craft activities were available. We observed staff supporting two people to complete jigsaws, identifying which puzzles they particularly enjoyed and engaged them in conversation throughout. A third person wanted to watch a specific television programme but had difficulty accessing this. Staff sat with them, explained the problem and rectified it to enable the person to enjoy the programme. Individual person centred files were developed with people to show their interests, participation in activities and achievements.

The provider ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. The accessible information standards were displayed in the entrance to the home. People's support plans contained information in picture and easy read format. Information displayed around the home in relation to complaints, safeguarding and fire safety for example, were provided in picture form. Staff had developed communication care plans that provided detailed information on how people communicated their needs and preferences. They also had communication information cards with a brief summary of their communication needs for using when they accessed other services..

People's care and support plans provided detailed information about their needs and preferences. Some people had specific routines which they required to reduce their anxiety and maintain their sense of well being and these were clearly identified in their care plans. Key safety issues in relation to people's care were highlighted in bold print in their care plans. For example, a person had epilepsy and their care plan highlighted safety precautions when they had a bath. They also had a health care plan which gave clear

guidance for staff to follow in the event the person experienced a seizure. Care plans were kept up to date through regular reviews, or when a person's needs changed.

Relatives told us they were involved in an annual review of the person's care and staff communicated regularly with them about their family member's well-being. A relative told us they were unable to visit as often as they would like due to the distance, and staff sent them a weekly email to keep them in touch with their relative and how they were progressing.

There was clear accessible information displayed throughout the home about how to raise concerns or complaints. The complaints policy was readily available near the front entrance and the manager was aware of their responsibility for managing complaints. Relatives told us they had had no reason to make a complaint and they were confident any issues were but addressed and resolved.

There was no one using the service who was nearing the end of their life care and the home had not needed to provide end of life care in the past. However, the registered manager said they would support the person, their family and external professionals on an individual basis should this occur in the future.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was experienced and aware of their responsibilities for meeting these requirements. The ratings from out last inspection in 2016 were displayed on the front page of the home's website.

The registered manager had values that clearly put people at the centre of the service and focused on their needs and wishes. This was also echoed by staff. One member of staff said, "The residents are the most important thing, they are free to do anything they wish and
we try to make it happen." We saw evidence that people's views were sought regularly through meetings and individual discussions. An annual relatives survey was also conducted and the registered manager told us the twice yearly family days had been developed as a result of feedback from the most recent survey.

People's relatives had confidence in the service and the quality of the care provided. They said they had no concerns about the staff's ability to provide the care people needed and they were always kept up to date with information about their family member's care. They expressed confidence in the registered manager and deputy manager and their response to any queries or concerns.

Staff confirmed they had regular team meetings and they were encouraged to express their views. They told us communication was very good and they were kept up to date with developments. The provider's human resources staff held regular clinics when staff could access them and talk about any issues. There was also telephone access to a "crisis" service and counselling sessions could be arranged when requested.

Effective systems were in place to monitor the quality of the service and the care provided. A range of monthly and quarterly audits were completed by the registered manager and provider. External independent audits were also completed of areas such as health and safety and infection control. The registered manager had an action plan to address areas for improvement identified in the audits. The registered manager submitted weekly data on key performance indicators to the provider and clear thresholds or targets were identified for the service. The provider held monthly governance meetings and quarterly managers meetings that were attended by managers of each service, to review quality, safety and peoples' experience and facilitate shared learning.