Cygnet Care Limited

Chevington Lodge

Inspection report

Flixton Road
Bungay
Suffolk
NR35 1HQ

Tel: 01986892710
Website: www.swanandcygnetcare.co.uk

Date of inspection visit:
10 August 2016

Date of publication:
06 September 2016

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

Chevington Lodge provides accommodation and personal care for up to 43 older people, some living with dementia. There were 37 people living in the service when we inspected on 10 August 2016. This was an unannounced inspection.

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.

There were procedures and processes in place to protect people from abuse and minimise the risks to their safety. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

Staff were available when people needed assistance, care and support. Staff recruitment procedures ensured that new staff were suitable for their role and people were safe. Staff were trained and supported to meet the needs of the people who used the service.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People, or their representatives, were involved in making decisions about their care and support.

The service was up to date with the Mental Capacity Act (MCA) 20015 and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People were provided with personalised care and support which was planned to meet their individual needs. They were provided with the opportunity to participate in activities which interested them. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open and empowering culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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.

There were systems in place to safeguard people from abuse and to keep them safe.

Staff were available to provide assistance to people when needed. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and appropriate actions were taken to minimise the risks associated with people not eating or drinking enough.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Chevington Lodge

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 inspection took place on 10 August 2016, was unannounced and undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events.

We spoke with 12 people who used the service, one person's relative and three visiting health and social care professionals. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with one of the provider's directors, the registered manager and six members of staff, including care, training, activities, laundry and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with told us that they were safe living in the service. One person said, "I feel quite safe here." One person's relative said that the person was, "As safe as [person] could be. They [staff] check on [person] about 20 times a day, can't ask for any more." We saw staff ensuring people's safety. For example, when mobilising around the service, staff walked alongside people and encouraged their independence, whilst ensuring they were safe.

Staff had received training in safeguarding adults from abuse. There was guidance in the service available for staff, which identified how they could raise safeguarding concerns to the local authority, who are responsible for investigating concerns of abuse. There had been no safeguarding concerns raised regarding the service provided to people in the last twelve months.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, falls and pressure ulcers. The risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated. Where people were at risk of developing pressure ulcers records showed that there were systems in place to reduce these risks. This included the use of pressure relieving equipment and repositioning. This was confirmed by a person's relative who told us that the person was, "Repositioned throughout the day."

Risks to people injuring themselves or others were limited because equipment, including electrical, hoists, and the fire safety equipment had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Environmental risk assessments and checks were in place to minimise risks, these including risks associated with window restrictors, bed rails, mattresses and wheelchairs.

People told us that there were enough staff available to meet their needs. One person said, "They [staff] are always there if I need them." Staff were attentive to people's needs and requests for assistance were responded to promptly. There were systems in place to deploy staff around the service to ensure that each lounge had staff available to ensure that people were provided with support when they needed it.

The registered manager told us about how they had assessed the staffing numbers needed against the needs and numbers of the people using the service. They told us that if people's needs increased or they had identified the need for increased staffing numbers, they were able to increase the staffing levels. The service did not use agency staff which meant that people were provided with a consistent service by staff who were known to them. If there were times when there was unplanned absence of staff, cover could be obtained from the provider's other services.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. One person commented, "It [medicine] is managed very well." One person's relative said that the person was provided with their medicines when they needed them and when changes had occurred in their prescriptions they had been kept updated.

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. A staff member explained the process for storing, administering, ordering and disposal of medicines. They were knowledgeable about the processes and showed that the service had systems in place for the safe management of medicines. People's medicines were kept safely but available to people when they were needed. Regular checks on the medicines administration, storage, ordering and disposal meant that any shortfalls were identified and addressed promptly.

Good

Is the service effective?

Our findings

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their roles, people's individual needs and how they were met. There was a training manager in place who showed us how they monitored that all staff had received the training they required to meet people's needs and how this was updated to ensure that staff were provided with up to date information. The director and training manager told us that if the training manager picked up any issues when delivering training they fed this back to the management team so appropriate action could be taken. For example, if staff had not achieved the required standard following training, they were provided with further training, one to one coaching sessions and this would also be followed up by supervision. The training manager told us that they had good relationships with and used local training providers.

Staff told us that they were supported in their role. Records showed that staff received one to one supervision and staff meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

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. The application 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.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They told us how they had made applications to ensure that any restrictions were lawful. Staff had been trained in MCA and DoLS and minutes from staff meetings showed that staff were updated on these subjects to ensure their knowledge was up to date.

We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and where they wanted to spend their time in the service.

Care plans identified people's capacity to make decisions. Records included information which showed that people and/or their representatives, where appropriate, had consented to the care set out in their care

plans. Where people lacked the capacity to make their own decisions, this was identified in their records, including arrangements for best interest decisions.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "I enjoy the food."

Lunchtime was a positive meal time experience. The majority of people chose to eat at dining room tables with people they preferred to sit with. People were encouraged to eat independently and staff promoted independence. Where staff identified that people may need assistance this was offered in a caring manner, for example, by cutting up their meal, with their permission. People ate at their own pace and were not rushed by staff. Where people were not eating their meal, staff offered alternatives. One person refused what the staff member offered them, the staff member then said, "Tell me what you would like and I can get it for you." Another person refused alternatives and different staff members tried different approaches to encourage the person to eat something, listing both main meals and desserts which the person may like. This showed that the staff took action when they identified that people were not eating their meals.

People were provided with choices of hot drinks throughout the day. There were also jugs of cold drinks available for people in the communal areas and in their bedrooms, for people who chose to spend their time there. This meant that there were drinks available for people to reduce the risks of dehydration.

Staff had a good understanding of people's dietary needs and abilities. A member of the catering staff was knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. A member of care staff showed us the list of choices that people had made for their main meal, which identified the specific needs of people, such as if they required a softer or diabetic diet. This meant that people were provided with the meals that they needed to meet their needs.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, people were provided with fortified food and drinks to supplement their calorie intake. The registered manager showed us a document which new staff were required to sign to say that they had read and understood information about their responsibilities if a person was at risk of choking. This showed that staff were provided with the information they needed to ensure people's dietary needs were met.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person told us how their hearing aid was broken, "I have got an appointment at the hospital next week to get it looked at." During our inspection we saw health professionals visit people, including a physiotherapist. One person's relative described the person's healthcare in the service as, "Excellent." A visiting health professional told us that the service took, "Initiative," when supporting people and sought guidance from GPs to follow up any concerns about people's wellbeing.

The registered manager told us that they had positive relationships with health professionals, including the GPs. They said that if an issue arose, they always felt supported by the health professionals in ensuring that people were provided with the health care support they required. A health professional told us that they had a good working relationship with the service who sought and acted on advice where needed to make sure that people were provided with the right care to be healthy. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff were caring and treated them with respect. One person said, "All the [staff] are lovely." One person's relative told us that the staff were caring in their interactions and said that they felt the person, "Would not have survived so long if they had not been here." They commented that they had been concerned that their relative would be moved to hospital when they had deteriorated but the service had agreed to care for them in surroundings and by staff who were known to them, which they saw as positive. A visiting professional said that the staff were, "Gentle," with people and that people were treated as, "Individuals."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said. People responded in a positive way to staff by smiling and talking with them. Staff talked about people in a caring and respectful way. They knew people well and understood people's specific needs, and how they were met.

The registered manager told us about how they had supported a person when they had shared that they were concerned about a family member. The registered manager had contacted the person's relative and when they had received a response they had read this to the person to ensure that their anxiety was reduced. We saw the registered manager and the person talking about their relative and when they were next due to visit. This made the person smile and they told us that they were happy about what the registered manager had told them.

Staff respected people's privacy by knocking on bedroom doors before entering. People's privacy was further respected by staff who communicated with people discretely, for example when they had asked for assistance to use the toilet.

People's views were listened to and taken into account when their care was planned and reviewed. One person's relative told us that they were always kept informed about any changes in the person's condition and that if they required changes in their support this was discussed and agreed with them. Records showed that people and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. People's bedrooms were personalised reflecting their choice and individuality.

Good

Is the service responsive?

Our findings

People we spoke with told us that they were happy living in the service and they received personalised care which met their needs. One person said, "It is very nice here." Another person said, "I have got a nice big room," they explained how they liked their bedroom in the service and had chosen it when they moved in. One person's relative told us how they considered that they were, "Lucky," to have found the service which met their relative's needs. One social care professional told us that people's needs were met in the service when they placed their customers there. Two visiting professionals used words including, "Creative," "Professional," and, "Helpful," to describe the service and it's staff.

Staff were attentive to people's needs and responded to requests for assistance promptly. For example, when people said they were cold staff got a cardigan or blanket for the person straight away. One staff member was passing by a person who had just come in from the garden and asked them if they wanted assistance to put their feet up. The person agreed and the staff member assisted them as required, the person told us that they should always have their feet up. This showed that the staff quickly identified when people required assistance and responded promptly. Staff moved around the service to make sure that people were not left without interaction for long periods of time. This resulted in people showing signs of wellbeing, including smiling and being engaged with staff and each other.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes, diverse needs, and how these needs were met. One person's relative said that the registered manager had talked with them about dementia and different stages which helped them to understand their relative's condition.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified before the review date these were included in the records. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "I like sitting here [in one of the lounges], it is nice and light so I can do my knitting, keeps me busy." They also told us to look at the photographs on the wall of the lounge which showed people enjoying a party for the Queen's birthday and said, "That was a nice day." There were also photographs of people enjoying a boat trip and other activities. There were several items displayed in the service which had been made by people, including art and paper animals.

During our inspection we saw people participating in various activities, in one of the lounges eleven people played a quiz and word game. In another lounge people played a pairs card game. The staff member coordinating the game, gave people time to play and assistance when needed. People read a newspaper and magazines, watched television and chatted to each other and staff. Staff had time to sit with people and talk with them about matters which were meaningful to them. The registered manager told us that people

were also provided with one to one activities including going out to the shops in the community. One person sat by the window and told us that they always sat there. The registered manager said that the person wanted to sit there to look out onto the grounds, which they linked to the person's interest in photography.

There were areas in the grounds that had raised flower beds, which enabled people to participate in gardening if they chose to. People were supported to sit in the garden if they chose to and staff made sure they wore hats or were in the shade, so the risks of sun burn were minimised. We saw one person in the garden petting a cat that visited the service, which was enjoyed by both, they told the cat, "You are very pretty, so beautiful," as they rubbed and stroked it. A staff member told us that there were two cats which visited the service and people liked to see them. Another person said how they liked being in the garden and pointed out the raised flower beds where they could help with the upkeep of the garden.

People told us that they could have visitors when they wanted them. This meant that the risks of people becoming lonely or isolated were reduced. The registered manager shared examples of how people had meals with their relatives where required, including one relative who always had Sunday lunch with their partner. This meant that people were supported to maintain meaningful contacts with people who were important to them.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person said, "I would go to [registered manager] or the staff. I know they would listen to me."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. There had been no complaints made in the last twelve months. Records of previous complaints showed that they were responded to and addressed in a timely manner and used to improve the service.

Good

Is the service well-led?

Our findings

There was an open culture in the service. We saw that the registered manager knew the people who used the service and they responded to them positively. For example by smiling and talking with them. The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. The registered manager and director told us that it was important for the registered manager to be visible in the service to ensure any issues were quickly picked up and addressed. We saw the registered manager speaking with people throughout our inspection. This included discussions about people's families and history. From the responses of people by engaging in the conversations and smiling we could see that this was a routine activity and enhanced people's wellbeing. People told us that the registered manager was approachable and available to discuss any concerns they had.

People were involved in developing the service and were provided with the opportunity to share their views. This included satisfactions questionnaires which were used to improve the service. The registered manager and director told us that if there were any negative comments made in the questionnaires people were met with and they agreed improvements to improve people's experiences. People were kept updated about changes in the service, including new staff, and forthcoming events, such as activities, in the service's newsletter.

The registered manager and director told us about how any identified methods of improving the service and good practice were shared across all of the service's locations and vice versa. This included any learning from the attendance of external training. The training manager told us how they attended local community groups and shared their learning with the services, including infection control groups. They also kept updated with changes in the industry. This meant that the provider had systems in place to drive good practice and improvements.

The director told us, and records confirmed, that they regularly undertook audits in the service. These included speaking with people, visitors and staff about their views of the service, and checking areas in the service including care records, staff training and support, and health and safety. Each audit led to an action plan to show how the identified improvements were to be made. The action plans were then followed up in the registered manager's supervision and the following audits. This showed that people's views were valued and acted upon and there were systems in place to drive continuous improvement. In addition the director regularly visited the service and was available for people and staff to talk with. During our inspection visit we saw them speaking with several people who used the service, from people's responses to the director we could see that they knew them well. For example, the director and a person told us about their shared interest in a sporting event, which they watched together on television.

The director told us that they were in the process of updating the policies and procedures. This was being completed with the input of the training manager. This allowed them to identify any areas where training may be needed by staff to ensure that they were kept up to date with the changes in the service and the provider's policies.

The registered manager told us about recent training they had attended. They had used their learning to improve the service, this included sharing their learning in staff meetings, which was confirmed in the meeting minutes seen, regarding the Deprivation of Liberties Safeguards (DoLS) and Mental Capacity Act (MCA) 2005 and the language used in documents. We saw a note the registered manager had attached the service's accident book, which advised staff of how to improve the ways that they recorded unwitnessed suspected falls. Following records showed that the staff had started to use the guidance provided, which showed that the improvements were being embedded in daily practice.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff were provided with the opportunity to share their views about the service in meetings. The staff also discussed people's wellbeing and if there were any changes in their care needs. This provided staff with the opportunity to suggest actions that would improve people's wellbeing.

The service's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls, infection control and care records. Incidents and accidents were analysed and checked for any trends and patterns. Actions were taken to minimise any risks identified. For example, referrals to health professionals. This demonstrated that the service was committed to providing high quality, safe, and effective care for people.