

Cygnet Learning Disabilities Midlands Limited

The Fields

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

The Fields is a care home providing personal and nursing care to people with learning disabilities aged 18 and over.

The home was a large home, bigger than most domestic style properties. It was registered for the support of up to 54 people. 53 people were using the service at the time of this inspection. This is larger than current best practice guidance. The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. However, the size of the service having a negative impact on people was mitigated by the home being split into seven individual units. The home is located within a residential area. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The exceptional leadership of the home ensured the vision and culture of the organisation was embedded within all the staff team. There was a culture of continuous improvement with a clear focus on ensuring any changes enhanced the quality of the service people received. There was an open and inclusive culture at the home, where people and staff were actively encouraged to be involved and feedback about the quality of the service.

There were systems in place to protect people from the risk of harm or abuse. Risk assessments were in place, specific to people's individual needs. Staff were recruited safely and there were enough staff on duty to meet people's needs. Medicines were administered by appropriately trained staff. The home was clean and free from odour.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People achieved good outcomes as their needs were holistically assessed and their care and support was delivered in line with current good practice. People's care was provided by a highly knowledgeable staff team who had access to a wide variety of training and support. The service had extremely strong working relationships with health professionals which ensured people's healthcare needs were fully met.

People were supported by kind and caring staff who knew them well. People's right to privacy was respected and staff ensured people's dignity was maintained. Staff encouraged and enabled people to make choices about their daily care and support.

Care records provided sufficient person-centred information to enable staff to meet people's needs. Information could be provided in formats people could understand. People were supported to develop and maintain relationships and take part in activities they enjoyed. No formal complaints had been received, however there was a process in place in the event a complaint was raised.

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

Rating at last inspection and update

The last rating for this service was outstanding (published 19 August 2017). There was also an inspection on 10 December 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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 ☆

The Fields

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

The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Fields 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 last inspection. We sought feedback from the local authority commissioning and safeguarding teams. 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.

During the inspection

We spoke with 12 people who used the service, four relatives and one visiting health care professional about

their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, head of care, three senior support workers, seven support workers and a member of both the housekeeping and catering team.

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

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection. Following the inspection, we received feedback from a further five external health care professionals.

Is the service safe?

Our findings

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

At the inspection, published 19 August 2017 this key question was rated as good. At this inspection this key question is rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives were similarly assured, one family member told us, "I am at peace now whenever I leave or go on holiday, I know my [relative] is settled, safe and happy".
- Staff received safeguarding training and understood how to recognise, and report concerns about abuse.
- Staff were confident any concerns raised with senior staff would be acted upon.

Assessing risk, safety monitoring and management

- Peoples care records included a range of person-centred risk assessments. These included behaviours, nutrition, choking and specific health conditions. Risk assessments were reviewed and updated at regular intervals.
- Staff received training in techniques to support people who may present with escalating behaviour, in a safe manner.
- Regular checks were made on the premises and equipment to ensure peoples safety. This included checks by external contractors on gas, electrical and fire safety.
- Staff had completed fire training and fire drills were completed at regular intervals.

Staffing and recruitment

- People told us there were enough staff to meet their needs. None of the staff we spoke with raised any concerns regarding the number of staff deployed on each shift.
- During the inspection staff were visible and people's needs were met in a timely manner.
- The recruitment of staff was safe. We saw suitable pre-employment checks were completed on candidates to reduce the risk of employing unsuitable staff.

Using medicines safely

- There were systems in place to ensure the management of people's medicines was safe.
- Medicine administration records were completed after each administration. Where people were prescribed medicines to be taken 'as required, protocols were in place to ensure they were administered safely and consistently.
- We checked a random sample of medicines and found the stock tallied with the number of recorded administrations. However, the method of recording stock medicines on one of the units meant individual medicines were not always easy to reconcile. We spoke with the registered manager at the time of the inspection who assured us this would be reviewed.
- Medicines were only administered by staff who had been trained and assessed as competent. Staff were aware of the action they should take in the event they made an error when administering people's medicines.

Preventing and controlling infection

- Each unit was clean, and odour free. A health care professional told us, "When I go, the home always smells clean."
- Personal protective equipment, for example, gloves and aprons were available for staff. We saw staff using them appropriately.
- Regular internal infection control audits had been completed during 2019.

Learning lessons when things go wrong

- The registered manager and deputy manager demonstrated a clear culture of learning lessons where things had gone wrong.
- Accidents and incidents were recorded and analysed. This enabled possible themes or trends to be identified and action to be taken to reduce future risks.

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.

At the inspection, published 19 August 2017 this key question was rated as good. At this inspection this key question is 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

- Relatives told us the care their family member received was excellent. One relative told us, "It's the best thing that ever happened to my [relative], moving here." Health care professionals were equally complimentary about the impact the service had on people's health and well-being.
- People received highly effective support that was delivered in line with legislation, standards and evidence-based guidance.
- Staff ensured a holistic approach to assessing, planning and delivering people's care and support. When a new person was referred to The Fields an assessment of their needs was completed and included input from the person, their family and relevant health care professionals. Compatibility with other people already living on the unit was also considered before the registered manager agreed to a new person being admitted to the home.

Staff support: induction, training, skills and experience

- There was a clear culture that every member of staff was important to people's well-being and safety. Staff were very positive about the training. One of the staff described the training as "Intense, but really good."
- New staff completed a programme of induction, training and shadowing a more experienced member of staff. One of the staff we spoke with said, "They [new staff] have ten days induction, shadowing and training. If they are not confident, we will carry on. I tell them not to do anything they feel uncomfortable doing."
- Staff also received regular supervision from their manager. One of the staff told us they were able to ask for additional supervision, if required and this would always be accommodated.
- Both the registered manager and deputy manager were very clear in their desire for staff to continue to develop their skills and knowledge. One of the support staff was being supported by the registered provider through university and mentoring to become a nursing associate. A nursing associate is a member of the nursing team providing care and support for people. It is a nationally recognised qualification.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- All of the external health care professionals we received feedback from were extremely complimentary about the staff and the care and support people received. One health care professional told us, "I have been impressed by the responsiveness of the staff team to their clients and their person centred approach."
- Staff looked to continuously improve people's care, support and treatment. This was achieved through providing excellent standards of care and support and the timely input of other health care professionals. People had access to a psychologist and psychiatrist, both of whom held regular clinics at the home.

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

- There was a strong emphasis on the importance of eating and drinking safely and well. Staff encouraged people to support themselves. Staff training ensured they had the knowledge and skills to protect people with complex needs or swallowing problems.
- People's nutrition and hydration needs were carefully monitored, appropriate action was taken if required. The home had liaised with another local care provider to enable them to successfully meet the specific dietary requirements of a person. This had resulted in improvements to the persons health, well-being and enjoyment of their meals.
- Meals were homemade and nicely presented. Individuals likes and preferences were respected and provided for. Staff were discouraged from leaving the units at meal times to ensure there were enough staff to support people to eat and drink.

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

- The Fields was a single storey, converted school, comprising of seven individual units. Staff engaged people in making decisions about the décor of their bedrooms prior their admission to the home. This ensured their room was personalised around their needs and personal tastes.
- There was an ongoing programme to ensure the environment continued to meet people's changing needs. A senior support worker showed us a wet room which had been converted from a traditional bathroom. They told us this had enabled people who were no longer able to access the bath without staff support to retain their independence and privacy.
- There was a small kitchen on each unit. some people were able to access the kitchen to make their own drinks and snacks. On other units the kitchen had been fitted with a stable door to enable people to observe staff in the kitchen while maintaining people's safety.

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.

- Peoples capacity to make decisions was always assumed unless there was evidence decision specific capacity was lacking. Where people lacked capacity to consent, we saw evidence of decision specific capacity assessments and best interest decision making in their care records. A healthcare professional told us, "They are good at upholding people's rights and best interests."
- We consistently heard staff involving people in making decisions about their daily care and support. The service had a nominated champion for mental capacity and consent. A key role being to support staff, people and oversee mental capacity care planning.
- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty.

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.

At the inspection, published 19 August 2017 this key question was rated as good. At this inspection this key question is rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at The Fields, staff knew them well and understood how to support them. One person said, "They are there when you need something". A relative told us, "My [relative] has started walking again due to the care and support they receive here."
- The atmosphere on each of the units was calm, relaxed and friendly. Staff chatted with people and each other in a professional, but inclusive way.
- A healthcare professional told us, "I find that [name of registered manager] and her team are always knowledgeable about the clients they support." Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking with staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and people's rights were protected.

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

- People were able to make choices about their care and support. We asked one person, they replied, "I can do what I want." One of the staff told us, "I think they have an excellent quality of life here, they can do things they want to do."
- Throughout the inspection we consistently heard staff offering people choices. For example, what they wanted to eat and drink and what activities they wished to participate in. One of the staff described how they enabled a person who was non-verbal to make choices about the items they purchased when they went shopping.
- People had access to an advocate to support them with decision making where required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their right to privacy. Staff were able to describe the steps they took to maintain people's privacy and dignity. This included closing doors and curtains and being discreet when discussing personal or confidential information with people.
- Staff encouraged people to retain their independence. One person told us, "I am independent, and I can keep my money." Care records included the tasks people could manage and those where they needed staff support.
- Confidential information was stored securely.

Is the service responsive?

Our findings

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

At the inspection, published 19 August 2017 this key question was rated as good. At this inspection this key question is 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 records were detailed, and person centred. Where people had behaviours, which could be challenging to others, care records included information about potential triggers and changes to behaviours which could indicate their anxiety was escalating.
- One of the staff told us work was being undertaken to reduce the volume of information held in individual files.
- Care records were reviewed and updated regularly. We asked one of the staff about the process for reviewing care plans, "[Name of person] is involved in every aspect." The registered manager told us families and other relevant health care professionals were also involved in the review process.

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.

- Information was available in different formats. One person told us, "Sometimes they [staff] read it [information] out or I read it with them".
- Information about AIS was displayed in public areas of the home.
- Care records detailed people's preferred methods of communication and if needed, how staff were to support them.

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 able to participate in a range of activities appropriate to their needs. People told us, "Sometimes I need to go to the shops, so they [staff] take me in the mini bus", "In the week we play bingo. We go out quite a lot. Sometimes to the pub, sometimes to the cinema", "A lady comes on Tuesday to do exercises... They help me with my crosswords and I am trying to make a jumper." Another person told us how they had enjoyed a recent trip to a night club.
- Relatives we spoke with said they were able to visit whenever they wanted and were always made to feel welcome. One relative told us, "My [relative] has a better social life than I do, it's the best place that they could be."
- The registered manager told us the home employed two full time activity organisers. A number of activities took place in a central communal area, providing opportunity for people and staff from different units to meet and socialise. The home also had the use of three mini-buses enabling people to access the

community as well as trips and activities further afield.

Improving care quality in response to complaints or concerns

- People were aware of how to complain. One person told us, "I can tell them [staff] if I have a problem." Relatives also told us they would speak with staff if they had any concerns.
- Complaints information was displayed throughout the home.
- The registered manager told us they had not received any formal complaints about the service. Any minor concerns were dealt with promptly.

End of life care and support

- At the time of the inspection no one at the home was receiving end of life care.
- Where information about people's end of life wishes was known, this was recorded in their care records.
- The registered manager and senior staff were aware of how to access relevant support from other health care professionals to ensure people's needs were met as they entered the final chapter of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the inspection, published 19 August 2017 this key question was rated as outstanding. At this inspection this key question is 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 home was exceptionally well led. Feedback about the registered manager and deputy manager was consistently very positive. People knew who the registered manager was, a relative told us the service was 'top class'. One of the staff said, "I like the management. I know if there are any problems, I feel comfortable I can speak to the manager and deputy and feel it would be addressed. If there are any problems, they deal with them really quickly... [Name of registered manager] is always walking around, she comes around every day to see how we are."
- Feedback from healthcare professionals included; "The manager and deputy are brilliant, I think they value the staff and they know people", "[Name of registered manager] she is on the ball, gets things sorted and manages the place well. She is clearly respected by her colleagues" and "They [staff] go above and beyond."
- It was clear the vision and values of the organisation were embedded in the staff team. Each member of the staff team was clearly very committed to providing person-centred, open, inclusive and empowering care. The staff team were very highly valued by the registered manager and deputy manager. It was also clear the whole staff team felt they were individually and collectively valued by the management team.
- The environment and staffing had been adapted to overcome the challenge of providing person-centred care in home where a large number of people were supported. Each unit supported between four and ten people. Units had their own garden and a dedicated staff team. There was also a central hub, enabling people and staff from different units to socialise freely. Despite its size, the home felt personal and inclusive for both people and staff.

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

- There were very high levels of engagement with people who lived at the home. The registered provider commissioned an advocacy service who visited the home weekly. The advocates facilitated group discussions as well as visiting the individual units. This enabled people who may not wish to join the sessions, opportunity to speak with them. One person had been worried about a recent value for money review which would affect them. An advocate supported them in raising these concerns directly with the local authority.
- A people's council met three monthly. As a result of feedback, a coffee machine had been purchased and a tuck shop was being commissioned. The registered manager had liaised with a speech and language therapist to ensure snacks which were suitable for people with textured diets were also being provided.
- Annual surveys of people and their relatives evidenced people were predominantly happy with the quality

of the service they received.

- There were equally high levels of engagement with staff through meetings. Staff's commitment and skills were recognised by the registered manager. The Fields operated employee of the month and staff who competed ten years' service received a monetary reward. Throughout the organisation, staff who went above and beyond the line of duty were nominated throughout the organisation for an award. Winners received a shopping voucher.
- There were a number of staff champions whose roles were to ensure staff were supported and engaged, for example a Freedom to Speak Champion. A staff relationship group met at regular intervals to ensure staff's voice was heard and shared with the management team. .

Continuous learning and improving care; Working in partnership with others

- There was a particularly strong emphasis on continually improving the quality of the service provided to people. It was evident from speaking with the registered manager, deputy manager and staff, there was a culture of sharing good practice and learning where things had not gone as expected. Information was shared and used to improve standards. Regular meetings were held with other registered managers within the organisation, providing an opportunity to share learning and good practice.
- The registered manager and deputy manager were clearly very open to new ideas and ways of working to ensure people received good outcomes and people's well-being was improved. For example, the home was selected to run a pilot to reduce hospital admissions. The project was embraced by staff, leading to positive health outcomes for people. The learning from this was also implemented within a local hospital. Feedback from external health care professionals evidenced a strong and positive working relationship between themselves and the staff at The Fields.
- There was a clear recognition that the training and ongoing development of staff was a principle factor in ensuring better outcomes for people. The registered manager and deputy manager worked in partnership with other professionals to ensure staff's training was of a high quality, was in line with current good practice guidelines and met people's individual needs.
- The home provided placements for health and social care students from the university and college. Written statements from students evidenced how their placement had enhanced their confidence, knowledge and skills. One student had written, "I am so grateful... who made my experience complete through sharing of their knowledge, skills, experience and time... my confidence has increased... opportunities to step outside my comfort zone... this placement has been a huge period of personal and professional growth. I feel so privileged to have had this opportunity."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance was very well-embedded into the running of the home. It was evident from talking with staff, performance was continually monitored to people received a consistently good quality of service. All the staff we spoke with felt empowered as integral to the quality assurance in the home and were clear about their role and responsibility.
- Audits were completed at regular intervals to monitor performance, assess risk and address shortfalls. Levels of compliance were consistently high, but any identified shortfalls were noted and acted on. A service improvement plan was in place.
- The home had met all their contractual requirements during a recent compliance audit by the local authority contracting team.

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

- Without exception everyone spoke highly of the management team. The home was extremely well-led by the registered manager and deputy manager who were both clearly committed to ensuring high standards

were maintained.

- Statutory notifications were sent to us in line with the registered managers legal responsibilities. Staff were confident any concerns they raised would be listened to and acted upon by senior staff within the home.