

Cygnet (OE) Limited

Toller Road

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

About the service

Toller Road is a residential care home providing personal and nursing care for up to eight adults with a learning disability, autism and mental health difficulties. At the time of our inspection there were four people using the service. The service can support up to eight people.'

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. 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

People told us they felt safe. Systems and processes were in place to safeguard people from avoidable harm; and staff knew how to report any concerns of abuse. Staffing levels met people's personalised care needs. Risks to people were managed effectively to mitigate risks identified. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. There were systems in place to learn lessons when things went wrong. The home was clean, well maintained and tidy.

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. Staff continuously asked people about their views and choices and these were documented.

Staff supported people to independently choose and cook their own meals, and healthy eating was promoted. Staff ensured people's healthcare needs were met. Staff were alert and responsive to any changes in people's needs and liaised with health care professionals. Staff received an induction before they started work with the service and specific training to meet people's individual needs. Staff felt well supported by the management team and continued professional development was promoted and encouraged by the registered manager.

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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them. One person told us, "Staff are like

family." Staff supported people to maintain relationships with family and friends and felt proud to support people in their decision to move onto supported living or live nearer to their relatives.

Quality assurance processes were robust to give oversight of the service. The registered manager and provider had ideas of how to continuously improve people's lives and valued working in partnership with others to achieve this.

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

Rating at last inspection

The last rating for this service was good (published 14 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 well-led.

Details are in our well-led findings below.

Good ●

Toller Road

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 was carried out by two Inspectors.

Service and service type

Toller Road 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

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 authorities who commission the service on behalf of people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We had

discussions with four members of staff including the registered manager, nurse, support worker and the activities coordinator.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from two professionals and spoke to one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of avoidable harm. Staff we spoke with had received training and knew how to recognise signs of abuse and how to report safeguarding concerns.
- Staff said they felt confident, if they raised concerns these would be promptly addressed by the registered manager. The provider had a dedicated whistle-blower help line for the benefit of staff. Details of how to use this were displayed around the home.
- People told us they felt safe. One person said, "I am happy to go to staff and ask for help." Another person said, "I have a staff member with me to keep me safe when I am out in the community."

Assessing risk, safety monitoring and management

- Managers continually reviewed and updated risk assessments to ensure staff met people's changing needs. For example, care plans included activity risk assessments and clear guidance for staff to follow to minimise risks such as behaviours that could challenge the service. Staff promoted positive behaviour support by using distraction techniques and effective communication skills.
- Staff knew people's individual risks and how to keep them safe, they demonstrated they were passionate about minimising risks to ensure people had a positive care experience. The registered manager told us staff had provided twenty-four hour, one to one support via nightly observations, to keep a person safe from harm.
- Regular fire drills and safety checks took place. Individual personal evacuation plans (PEEPS) instructed staff of the support people needed in the event of an emergency.

Staffing and recruitment

- Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- The home was well-staffed. There were enough staff to support people in the home and on trips out and activities in the community.
- During our inspection, we observed staff responded to people's needs promptly. People were supported by a consistent team of staff that knew them well.
- Ancillary staff were trained to support people, so they could help if there was an emergency.

Using medicines safely

- People received their medicines as prescribed and were encouraged to assist with them. Self-medication care plans were devised with people. For example, one person was able to identify the medicines and explain the medicine was an antidepressant to help them keep calm and paracetamol to manage pain.
- Trained nurses were responsible for the administration of medicines and had their competency checked. Comprehensive guidance, as to the use of medicine to be given as and when, (PRN) were in place. The administration of these medicines was recorded, and ongoing assessment to record the effectiveness was in place. For example, to reduce anxiety or manage pain.
- The supplying pharmacist visited the home to monitor medicines, and to ensure they were safely managed. This included stock level checks and audits of Medicines Administration Records (MAR) records. Medicines not used were safely destroyed, and records confirmed this.

Preventing and controlling infection

- The home was clean, tidy and well maintained throughout. Hand sanitising gels were accessible throughout the home. One person told us they enjoyed cleaning their room as it helped towards learning skills to live independently.
- Staff had received training in infection control and food hygiene and used personal protective equipment (PPE) to help prevent the spread of infections. Considering the corona virus, procedures and practices were in place to screen visitors to the home.
- The local authority had rated the kitchen area in the service where the meals were prepared a five rating (very good) for food hygiene practices.

Learning lessons when things go wrong

- Learning outcomes from incidents and accidents were shared by the registered manager in team meetings, to prevent a similar occurrence.

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 specific 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.

- Staff were compliant with the requirements of the MCA, however the mental capacity assessments needed to be reviewed. The assessments were not always decision specific and for one person we found the assessment had no detailed record as to how the decision was arrived at of the person not having capacity. Following our feedback, the registered manager arranged for refresher training and external auditing of assessments.
- Staff supported people to make choices on how they lived their lives in the least restrictive way. People's views and consent were obtained, and staff understood how to apply the principles of the MCA to their role.
- DoLS applications were made to the local authority and records confirmed renewals were applied for in a timely manner.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social care needs were assessed prior to them moving into the home. People's care was reviewed regularly to ensure the home continued to meet their needs.
- People's care plans reflected the information staff knew about them, people's preferred routines, likes and dislikes and usual choices. The support plans gave guidance about the support people needed and the aspects of their care they could manage independently.

Staff support: induction, training, skills and experience

- New staff completed an induction programme and the care certificate, if they had not previously worked in a care setting. This is a set of standards which ensure staff had the basic skills needed to provide safe care. Staff were encouraged to gain national vocational qualifications in care. The registered nurses maintained continued professional development through the revalidation process.
- Staff were up to date with their training and had completed all mandatory training essential to undertake their roles and responsibilities. Staff completed annual compliance refresher training to update their skills. This included positive behaviour management, break away techniques and epilepsy training.
- Staff's development was supported through ongoing monitoring, regular supervisions and staff meetings. Appraisals were completed by the registered manager every year. A member of staff told us, "The registered manager is supportive and would encourage me to work towards manager level if I wanted."

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

- People were supported to eat and drink enough to meet their needs.
- People told us staff supported them to plan, shop, prepare and cook their meals at least two to three times per week. During the inspection one person proudly showed us the healthy cooked meal they had prepared.
- If people needed help with weight loss, staff supported them. For example, staff accompanied a few people to attend a community slimming group, so they could learn about healthy eating and join a weight-loss programme.

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

- Staff supported people to attend the dentist and health appointments. People were supported to maintain good oral care and personal hygiene. Support plans gave staff guidance to follow in supporting people with these routines.
- Staff knew people well. Referrals were made to specialist health services when changes in people's behaviours or wellbeing changed. These included referrals to the community psychiatric services.
- Staff worked closely with each other and people's relatives to ensure any changes in their care needs were communicated.

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

- People's bedrooms were personalised and decorated according to their preferences. One person told us, "I like my bedroom, I've got everything I need."
- Communal areas were spacious and homely. People's artwork decorated their bedroom doors and the walls in the lounge. The registered manager told us they encouraged people to display their own artwork around the home.
- There was a large, private garden which people helped look after. The registered manager spoke about the plans to improve the outdoor space and build a summer house, to enable people to enjoy the garden and be protected from the sun.

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 liked living in Toller Road. We observed staff being kind and caring and relaxed. People and staff shared jokes and ate lunch together. One person told us, "I want my support team and activity co-ordinator to come with me, when I move to my own home, they look after me". Another person said, "Staff feel like family."
- Relatives said, "I cannot praise staff highly enough, they go above and beyond to support [person's name] and they are like another family." The registered manager told us staff supported a person to attend a family funeral and another person was supported by staff, to attend the funeral of a friend, who recently passed away. One person told us, "Staff attended the funeral wearing cowboy hats, as [person's name] liked Elvis and the Wild West."
- Staff took people to visit their relatives and relatives were encouraged and supported to visit people. A relative said, "We were always made to feel welcome when we visited, and staff provided refreshments."
- People were part of the local community and went to local shops, leisure centres, theatres and places of worship. Staff told us people were involved in volunteer work in the community. For example; supporting autism awareness, by selling raffle tickets at a coffee morning and helping to run a cake stall.

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

- People and their relatives were involved in making decisions about their care and how they wanted to live their life. This was recorded in people's care plans which were regularly reviewed.
- People had access to an advocate who visited the home on a weekly basis and records confirmed this. An independent advocate is a person who helps people speak up for themselves.
- Staff told us house meetings were regularly held and people could choose to attend as a group or on a 1:1 basis. The outcome of house meetings was displayed on the house meeting board. For example, a person's request to access an IT course was detailed, and records showed the person had commenced the course.
- People told us they were in the process of planning to move into their own homes or nearer to family. Staff and their social workers were supporting people to gain the skills to enable them to live independently and rely less on nursing support. One member of staff said, "The best bit is seeing the individuals achieve things they want to achieve. When they move on it makes me feel good."

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged by staff to gain greater independence, learning to do their own laundry, grocery shopping, cook and clean as well as social activities in the community. Staff said, "We support people to achieve their goals, for example, travelling to go and watch a show, and seeing their

expressions of happiness, talking about the show for weeks."

- Some people preferred the privacy of their own room. People had their own key and were able to lock their bedroom. The registered manager told us there were motion sensor's outside each person's bedroom door, these were only used with the person's consent.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 information about how people wished to receive care and support. These identified key areas such as, likes, dislikes, hobbies, interests and individual goals. However, the guidance was extremely limited, regarding how goals were to be achieved and the level of support required. We found no evidence that this had impacted on people's care. This was discussed with the registered manager, who confirmed they would review care plans to ensure they provided clear guidance for staff.
- People, professionals and relatives' views were used to develop care plans. Care plans were continually reviewed with the person and updated as people's needs changed.

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.

- Communication grab sheets and care plan's provided information about people's cognition and communication needs. For example, use short simple sentences, always use the person's name at the beginning of a sentence. Specific guidance was also included. For example, activities to support communication such as, DVD's, music and films.

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

- Personalised, easy read, pictorial activity plans detailed each person's preferred leisure activities, hobbies, further education and pastimes, and how staff would support the person with these.
- People were supported to be involved in a range of activities that they enjoyed. One person told us, "I like going to Birmingham to Comic con with [staff]." Another person said, "I enjoy going to bingo, and on the bus into town to buy trainers, I use my bus pass."
- People were supported to maintain relationships important to them. People told us they visited their relatives regularly. One person said, "[Staff] drove the company car to take me to visit my family at Christmas."
- People, staff, families and the whole organisation were invited to take part in a sports day each year, which was hosted by Toller road, and held at the local sports centre stadium. Staff told us, everyone had the option to partake in events such as, new age curling, archery with sticky pads, water relays, and running relay's and everyone had a really good time.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure's for dealing with complaints. Complaints were managed satisfactorily. The complaints file showed evidence of concerns and complaints being recorded and responded to.
- At the time of the inspection There were no complaints/concerns relating to the care of people, from health and social care professionals, or family members. Staff told us people discuss any complaints during the housing meetings and the outcomes were displayed on the, "You said we did" board. For example, people complained about staff being noisy when closing doors. Feedback received from people confirmed staff were being more considerate when closing doors.

End of life care and support

- Staff were trained in end of life care. No end of life care was being provided at the time of the inspection.

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was visible to people and clearly knew them well. Staff said, "The registered manager has an open-door policy, they are approachable, and you can talk to them about anything." Another member of staff said, "I am supported in my role. The registered manager listens to my ideas and works with me to carry these out."
- The service was focused on keeping people safe and achieving good outcomes for them. For example, maintaining people's mental well-being, enabling people to stay in the community and supporting people to move into independent living.
- Staff promoted values during the inspection. An easy read description of each value was clearly displayed. We saw compliments from a relative of a person who had recently passed away, that said, "I just wanted to say a big thank you to each one of you for the care and support given to [Relative] whilst they lived at Toller Road and over the last few days. You have all been amazing, demonstrating such respect, dignity and kindness. [Relative] was lucky to have you all, as are we."

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 registered manager understood their role and responsibility in providing effective care to people. The registered manager complied with the requirements of the Care Quality Commission (CQC) registration including submitting notifications of significant events at their service.
- Staff were confident that the registered manager would act on any concerns they raised. Staff knew how to whistle-blow and felt confident raising concerns with local organisations, which included the local authority, Police and the Care Quality Commission (CQC).

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

- The registered manager told us they were fully supported in their role by the area manager and provider. The registered manager said plans were in place to employ a deputy manager.
- Policies and procedures were in place and supported best practice. The business continuity plan was reviewed to meet any changing needs.
- The registered manager used the results of monitoring and audits to identify ways to improve the home. The provider had good oversight of the performance of the home through regular meetings and reports.
- The CQC rating was clearly displayed at the home and on their website.

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

- Feedback on people's care experience was sought, through regular house meetings. Responses to suggestions were displayed on a, 'You said we did' board in a communal area for people to review. The board also recognised, 'Star of the Month', this had been awarded to one person, who had achieved their weight loss goal at slimming world.
- Staff supported people to record a welcome message on a communication device which was in the reception area, for visitors to press and hear the message. During the inspection, a person recorded the lunch menu on the device for people to access at the home.
- Staff meetings were regularly held, giving the opportunity for staff to share information about the people they supported to improve people's care. Staff meetings were also used by the registered manager to update staff on key issues, training and to encourage staff to share ideas.
- The registered manager told us, the provider annually nominates staff for recognition of their work. A nurse told us they won nurse of the year, and another staff member was nominated for person centred approach and contribution. One person attended the awards ceremony with staff to represent the Midlands.

Continuous learning and improving care

- The registered manager and staff worked with professionals and with people's families to ensure the service continued to meet people's needs.
- The registered manager encouraged staff development. For example, a nurse was put forward to complete the in-house leadership course, and another member of staff was encouraged to apply for the nursing associate course.
- The registered manager attended monthly meetings where they reported on incidents and accidents, safeguarding, complaints, staffing, occupancy levels and shared lessons learnt. This enabled the provider to assess the quality of the service and have an oversight.

Working in partnership with others

- The registered manager told us they worked closely with the community psychiatrist, advocacy service and the outreach team as well as the providers multi-disciplinary team.
- Staff told us professionals supported them providing specific training and on-going advice to meet people's needs. We saw feedback from the outreach team which said, "We were very impressed with how well [person's name] had settled in at Toller Road, particularly with regards to 1:1 support, communication, transition and, plans put in place to support this."
- The provider worked with De Montford University and provided mentorship and placement opportunities for student nurses. Feedback received said, "Very good in relation to quality of learning experience, quality of care and quality of mentoring."