

Cygnet House

Cygnet House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Our inspection was announced. It took place over two dates 20 February and 1 March 2017.

At our previous inspection we rated the service as 'Good' overall. We found however, that the 'Well-led' section 'Required Improvement' as we found that records were not concise regarding the receipt people's medicines when they arrived at the service for their stay. There was no monitoring of the temperature of the cupboard where medicines were stored and that no record of the support provided to people each day or the activities the people engaged in were made. This inspection we found that those issues had been/or were in the process of being addressed.

The provider is registered to deliver personal care. People lived with needs relating to their learning disability or an associated condition. At the time of our inspection 19 people used the service. The personal care provided was within the providers own home on a 'respite basis'. Respite means that people are supported in a care environment rather than by family or friends for short periods of time. People used the service for varied amounts of time. Some people used it a few times a year; others regularly for evening and overnight support, and some people used the service whilst their main carer went on holiday. The remainder of the time people lived with their families in the community. The providers ran the service. No other staff were needed or employed at the time of our inspection.

One of the two providers was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The providers had policies in place and had received training on procedures they should follow to ensure that any risk of harm and/or abuse was prevented. They had undertaken risk assessments to maintain the safety of the people who used the service. The provider's had been trained to manage medicines safely. Medicines were given to people as they had been prescribed. The providers ran the service and people's needs were met so no additional staff were required.

The providers had received the training they required to give them the knowledge they needed to support the people in their care. The providers understood that people must receive care in line with their best interests and would not unlawfully restrict any person. People were encouraged to make decisions about their care. If they were unable to, their relatives were involved in how their care was planned and delivered. The providers supported people appropriately with their nutritional needs. Meal options were offered to ensure that people's food and drink preferences were catered for.

People and their relatives told us that both providers were kind and caring. People's privacy, dignity and independence was promoted and maintained.

The providers were available to meet people's individual needs. People were offered and enabled to engage in recreational activities that they enjoyed and met their preferred needs. People were supported to continue to go to their colleges or other community facilities whilst using the service. Complaints systems were in place for people and their relatives to raise their concerns or complaints if they had the need to.

All people and their relatives were very satisfied with the care and support given. They complimented both providers on all aspects of the service.

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.

Medicines were given to people as they had been prescribed.

The providers time and input was sufficient to meet people's needs.

Checks had been undertaken on both providers to ensure that they were suitable and safe to deliver care and support.

Is the service effective?

Good ●

The service was effective.

The service provided was effective and met people's needs.

Both providers had the knowledge they needed to meet people's needs in the way that they preferred.

People were provided with the food and drink that they preferred.

Is the service caring?

Good ●

The service was caring.

People and their relatives described the providers as being kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and could ring and speak with their family member at any time.

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Relatives felt that the service provided met their family member's

needs.

The providers ensured that people continued to attend their colleges and day centres to maintain their routines.

A complaints system was in place if people or their relatives had the need to raise a concern.

Is the service well-led?

The service was well-led.

Record keeping had been introduced to describe how people spent their time at the service or to evidence the support that had been provided.

The provider's had communicated with relatives about the need to confirm precisely the medicines people would need to be supported with during their respite stay.

There was a leadership structure in place that relatives understood. Relatives had complete trust and confidence in the provider's and the service they delivered.

Good ●

Cygnnet House

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.

Our inspection was announced and took place on 20 February and 1 March 2017. The inspection was carried out by one inspector. One weeks' notice of the inspection was given. This was because of the uniqueness of the service. We needed to ensure that the providers would be available to answer any questions we had and provide the information that we needed. We also wanted to ensure that we inspected at a time when we would be able to meet some people who used the service and relatives.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We also asked the local authority to give us their view on the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with three people who used the service and spoke with six relatives. We looked at the care files for two people, medicine records for two people, training, complaints and safeguarding records and proposed quality monitoring processes.

Is the service safe?

Our findings

A person shared with us that, "No-one has been unkind to me. They [providers names] are very nice". Another person said, "No way. Everyone is kind here". A relative told us, "Absolutely no abuse. I would not let them [person's name] come here if I thought that was happening". Other relatives we spoke with also told us that they did not have any concerns regarding abuse. The providers told us that they had received training in how to safeguard people from abuse and records confirmed this. Since our last inspection one provider had referred an incident to the local authority safeguarding team and to us, The Care Quality Commission that they were worried about. This incident was not connected to the service or providers. They took that action to prevent a person being harmed.

A person told us, "I feel very safe here they [providers names] watch out for me". As with our previous inspection relatives we spoke with told us that their family members were safe when they stayed at Cygnet House. One said, "They [person's name] are safe. I have no worries". We saw that assessments had been undertaken to determine people's individual risks including going into the community and attending to their personal hygiene. As with our previous inspection we had not heard about any incidents or accidents that had occurred at Cygnet House and the providers told us that there had not been any. We saw that procedures were in place in case of emergencies that included the evacuation of the building if there was a fire.

As with our previous inspection the providers gave us a good account of how they would respond to emergency situations. This included the need to assess the situation and dial 999/ or call the GP if that was needed, inform the relatives and make a written account of the incident. This would give people assurance that the providers knew the processes they should follow if a person had an accident or became unwell.

The people we spoke with told us that they had not been prescribed any regular medicines but if they did they would be happy for the providers to support them with these. A relative shared with us, "I am not aware of any problems with their [person's name] tablets". We found Medicine Administration Records [MAR] were completed for people who required support to confirm that they had taken their medicine correctly.

Both providers told us that they had received training to enable them to manage and administer medicines. One provider told us that they were looking to secure some refresher medicine training to update their knowledge. We saw that locked cupboards were available to store people's medicine to keep it safe and prevent it being accessed by any unauthorised person.

A person said, they [providers names] are always here and look after me". Another person said, "[providers names] get me from my centre on time when I finish and are always there to help me". A relative said, "One of them [the providers] or usually both, are there to watch [person's name] at all times, I have no worries". The providers operated the service. No other staff were employed. One provider told us at our previous inspection that during the time that the service had been in operation only once had they had to cancel a person's stay because of illness. At this, our most recent inspection, they told us that there had not been another time when they had to cancel a person's respite stay.

At the time of their registration with us we undertook checks on both providers. These included the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check shows if a person had a criminal record or had been barred from working with adults. These checks ensured that the providers were suitable and safe to run the service.

Is the service effective?

Our findings

A person told us, "I love coming here". Another person said, "I like staying with them [the provider's] it is good. I enjoy it". A relative told us, "It is a brilliant place. We have tried other places but they [person's name] would not go. They [person's name] love going to Cygnet House". Other relatives we spoke with were also very complimentary about the way their family members were supported. One relative said, "It is a pity there are not more places like Cygnet House".

The provider's operated the service themselves. There was no need to employ any other staff. As with our previous inspection the providers told us that if they ever employed staff they knew that they would have to put induction packages into place. These would include staff looking at policies, procedures, having an introduction to the people who used the service, and working alongside the provider's to gain experience. Both providers also knew that if they employed more staff in the future they would need to provide them with day to day help and support which would include supervision sessions.

A person said, "They [providers names] look after me well". Another person told us, "They [providers names] do everything good to look after me. They know what I like". One relative said, "They [providers names] provide a very good service. They know how to care for each person". Another relative told us, "Excellent support. They [providers names] have the knowledge and experience required". As with our previous inspection the providers told us that they had been lucky as they had accessed a number of training sessions from the local authority. They both told us that they had the training they needed to enable them to do their job effectively. We saw training certificates to evidence this. One provider told us that they were in the process of accessing some refresher training to ensure that their knowledge was up-to-date.

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 where personal care is being provided must be made to the Court of Protection. The providers had knowledge of the principles of the MCA. They told us that there had not been a reason to apply to the Court of Protection as no person who used the service had required this.

A person shared with us, "They [providers names] ask me, shall we do this? shall we do that? I say yes or no". Another person said, "They [providers names] ask me before we do things". A relative said, "I have absolute confidence that [person's name] is asked before anything is done". As with our previous inspection the providers confirmed that people would not do, or agree to anything they did not want to. They told us that people were given everyday choices regarding the time people went to bed, what they wanted to do and what they wanted to eat.

A person said, "I choose what I want to eat every day. I have healthy things. I want to lose weight and they

[providers names] help me". Another person told us, "I have what I want. They [providers names] ask me. I like the food". Relatives we spoke with told us that they had full confidence that the providers offered their family member's the food and drink that they preferred. One relative said, "They [person's name] tell me how much they enjoyed the food during their stay". We looked at two people's records and saw that their food and drink likes and dislikes were recorded. The providers told us that they had known most of the people who stayed there for a number of years and knew what they liked to eat and drink. One provider told us, "As always, people are given choices we ask them what they want". Records we looked at did not highlight that people had any cultural or medical dietary needs. The provider's confirmed that this was correct. However, they did highlight to us that they encouraged people to take a healthy, varied diet during their stays.

A relative told us, "I am sure if they [their family member] were ill when they were at Cygnet House they [providers names] would deal with it and let me know". The providers told us that they would be more than happy to take a person to a planned medical appointment if it fell within the time they were staying at Cygnet House. This highlighted that although people dealt with their own health appointments outside of the time they stayed at Cygnet House, in the event that medical attention was needed during a stay the providers would provide any support needed.

Is the service caring?

Our findings

A person shared with us, "They [the providers] are lovely to me". Another person said, "They [the provider's] are nice and kind". A relative said, "I could not hope for more. They [the providers] are both very kind and caring". Another relative told us, "They [the providers] really care. It is wonderful". We saw that the providers showed compassion to the people who used the service. One person was unsettled. We saw that a provider sat and spoke with the person and gave reassurance and they calmed.

A person told us, "It is happy here" [referring to the atmosphere]. Another person said, "I have peace here". As with our previous inspection all relatives we spoke with commented on the atmosphere at Cygnet House. They said it was, "Warm", "Friendly" and, "Caring". A person told us, "I ring my mum". A relative said, "I can have contact with them [their family member] if I want to. I can telephone at any time".

A person said, "They [providers names] let me wash myself", and, "I do a bit of cleaning and make my toast and drink". Another person said, "I shower myself". A relative told us, "They [person's name] are very much encouraged to be independent". A relative said, "They [the provider's] are very polite". As with our previous inspection both providers gave us a good account of how they promoted people's privacy, dignity and independence. They told us that people who stayed overnight with them were provided with a bedroom that they could use as their 'own' whilst they were there. They told us that they would never enter the bedroom without knocking the door and waiting for a response and this was confirmed by a person we spoke with. The providers told us that some people liked to have time on their own in their bedroom to read their magazines or listen to music and this is what they did.

A person shared, "I get my own clothes and dress myself. They [one provider's name] put my nail varnish on. I like that it looks nice". Another person told us, "I get dressed and choose my own clothes". A relative told us, "When they [person's name] come home from their stay they always look clean and tidy". One provider said, "People always choose what they want to wear everyday". We saw that people wore clothes that were appropriate for the weather and reflected their individuality. These actions ensured that people dressed in the way they wished and that their self-esteem was enhanced.

As with our previous inspection we saw that the providers had written contact details for accessing advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. One provider confirmed that no person required an independent advocate at the present time.

Is the service responsive?

Our findings

A person said, "I came here to look at first. I liked it". Another person said, "I came to see if it was nice here before I stayed without Mum". As with our previous inspection the providers told us that people were offered an introduction to the service before they stayed for a longer time. This could include an hour visit to say hello, a tea time visit, and/or an overnight stay.

A relative shared with us, "Loads of questions were asked and I had to fill in forms so that [providers names] would know how to look after them [person's name]". The providers told us that they undertook assessments of people's needs before they offered them a service. Records we saw confirmed that assessments of need had been undertaken for each person these included, people's food and drink likes and dislikes, risks, individual preferences which included whether people would prefer a bath or a shower, their rising and retiring times and their leisure time interests. This would ensure that the providers had enough information to be able to meet people's individual needs in the way that they wanted, and to keep them safe.

A person said, "I love it when I am here with [other people's names]". Another person said, "I get on with other people here". A relative said, "They [person's name] have made friends with other people". As with our previous inspection the providers told us about the 'matching process' that they used. They said, "We have to make sure that people get on so that everyone benefits and enjoys their stay". This highlighted that the matching process for people in operation was working well to ensure that people had positive relationships with each other during their respite stays.

A relative told us, "The arrangements are flexible". Another relative said, "We book the dates we need for respite. Obviously as there are only two places we need to book as soon as we know what dates we need". We heard a relative speaking to one provider about the dates they required for future respite stays to ensure that this fitted in with their plans.

A person said, "I like walking and go for walks when I am here". Another person said, "I go to college when I am at home and still go when I am here". A relative told us, "They [person's name] attend their day time and evening activities. They [the providers names] take them and fetch them". As with our previous inspection the providers told us that they would support people to attend religious services if they wanted to, but no one at the present time wanted this. The providers also told us that when people stayed there for a week or more they participated in a range of activities and gave examples of shopping trips and swimming.

A person said, "If I was not happy I would tell them [the providers names]". Relatives told us that they knew how to complain. A relative said, "I have no complaints at all. The opposite in fact, everything is so good". Another relative said, "I would be confident to raise any complaints. I know they would be dealt with. I have never had a complaint or concern". We saw that the complaints procedure was available within the service handbook that was given to people and their relatives. The provider's confirmed that they had not received any complaints to date.

Is the service well-led?

Our findings

At our previous inspection we found that records were not concise regarding the receipt of people's medicines when they arrived at the service for their stay. This inspection, the providers told us, and records confirmed, that they had communicated with relatives about their legal responsibilities concerning medicine safety management. This involved the need for them to be absolutely sure what medicines they received at the start of any person's stay to ensure that these were the correct medicines. They told us that this had improved to some extent but the information had not been provided for all people by their relatives. They told us that their intention was to repeat the exercise to improve the situation further to prevent any risk to people. At our previous inspection we also found that there was no monitoring of the temperature of the cupboard where medicines were stored and no records of the support provided to people each day or the activities they engaged in were made. This inspection we found that those issues had been addressed.

A person said, "I love it here it is very good". Another person said, "It is so good here". A relative shared, "The service provided is excellent. It is the best I have ever known. They [providers names] run a good place". Another relative said, "I cannot speak highly enough of Cygnet House. It is run to a very good standard". As with our previous inspection other relatives we spoke with were also very complimentary about both providers and the service provided.

A person said, "They [the providers names] are kind. They spend time with me". Another person said, "They [the providers names] are my friends". A relative told us, "I am listened to they [providers names] are approachable and helpful". Another relative said, "They [the providers] are lovely. They are approachable, take an interest and listen". Other relatives used the words, "Helpful", "Professional" and "Wonderful" to describe both providers. We saw that the providers engaged with people and had conversations with people and that they were comfortable and at ease in their presence.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The providers confirmed to us that there had been no serious injuries. However, they had informed us of a safeguarding concern that they had identified. This was not connected to the actual service. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the providers web site to our last report and rating and the report was on display within the service. This showed that the providers were meeting those legal requirements.

A relative said, "I am asked my views when I pick them up [person's name] and drop them off". Another relative told us, "Communication is very good. We [the family] are asked if things are ok and everything is ok". There were no processes in place to formally gain feedback from people who used the service and their relatives. However, the providers showed us feedback forms that they had produced and were planning to put into use within the next few months. The providers did not have formal systems in place to monitor their service. As with our previous inspection, the providers told us that as it was a small service and they ran the place themselves, it was hard to audit as they would be auditing their own work. They told us that they may implement systems in the future.

