

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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Cygnets House is a residential care home providing accommodation for people who require personal care. People do not live at Cygnets House, they visit for a short break. The support is provided within the providers own home. Some people used the service a few times a year, others regularly for evening and overnight support. The remainder of the time people live with their families in the community. At the time of inspection, 14 people were regularly using Cygnets House, with a maximum occupancy of two people at any one time. The providers ran the service. No other staff were needed or employed at the time of our inspection.

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the management team at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

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

We have made a recommendation about the providers processes and keeping their knowledge up to date. We have made recommendations about mental capacity and deprivation of liberty.

The providers demonstrated an open and fair culture. Relatives had confidence in the provider.

Relatives felt their loved ones were safe. The provider had a good knowledge of safeguarding processes. Peoples needs were assessed prior to receiving a service and care plan and risk assessments reflected this. People received their medicines safely.

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.

People were treated with kindness and compassion. People's privacy and dignity was maintained. People were encouraged to be independent.

People were encouraged and supported to access the community. People were supported in a person-centred way. Peoples personal preferences were identified in their care plans.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support and focused on them having as many opportunities as possible. 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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 23 March 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Cygnnet House

## 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 one inspector.

#### Service and service type

Cygnnet House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We met two people who were using the service. We spoke with the providers. We reviewed four people's care records, a sample of medication records, safety checks and policies and procedures.

After the inspection

We spoke with five relatives about their experience of the care provided.

# 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

- Relatives told us their loved ones were safe. Comments included, "I think [person] is very safe" and, "It's a big thing for [person], they would not go there if they did not feel safe."
- The providers knew what signs of abuse to look out for. They could tell us their responsibilities to keep people safe and the correct procedure to report concerns.

Assessing risk, safety monitoring and management

- Peoples needs were assessed prior to them being offered a service and a pre-entry risk assessment was completed. The needs assessment covered areas such as environmental risks and risk in the community. People had short visits for lunch or tea, prior to staying overnight, to establish if the service was right for them.
- Care plans and risk assessments contained information about people's needs and how they needed to be supported to stay safe. Although the plans did not contain lots of detail, the providers knew people well and could tell us in-depth, about peoples support needs.
- Weekly fire safety checks had taken place and there was a procedure for how people would evacuate in the event of a fire.
- There were no formal checks in place to monitor fire extinguishers were still in good working order. However, the gauge on the extinguisher showed it was properly charged and there was no evidence to show the extinguisher had been used or damaged. The provider ordered new equipment on the day of inspection and said they would add this to their fire safety checks.

Staffing and recruitment

- The providers showed us they had a subscription with the Disclosure and Barring Service (DBS) and their DBS was checked and up to date. The DBS check shows if a person had a criminal record or had been barred from working with adults. These checks insured the providers were suitable and safe to work with vulnerable people.

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.
- Relatives told us they felt their loved one's medicines were managed in a safe way, one relative said, "They [providers] are very hot on that, last week [registered manager] called me straight away and said I'd forgotten to send the medicines."
- The registered manager had no formal processes to record if people required their medicines covertly. After the inspection the registered manager confirmed they had established a process, where they would

contact individual peoples GP's. Covertly means without the person knowing.

#### Preventing and controlling infection

- Bedrooms and the communal areas of the home were clean, tidy and smelt fresh.
- Fridge and freezer temperatures were checked and recorded to ensure food was stored appropriately and safe to use.
- We observed the providers promoting good infection prevention. For example, good hand hygiene was observed, and the registered manager told us they disposed of cleaning equipment after use, to prevent the spread of infection.

#### Learning lessons when things go wrong

- The registered manager told us there had been no incidents since the last inspection that involved learning lessons. The providers understood their responsibilities to raise concerns and learn from it.

# 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.

Staff support: induction, training, skills and experience

- We asked relatives if they felt the providers knew their loved ones and met their need, they told us, "Yes they are very experienced", "Oh gosh yes, yes defiantly" and, "They know [person] very well and [person] knows them very well."
- The providers had completed one training courses since the last inspection. This was in relation to a person specialist medicine; no other training had been completed. However, the providers had the right skills and experience to support the people who used their service. The registered manager confirmed, after the inspection, both providers were undertaken training in areas such as first aid and food hygiene.
- No other staff were needed or employed at the time of our inspection and the provider told us they did not plan to employ any staff.

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

- People's needs were assessed prior to them using the service. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their culture, religion, ethnicity and disability.

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

- We observed people being offered choice in what they ate and drank. People were offered drinks and snacks throughout the day alongside their meals.
- The provider understood where people may have specific food requirements. This was in relation to likes and dislikes that may limit what people would eat. The provider was able to tell us about one person who had a limited diet. They told us about the certain foods the person would eat and how they liked it prepared.

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

- Peoples ongoing care and support needs were dealt with outside of Cygnet House. However, the provider communicated with external professionals where appropriate. For example, an epilepsy nurse had provided specific training to the providers for an individual.
- The registered manager told us they encouraged people to have a healthy balanced diet. They said, "Some people may be on a diet and ask to do healthy eating, so we plan the food and the meals. We give everyone a choice of what they want."

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

- The home was warm and welcoming, and relatives told us it met the needs of their loved ones. A relative said, "We tried many places, and this is more like staying at a family home, for [person] and ourselves, it's a perfect experience."

#### 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.

- Relatives told us their loved ones were able to make choices about their day to day care. Relatives said, "Yes, [person] will make their own choices", "[person] will say if they don't want to do something" and, "Yes, [can make decisions] but it depends on the decision, [person] would say no."
- We observed people making choices about what they had for breakfast and lunch and what they did with their day.
- The provider had a good knowledge and understanding of the principles of the MCA. However, they needed to ensure processes were formalised.

# 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

- Relatives spoke highly of the providers and the service they ran. They felt their loved ones were treated with kindness and compassion. Comments included, "Just absolutely fantastic", "The impact [the service has] is indescribable", "[Person] is made to feel welcome, [person] is part of their family" and, "It's a great relief that we have found somewhere like that."
- We observed the providers listening to people's wishes and supporting people to be in control of their day. For example, one person requested to go out, the providers helped them check their money and talk to them about where they wanted to go and what they wanted to buy.
- We saw positive interactions between people and the providers. The registered manager told us, "People will give me a hug when they go home and that means a lot."
- No one had any religious or cultural needs. The providers told us they would support people in these areas if they needed it.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us the providers encouraged people to be independent. One relative said, "[Registered manager] makes [person] more independent. When they are at home I do everything for them. At Cygnet House, they put their plate in the kitchen. They unpack and repack their case."
- Relatives told us their loved ones were treated in a dignified and caring way and their privacy was respected. A relative told us, "We don't feel like it's a business, [person] is treated as an individual in a caring environment."
- People's privacy and dignity was maintained. For example, we observed the provider asking people before entering their bedrooms.

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

- People were able to choose if they stayed at Cygnet House. Some relatives told us their loved ones would tell them they wanted to go. Other relatives said their loved ones could not verbally express they wanted to stay at Cygnet House, but they were always pleased to be there. A relative said, "It's their choice to go there, we ask them every time if they want to go and they can choose."
- The providers encouraged people to make day to day decisions about their care. For example, people were able to choose what time they got up and when they went to bed. A relative said, "Cygnet House expands their world. [Person] is part of a family and it's a good experience."

# 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.

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

- The providers had created a positive lively home with a wealth of activities and a warm welcoming atmosphere. A relative said, "It's home from home and that's what we like."
- People who stayed at Cygnet House had the opportunity to be involved in family life as well as accessing interests that were important to them. We observed people being offered choice to participate in family [group] activities or choose to do things on their own.
- Relatives felt their loved ones had plenty of activities when they stayed at Cygnet House. A relative told us, "Yes, more than enough. [Person] goes out to the park, to town, to charity shops. Where ever they want to go [providers] take them, they have been fishing, all sorts. [Person] went to a birthday party with [providers], they do loads of stuff."
- Cygnet House had a pet dog and we observed people interacting positively with the dog. A relative told us, "They have animals as well which is fantastic, we don't have a dog and its lovely for [person] as we can't have one."
- The provider had good knowledge of local activities, social groups and clubs. They told us they had recently supported someone to join a club, the person accessed this when they weren't staying at Cygnet House. The provider told us the person was really enjoying this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had a person-centred approach and ensured people had choice and control. A relative said, "[Person] has the same rights and choices as we give them. [Person] is treated as an equal, a family member."
- People's care plans held information regarding their personal preferences, likes and dislikes and people who were important to them. They also contained a section called 'what people like about me' which included comments like 'funny' and 'charming'. This showed a person-centred approach to care planning.
- People's care plans had not been formally reviewed, however the providers had a good knowledge of people needs. Relatives felt the providers knew their loved ones well. A relative said, "I wouldn't leave [person] if I didn't think they could support or look after them properly."

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.

- The providers understood each person's communication needs and these were reflected in their care plans. We observed the provider using sign language to communicate with someone.

#### Improving care quality in response to complaints or concerns

- The provider had a formal complaints procedure and a handbook was given to people and their relatives when they started to use the service. No complaints had been received since the last inspection.
- Relatives knew how to complain to the provider and externally. One relative said, "I'd contact [providers]. I'd contact [persons] social worker and also inform the council. Yes, I have a copy of the complaint's procedure." Another relative said, "First of all, I'd sort it out with [providers]. I would get in touch with social services. I don't remember if we had a complaints procedure, probably have but never needed it."

#### End of life care and support

- The service do not deliver planned end of life care. Relatives were reassured that the provider could support their loved ones if there was an emergency.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider needed to ensure they formalised processes, for example capacity assessments, DoLS and medicines.
- The provider was not always up to date with current legislation and regulatory requirements.

We recommend the provider develops networks to enable them to keep their knowledge up to date with regulatory changes and relevant legislation.

We recommend the provider consider current guidance in relation to mental capacity and DoLS and consider if any DoLS applications need to be submitted.

- Notifications had been sent to CQC of events which had occurred within the service in line with legal requirements.
- It is a legal requirement that the overall rating from our last inspection are displayed within the service and on the provider's website. Ratings were displayed in the home; the provider did not have a website.

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

- The providers promoted a person-centred approach and relatives felt their loved ones received a 'home from home' service. Comments included. "It's only a small family home so makes it feel like [person] is going to another member of the family, and that's just so rare." Another relative said, "I know [person] can still have a quality of life we would give them and expect them to have."
- The providers both demonstrated they promoted fairness, transparency and an open culture. Relatives expressed confidence in the management team, they told us, "We and [people], trust [the provider] implicitly." Another relative said, "I can't speak of them [providers] highly enough, it's quite a pleasure to be able to say that to somebody and tell them what [Cygnet House] is like."

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

- Relatives said they could approach the providers to discuss any concerns and felt the providers would do the same.
- The registered manager understood what their responsibilities were in relation to duty of candour. The registered manager told us they had not read the CQC duty of candour guidance but would read it. There

had been no incidents that required the registered manger to follow the specific requirements for when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider communicated with the GP, social workers and other professionals when required. This evidenced partnership working between the provider and external professionals to enable positive outcomes for people.
- Relatives told us the provider encouraged open communication. Comments included, "If [provider] has any concerns about [person] they will always phone me", "They are good at communication" and, "I think the fact that we are able to communicate with each other, eliminates any concerns."

Continuous learning and improving care

- The provider told us they were continuously improving to provide an even better service for the people they supported. For example, the registered manager had recently passed their driving test. They told us this would open up more opportunities for activities for people and enable them to be more diverse.