Cygnet Care Limited

Manor House

Inspection report

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Date of inspection visit: 27 February and 2 March 2015
Date of publication: 15/05/2015

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

Overall summary

This inspection took place on 27 February and 2 March 2015. It was unannounced and carried out by one inspector.

Manor House provides care and accommodation for up to 47 older people, some of whom may be living with dementia.

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

There were enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Summary of findings

Staff were well trained and understood how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent staff and the management team ensured their rights were protected.

People had enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support. Staff also made sure that people who were becoming unwell were referred promptly for advice about their health and welfare.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance promptly when people were distressed or agitated.

The care that people received was focused on the individual person and not task orientated. Staff showed a high level of commitment to understanding and responding to each person's needs, preferences and histories so that they could engage meaningfully with people. They were skilled at responding to people who were living with dementia, showing insight into the way some people may respond and why. Activities were planned in a way that took into account people's interests and experiences.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives were confident that any complaints they made would be properly addressed by the manager or provider.

The service had good and consistent leadership. The provider and manager took responsibility for monitoring the quality and safety of the service and asked people for their views so that improvements were identified and made where possible. They sought out information from other sources and services to see what would be of benefit in improving the service people received at this home. There was a minor oversight in relation to some incidents which needed to be notified to the Care Quality Commission and had not been. This was put right following discussions with the manager. Staff were clear about their roles and well-motivated.

Summary of findings

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.

People were supported by enough, suitable staff who were robustly checked for suitability to work in care when they were recruited. Staff understood the importance of reporting any suspicions of abuse or harm.

Medicines were managed well and risks to people's safety were assessed and managed.

Good

Is the service effective?
The service was effective.

People were supported by competent staff who understood the importance of protecting the rights of people who were not able to make decisions for themselves.

People had enough to eat and drink and staff sought advice about people's health when it was needed.

Good

Is the service caring?
The service was caring.

Staff showed warmth, compassion and respect when they supported people. They respected people's dignity and responded kindly to people who were anxious or agitated.

Good

Is the service responsive?
The service was responsive.

Staff delivered care in a way that was focused on individuals and they understood what each person's needs and preferences were. Activities were on offer which took into account people's past histories and interests.

Staff took concerns and complaints seriously and people (or their representatives) were confident they would be addressed.

Good

Is the service well-led?
The service was well-led.

Staff were well motivated, clear in their roles and responsibilities and worked well together as a team.

There was a registered manager in post with considerable management experience and a track record of delivering good quality services for people. Systems for monitoring the quality and safety of the service were robust and took into account people's views about improvements that could be made.

The provider and manager were proactive in developing links with other organisations to identify improvements and best practice and in keeping up to date with their legal responsibilities.

Good

Manor 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.

This inspection took place on 27 February and 2 March 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we looked at all the information we had available about the home. This included the information the manager returned to us before our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications made to us.

Notifications are changes, events or incidents that providers must tell us about by law. We used this information to help decide what we were going to focus on during this inspection.

During our inspection we spoke with five people using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives and a GP providing services to people living in the home. We interviewed seven members of staff including an assistant manager, activities coordinator and training officer. We also spoke with the registered manager and two of the provider's representatives.

We gathered information from two members of the local authority's quality assurance team. We reviewed care records for four people and medication records for nine people. We also reviewed other records associated with the management of the service, including maintenance records, quality assurance records and surveys.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe and well treated by staff. One person told us, "I have no complaints. I feel safe here." Another person said, "You hear about homes where awful things happen but I don't think they would happen here." A relative for someone who could not tell us themselves about their care said, "The service has been safe from the word go." Staff spoken with were able to tell us about the signs of abuse and were clear about their obligations to report any concerns so that people were protected.

We also spoke with the training manager who told us how training in safeguarding was delivered and showed us the information that was covered in their training 'hand out'. This included clear guidance for staff and the importance of staff raising concerns at work by blowing the whistle on poor practice. This contributed to ensuring people were protected from avoidable harm and abuse.

We spoke with staff about how they managed behaviour that was difficult and intervened when people became agitated. They were clear that they did not use restraint and understood the importance of people's backgrounds and what was important to them in identifying triggers for agitation or anxiety so this could be avoided. They were able to describe how the Dementia Intensive Support Team had also provided additional advice about how to work with one person successfully and in a way that minimised agitation.

Our discussions with the manager and a member of the quality assurance team showed us that the manager responded promptly to any concerns, including reporting incidents to the safeguarding team when appropriate.

The risks to which people were exposed were assessed and managed. For example, care records contained an assessment of people's risks of not eating or drinking enough, of falls and of developing pressure ulcers. Staff were able to tell us how they addressed these. For example, they told us how some people were repositioned if they were not able to do this for themselves so that risks of their skin condition deteriorating were managed.

We spoke with the providers of the service about checks that were made to ensure the premises and equipment were managed safely and saw underpinning risk assessments for the home. We confirmed from records that equipment was tested regularly and concerns about maintenance were addressed promptly. This included for example, the fire detection system and hoists used for moving and handling people. We saw that maintenance stickers on the hoists and fire extinguishers we examined confirmed regular testing to ensure the equipment was safe and would work properly when it was needed. Staff confirmed that they had training in first aid and in fire safety. They were able to tell us what action they would take in response to the fire alarm sounding, dependent on where they were working in the building.

During our observations we saw that there were sufficient staff present in communal areas to assist people when this was necessary and to respond to requests for assistance promptly. The manager and providers also told us how they had increased night staffing levels and made sure that there was a designated senior on shift, in response to increasing numbers of people living with a degree of dementia and requiring more support. Staff told us that they felt staffing levels were always sufficient to support people safely and also that these had improved in the three months or so leading up to our inspection.

Staff told us about the checks that were made when they applied to work at the home, including checks with references and proof of their identity. They were asked about their employment history and said that checks were also made to see if they had a criminal record. We concluded that recruitment checks contributed to protecting people from the unsuitable applicants being appointed.

We reviewed the systems for storing, recording and administering medicines. We found that medicines were kept securely so that they were protected from anyone accessing them who was not authorised to do so. There were regular checks to ensure they were recorded and administered as expected. We selected a sample of records at random from both parts of the home, including controlled drugs. These drugs require additional precautions in their storage, recording and administration. We saw that balances in stock corresponded with expected levels.

We noted that some people were administered medicines covertly and discussed this with the manager. There were

Good

Is the service safe?

able to tell us how they discussed each person's capacity to understand the importance of their medicines, for example in controlling diabetes, before this decision had been taken in discussion with their doctor and family.

Staff confirmed that they had training to administer medicines safely and this was updated regularly. One staff member described how, in addition to theoretical training, they observed experienced members of staff and were then observed themselves until they felt competent and confident to administer medicines safely.

We noted that one person was prescribed a medicine for use when necessary to control agitation without a clear protocol for when it was to be used. Their medication records showed that the medicine was administered on a regular basis. However, the daily notes regarding the person's behaviour did not support that this was justified due to their behaviour. We discussed this with the manager and provider and they were able to identify that, if the person did not have it regularly they did become agitated and anxious. This was resolved with the person's GP during the course of our inspection to show it could be used for regular administration.

Good

Is the service effective?

Our findings

People we spoke with told us that the staff were good and knew what support they needed. One said, "They're very good." A staff member told us, "We have some very good training." We observed that staff using a hoist to transfer someone did this confidently and competently. They explained to the person concerned what they were doing at each stage and secured their cooperation so that the sling could be fitted properly.

The provider employed a training manager. They told us they had taken on an additional person to assist in preparing to deliver the new 'care certificate', so that they were ready to provide this training when it was introduced. Care staff told us that they had access to a good range of training and were able to give us examples of this. Core training such as fire safety, first aid and moving and handling was delivered regularly. Staff told us there was additional training in how to support people who were living with dementia. They also said that they were offered the opportunity to gain further qualifications and one staff member was visited by their assessor for this training while we were present.

The provider told us that staff were employed subject to a 'probation' period of three months which would be extended if necessary. They gave us examples of this happening if staff had difficulties understanding and applying the training they were given. We spoke with staff for whom this service was their first experience of care work. They told us they felt that their induction training had helped them develop in their roles.

The provider and manager had identified that supervision was not consistently taking place as expected during January and had developed a joint plan for improving this. However, staff told us that they felt well supported in their roles. They described more senior staff on shift as people they could go to if they were unsure about anything. They also said that the manager and provider were supportive and approachable for advice or with concerns.

We spoke with staff about how they gained consent from people before they provided care to them. They were able to tell us about how people's capacity to give informed consent may fluctuate during the course of the day. They gave us examples of how people may refuse assistance with their personal care and how they would return later or try a different approach to see if people would then accept assistance. We saw that this fluctuating capacity was responded to in a flexible manner. For example, we noted that one person had been assessed as unable to understand the importance of taking medicines regularly and that this had been given covertly after discussion with their family and GP. Staff told us how the person's condition had stabilised and they now understood the importance of having their medicines regularly. This meant that they were no longer administered covertly.

The manager and providers were completing further training in the application of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Some applications to the supervisory body had already been made to ensure people's rights were protected and the manager had allocated further time to ensure others were completed where this was needed. We found that the manager had ensured, where relatives were involved in making decisions on behalf of people, that they had the necessary authority under the MCA to make decisions about health and welfare.

People told us that the food was very good. One person told us about what they had chosen for their breakfast. Although we had not seen a choice offered for the main dish at lunch, a visitor told us that staff knew what their relative did not like and always offered an alternative. They said, "The food is excellent." Staff were also aware of people's food allergies or intolerances and how their diets were modified if necessary.

Menus were displayed in corridors although these were at a height that may not be seen by people using wheelchairs and were in small print. We observed the lunchtime routine in one dining area and saw one person ask a staff member if there was any sauce to go with the fish. They were told there was not and it was about ten minutes later before a different staff member fetched some vinegar and assisted them to apply it.

Staff knew who was at risk of not eating or drinking enough. One more senior member of staff was able to give us detail about what would lead them to think someone was not drinking enough and how this was monitored. Another member of staff told us how one person was at risk of not eating enough and they knew from their family that they had always been body conscious. They were aware of how this presented difficulties in encouraging the person to eat

Good

Is the service effective?

enough and combat recent weight loss. Staff told us how they supported the person to "…make the most of their breakfast", which was fortified, as they were more inclined to eat at that time of the day.

We saw that staff encouraged people with their meals and drinks. Where people needed assistance, staff sat with them to provide this. This included people who had chosen to eat elsewhere in the home other than in the dining rooms.

The provider told us how the arrangements serving lunch in one part of the home had changed very recently so that more people were encouraged to visit the dining room. They said this was being tried so they could see whether this increased people's inclination to eat and drink and it would encourage people to move around the home more. However, on the first day of our inspection we observed that the hot trolley was not delivered to the dining room concerned until almost 15 minutes after people had been seated, awaiting their meals. This led to some agitation from people who were waiting at the table with one person repeatedly calling out and others become irritated by this. On the second day of our inspection, arrangements had improved and people were assisted to the dining room after the trolley arrived so that they could be served promptly.

We spoke to people about what happened if they were not well. One person told us, "You've only got to ask and they get the doctor. The dentist is coming in next week." A visitor also commented, "My [relative] has not looked this well for many years. They have addressed all of [relative]'s medical needs and reduced all unnecessary medication [relative] was taking."

At hand over between shifts staff shared information about people's health and any concerns which needed monitoring. This included sharing information about the health needs of one person who had been living at the home for only a short while, so that staff knew what monitoring or support was required.

A visiting GP told us that they felt staff had a good grasp of people's needs and were able to offer prompt and good information about people's conditions or health when they asked for it. They went on to say that the manager was particularly knowledgeable about people living in the home. They felt that staff referred people for health advice promptly when this was needed. We also found from discussions that the Dementia Intensive Support Team had been involved as had speech and language therapy and the psycho-geriatrician. The district nurse also visited people when this was necessary.

Good

Is the service caring?

Our findings

People spoken with said they felt well cared for by staff. One told us, "They're all lovely." Visitors to three people told us how kind they felt the staff were. One commented, "What stands out more than anything is the friendly and caring way that staff at all levels and in all roles treat the residents. They always have time for them and are never too busy to talk to them affectionately." Others commented, "I have never heard any impatience from staff. They take their time with people. The attitude is good." "None of the staff is ever rushed or flustered."

Anonymous survey responses sent to the provider also made positive comments. One described staff as "…absolutely superb. Nothing is too much trouble." Another went on to describe the staff as extremely kind. Of the 22 responses received, everyone described the helpfulness of staff as good or excellent." A visiting GP also told us that they had never heard any inappropriate interaction between staff and people living there and that the home was always happy and welcoming to them.

We observed that staff responded promptly to someone who was distressed. We knew from a visitor that this person was often anxious and frightened but saw that staff responded promptly to offer reassurance. For another person on the first day of our inspection, we observed that they were very restless. We saw that staff intervened promptly whenever the person became restless, asking them where they wanted to go before assisting them to move each time. This happened repeatedly and each time staff always maintained a patient, calm and reassuring manner.

Three people spoken with were not able to confirm whether or not they were involved in developing their plan of care. They told us they could not remember being asked. However, relatives spoken with told us that they were consulted and involved. One said, "I'm always involved in decisions." The provider's survey of relatives confirmed that the majority felt involved in discussions about people's care although this was not the case for all of them. Where one visitor said that they did not feel involved, they did go on to comment that if they did have concerns about the person, staff always answered and addressed them. A staff member told us how sometimes relatives were involved in reviewing and updating care plans for people who were living with dementia. They said they thought that there were plans to increase this further.

For one person who had newly arrived at the home, we heard from discussions at hand over between shifts, that they and their family had been involved in discussion of their preferences. The information shared with staff took into account the views of the person and their family. The staff team were given information that the person was aware of the risk and staff should not intervene if the person wanted to get out of their chair as they preferred to do this on their own. This contributed to ensuring the person's freedom to be as independent as they wanted to be was supported and respected.

During the course of our inspection, we saw that people's dignity was promoted. For example, where one person needed assistance with continence, a staff member spoke quietly and discreetly to them before taking them to the bathroom. We also observed that staff tapped on people's room doors, opening them a little before checking if they could go in if this was appropriate. Staff were able to give us clear examples of how they promoted people's dignity while they were delivering personal care.

Good

Is the service responsive?

Our findings

One person who had some difficulties with their speech was provided with laminated picture cards with common requests they might make to staff for assistance, for example in choosing drinks, whether they wanted their light on or off. The person was able to indicate to us that they used the pictures if necessary so that staff knew what the person was asking them to do. A visitor described the care that people delivered as "…person centred." This view was supported by a local authority quality assurance officer who had visited the home.

Staff were able to tell us about the needs of people they were supporting. This included information about how they were expected to meet people's personal and physical health care needs. They described their duties in relation to meeting each individual's needs rather than as a series of tasks they needed to complete on each shift. They were able to tell us about people's preferences, including that one person liked to spend time in their own room because they did not like being in a busy or crowded environment.

We saw that senior staff delivering 'hand over' to the incoming staff provided clear information about people's support needs and that staff were able to question and clarify anything they were not sure of. The information shared with staff was specific to the needs of each individual. One staff member told us, "It doesn't matter how much you have training, unless you know the person with dementia you don't know how to support them properly." Another staff member was clear that understanding the person's background and history had given them an insight into why they might become agitated or respond in a particular way.

One person commented that they did not like the larger group activities but did enjoy reading and there were plenty of books to choose from. They also went out each week to a lunch club. Another person described how they were reading to try and improve their word recognition after a stroke but were finding this difficult. The person also told us how much they had enjoyed the entertainer who came in to sing with people during our inspection. Another person said they liked to spend time in their room with their newspaper, television or radio. Staff told us how they made sure they went to see people who were spending time in their rooms to ensure they were not isolated.

Two members of staff were dedicated as activities coordinators, covering seven days a week so that people had someone who would encourage them to engage with their hobbies and interests. One of these staff told us about what had been planned and how people's views were taken into account in terms of what was offered. Activities had included a visit from a local supermarket baker and many people had enjoyed making and baking scones as they used to at home. During the course of the afternoon of our inspection, a large group of people joined in with a visiting singer. We heard people singing along and saw lots of smiles with people tapping their feet. People had also been involved in making 'fat balls' for the birds as well as discussing bird life. Part of a window was decorated with daffodils that people had made for St David's Day over the weekend between our two visits. The activities coordinator spoken with also told us about activities that had taken place outside the home, including a trip to a local garden centre before Christmas so people could enjoy the displays of decorations. They told us there were plans underway for a visit to a craft barn and a group of people had been able to visit a rural life museum during summer 2014.

Both activities coordinators kept records of who had engaged with activities, how they had gone, what problems there were (if any) and how they had been addressed. For example, we saw that one person had got cross about not being able to join in properly with a quiz because they could not hear the questions. The staff member had recorded that they resolved this by ensuring they faced the person concerned and wrote down the question if they were still struggling. This helped to ensure activities could be tailored to increase people's enjoyment and people who did not join in could be identified so they did not become isolated. It also helped the staff responsible to ensure a variety of activities was on offer which people would enjoy.

We asked three people if they knew how to complain. They could not remember being given any information to tell them how to do this but said they had probably forgotten. However, they did express their confidence that the manager would sort out any issues they had. One person told us if they did have a complaint, "I would need to speak to her [the manager]. She'd sort things out for me." A visitor told us, "I have raised issues with [the manager]. She was excellent." Another person commented, "I am very happy with the staff. I have no complaints."

Good

Is the service responsive?

Staff spoken with understood the importance of responding promptly to concerns so that they did not become more serious complaints. For example, one staff member told us that if someone raised a minor concern that was easy to address, they would put things right straight away. They said that if they were not able to resolve the concern they would make sure that a senior member of staff or the manager was made aware so that it could be investigated.

Good

Is the service well-led?

Our findings

People told us that they felt their views were listened to, although our observations indicated that most would need assistance to comment about the quality of the service in a survey. One person described the manager as "…a diamond." A visitor commented to us, "The senior staff are visible and approachable and know their residents and their staff well." Another said of staff, "They all work together as a team. The manager is very good and will draw a line in the sand if it is needed." They described one of the providers as "…hands on. She always knows what's going on." Staff told us they felt they worked well together. One commented, "Morale is good. It's supportive. I really enjoy coming to work." Another said, "Management is very supportive. I'm comfortable with all of them. We all support each other…. I love it here to be honest."

There was no formal survey questionnaire for staff. However, staff said they were confident about raising any issues with members of the management team. They told us that although there were not regular staff meetings for all staff, they were kept informed and there were hand over meetings each day where they could discuss the running of the service. One staff member commented, "There is always someone to call on for help. The manager will help." They felt that the service was inclusive in that regardless of staff roles, they worked cooperatively. One cited an example of the cook being involved in staff hand over because of changes in someone's diet. Another gave us an example of how a visitor had made suggestions about their relative's anxiety and that team work from the staff had resulted in the person becoming less anxious.

One of the providers made regular visits to the service. Based on discussions and reports of the visits, people living and working in the home and visitors were asked for their views during these visits. This was in addition to formal annual surveys where people and relatives were consulted for their opinions about the way the service was being run.

We concluded that there was an open culture where the views of people living and working in the home and people's representatives were taken into account in the way the service was delivered.

There was a registered manager in post who registered there in 2010. This provided stability of leadership. The manager and provider had a good track record of complying with the standards expected by regulators. The staffing structure within the home ensured that there was support from assistant managers and regular visits from the registered providers to ensure good leadership was maintained. The manager and provider were proactive in ensuring they kept up to date with changes in regulations and laws affecting their business.

There was a minor oversight in relation to some incidents which needed to be notified to the Care Quality Commission and had not been. This was put right following discussions with the manager.

The provider had identified the need for additional resources to support the implementation of new training and to provide extra management support to progress some necessary work on the Deprivation of Liberty Safeguards. There were regular management meetings to keep this under review.

There were robust quality assurance systems in place. In addition to monthly checks by the provider there were quarterly audits which were more in depth and took place over two days. The manager received a report of these and any actions that were identified as necessary. A further action plan was also developed for consideration between the provider and manager as a result of questionnaire responses. Although the most recent survey was only in January 2015 and had not yet been fully analysed, we were shown records of discussions regarding suggestions for improvement that the management team had already drawn up. The manager carried out regular checks within the service including audits during the night to ensure the quality of the service was maintained at those times.

We also found that there were regular checks on the safety of the service, maintenance, cleanliness, training and medicines management. The providers were aware of recent changes in food safety legislation in relation to allergens. This contributed to ensuring that areas of improvement needed were identified and addressed promptly.

The providers told us how they worked alternative weekends as 'on call' support to staff within the services. They had also tried to establish links with other services and arrange visits if they were agreeable. They said that this had helped them make further improvements and to assess what might be useful in developing the quality of service at their homes. They described how they had

Good

Is the service well-led?

arranged visits to learn from design in buildings and décor for people who were living with dementia as well as the use of assistive technology. They were also able to describe meetings with the ambulance service and the local GP practice to develop relationships and ensure appropriate referrals were made with the relevant information.