Swanton Care & Community (Autism North) Limited

Eastcliffe

Inspection report

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15 February 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 13 and 15 February 2017. The first day was unannounced. The service was last inspected in October 2014 and was rated Good.
Eastcliffe is registered to provide residential care and support for up to ten adults with a learning disability or autistic spectrum disorder. At the time of our inspection there were ten people receiving a service living over three floors and in an independent flat within the grounds.

During this inspection we found the provider had breached a regulation. The registered manager failed to engage with relatives and inform them of changes to the service and staffing structure. Relatives felt communication with the registered manager was poor and they didn't meet with or see them regularly when they visited. The registered manager didn't hold resident and relative meetings but told us that they were exploring ways to improve communication. Eastcliffe is next door to its 'sister' home, Park Lodge. We found that the registered manager was present in the home during different times of the day but their office was based in Park Lodge. Quality audits were not always effective as they failed to identify that Mental Capacity Act 2005 assessments had not been completed in line with the Code of Practice.

Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns.

Risks to people and the environment were assessed and plans put in place to mitigate any identified risks. Policies and procedures were in place to manage medicines.

The provider ensured there were sufficient numbers of staff on duty to support people with their assessed needs. The provider followed safe and robust recruitment procedures.

The provider had an ongoing training plan in place to ensure staff were appropriately equipped with the right skills and knowledge to meet the needs of the people using the service.

Staff received regular supervisions and an annual appraisal to promote and encourage their personal development. People contributed to menu planning and were provided with a varied diet to meet their nutritional needs.

People had DoLS authorisations in place where required. However, MCA assessments completed by staff were not completed in line with the MCA Code of Practice as their capacity was sometimes pre-determined following stage one without always following the required two stage assessment process.

People were supported by staff in a caring, friendly, familiar manner. Staff maintained people's dignity and were respectful to their wishes. Staff explained support they proposed to provide to people and gained permission prior to doing so.

Advocacy services (this is where vulnerable people and people lacking capacity are supported to make decisions by independent persons who will promote and act in the individuals best interests) were advertised in communal areas of the service and were accessible to people and visitors. This helped to ensure people's rights were respected and their voice heard.

Staff knew people's individual preferences, interests and abilities. They also know how to communicate with each person in the most effective way to meet their needs.

The deputy manager was based at the home and was present throughout the inspection. Staff attended regular meetings in the home to discuss the people who used the service and identifying any potential improvements to 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.

Staff understood how to safeguard people and were confident in their roles.

Risks to people's health and safety were assessed and managed.

Staff were recruited in a safe way and there were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The service did not complete Mental Capacity Act 2005 assessments in line with the Code of Practice.

Staff received up to date training, regular supervisions and annual appraisals.

People were supported to access health care professionals.

Is the service caring?

Good

The service is caring.

Staff supported people in a caring, compassionate way and maintained their dignity.

People engaged positively with staff and spent time with them in communal areas and in the community.

People had access to information in relation to Advocacy Services.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to receiving a service. Care plans were personalised and reflected people's needs.

The service supported people to access a range of activities both in the home and out in the community.

The provider had a complaints procedure in place. Relatives knew how to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Relatives told us communication with the registered manager was poor and they didn't meet with or see them in the service when visiting. Changes to the service had not been communicated to relatives.

Quality audits were not always effective.

Staff attended regular meetings to discuss the service.

Eastcliffe

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 comprehensive inspection took place on 13 and 15 February 2017. The first day was unannounced.

The inspection was carried out by two adult social care inspectors on the first day and one adult social care inspector on the second day.

Before the inspection we asked the provider to complete 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. This was completed and returned within the required deadline.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioners of the service, the local authority safeguarding team and local Healthwatch. Healthwatch is the national consumer champion for health and social care.

We spoke with four people who used the service and two relatives. We also spoke with the registered manager, deputy manager, two team leaders, two support workers and a cook. We looked at the care records for three people who used the service, medicines records for three people and recruitment records for three staff. We also looked at records about the management of the service, including training records and quality audits.

Good

Is the service safe?

Our findings

People and relatives told us they were safe living in the home. When we asked people if they felt safe they told us, "Yes."

Staff had a good understanding of safeguarding and were able to name different types of abuse and potential signs to watch out for. Staff told us they felt confident in their roles to keep people safe and safeguard them from abuse. Safeguarding and whistle blowing policies and procedures were accessible for staff. Training records showed that staff had received up to date training in how to identify potential signs of abuse and safeguard people.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. Environmental risks were also assessed to ensure safe working practices for staff, for example, infection control, and slips, trips and falls.

The provider had systems and processes in place for the safe management of medicines. People received their medicines from staff who were trained. Medicine administration records (MARs) we viewed were fully completed with no gaps. Any reasons for non-administration were recorded.

Recruitment procedures were thorough and all necessary pre-employment checks were undertaken prior to new staff commencing work. For example, references and disclosure and barring service checks (DBS). These are checks carried out to confirm whether applicants have a criminal record or are barred from working with vulnerable people.

The registered manager told us they continuously monitored staffing requirements for the home based on people's individual needs. They went on to explain that they revised staffing levels in line with people's changing needs and arranged for additional staff when specific events were taking place. For example, day trips or events in the home. The registered manager did inform us that they didn't hold information of any specific one to one support people should have as this wasn't transferred when the new provider took over the service. She told us that she had experienced difficulties in engaging the social workers to carry out reviews of current need but that the provider was ensuring that one to one support was carried on until future assessments were complete. The registered manager did inform us that she had developed a plan to complete a full review of each person's care package with social workers, people and relatives to ensure each person's assessed need remained correct were being met safely with the correct level of staff in place. During the inspection we noted that one person's care package had been reviewed.

We reviewed staffing rotas for a four week period and found staffing levels to be consistent. Our observations showed that staff were on hand to engage and supervise people who lived at the home and support was readily available to these people as and when required. We observed plenty of staff around the home and accompanying people to activities in the community.

During the inspection the fire alarm sounded and people were evacuated from the home. We observed everyone being safely and calmly guided out of the home to the designated safe point.

The deputy manager and team leaders carried out regular checks of the building and equipment to ensure health and safety. Water temperature checks of baths, showers and hand wash basins were taken and recorded to make sure they were within safe limits to reduce the risk of people being scalded.

Requires Improvement

Is the service effective?

Our findings

Relatives told us staff had historically provided a good quality of care but there were uncertain if the service was still effective following the restructure. One relative told us they felt long term staff knew their family member's needs. But they felt new staff were "young and inexperienced". Recruitment and training records showed new staff had previous experience or identified transferable skills and all had completed a comprehensive induction prior to supporting people unsupervised.

Another relative shared concerns about their family member and told us, "He was happy but not so much at the minute with all the changes (with staff)." They went on to tell us their family member's behaviour had deteriorated and they wanted to be at home more. They explained there had been "some change in his medication which could have affected his behaviour." They had raised their concerns with the registered manager and as a result an appointment had been arranged with the person's GP to review the medicines. A meeting with the registered manager and person's social worker had also been scheduled to take place following the GP appointment to review the person's care package. During the second day of inspection we spoke with the relative again and they informed us the GP had changed their family member's medicines following the appointment.

Care workers were well supported in their role. The registered manager had a planner in place to ensure staff received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Staff told us and records confirmed that they received supervisions on a regular basis and appraisals were completed annually and were up to date.

Staff told us they received regular training. Records we viewed showed staff had received the training they needed to meet the needs of the people who used the service. Training the provider deemed to be essential, included safeguarding, moving and handling, human rights, equality and diversity, fire and health and safety. Additional awareness training was available to staff members that reflected people's specific needs such as positive behaviour support and autism. One staff member said, "I have just completed a level one course in understanding autism through South Tyneside College. I'm now working towards my level two."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions MCA assessments and best interest decisions were recorded. The registered manager kept a record of all DoLS applications made and authorisations received. Copies of authorisations were included in people's care files.

We noted that MCA assessments lacked some detail around why people were unable to make decisions such as in relation managing their own finances. MCA assessments we reviewed did not follow the code of practice as the two stage assessment process had not completed and a premature assumption that a person lacked capacity during the first stage. We spoke with the team leader and deputy manager about this and they told us this was the first time they had completed an MCA assessment. They acknowledged they

had assumed a person lacked capacity before completing the required two stage process. This meant they did not adhere to the Mental Capacity Act Code of Practice.

We recommend that the provider ensures that all mental capacity assessments are carried out in line with the requirements of the Mental Capacity Act: Code of Practice.

We looked at menus and spoke with the cook about mealtimes and how they planned what to prepare. They told us they designed the menu with people and had their preferences and needs in mind. For example, they had tried introducing gluten and wheat free dishes as they had researched they could improve autism conditions. However, people didn't take really like those foods so they listened to that feedback and changed the menu.

We sat with people during a mealtime and observed them eating independently and enjoying their meals. People had different meals depending on their preferences and what they liked. People had helped to set the table prior to lunch with placemats, cutlery, cups and jugs of juice. People told us they enjoyed the food. One person said, "It's really nice." People were provided with drinks and snacks throughout the day as and when they wanted them. We observed people going to the kitchen and speaking with the cook about what they wanted.

People had hospital passports in place, to be used in the event of someone being admitted to hospital. They included information hospital staff would need to know about the person's health and medical history if they were admitted to hospital.

People had involvement with health professionals such as GP's, speech and language therapists, dentists, psychiatrists and psychologists. Care files contained clear records of contact with all professionals. For example, one person met with their GP, supported by a relative to review their medicines due to recent changes in their behaviour. When they returned they told us everything was "fine".

Good

Is the service caring?

Our findings

People presented as happy in the home and comfortable with staff providing support. One person told us everything was "good". A relative spoke positively about the care staff they knew. The registered manager was in the process of arranging multi-disciplinary meetings with stakeholders to determine each person's support needs in terms of number of staff. They pledged to continue providing one to one support to people until these assessments had been completed.

We observed people receiving support from staff in a caring and respectful way. Staff supported and communicated with people in a friendly, patient way and with genuine compassion. We observed staff lowering themselves to people's level to gain eye contact when chatting with them. They also used appropriate touch to communicate and give reassurance.

Throughout the inspection we observed staff interacting with people in a positive, comfortable and friendly way. Staff were sat with people in both parts of the lounge and the dining area and chatting about everyday things such as what the person had been doing that morning or what they planned to do that evening. We also observed a member of staff chatting with a person about boxing and upcoming matches. We observed lots of smiling, laughter and upbeat behaviour in the home from people which told us they were happy and comfortable living in the home. We observed people responding to staff in a positive manner. One member of staff was chatting one person who then gave them a cuddle. Another staff member was chatting with another person and they did a fist bump.

We observed people walking freely and safely around the service. They could choose which area of the home to sit and enjoy some recreational time. People were able to choose whether to spend time with staff and other people or on their own and could go to their rooms whenever they wanted. We observed people telling staff they were going to their rooms to watch films for example. This promoted people's comfort, security and happiness in the home.

People were supported by staff who knew their needs well. For example, some people required additional support during a non-routine fire evacuation as the noise had an impact on them. Staff supported people in a calm manner and a two people were taken to quiet areas of the garden to reduce their anxiety. Staff we spoke with were able to tell us about people such as their history, hobbies, interests and typical routines. People were treated with dignity and respect and staff we spoke with understood the importance of maintaining people's privacy and dignity while providing support. We observed staff knocking on people's doors and awaiting permission to enter and they told us they ensured people's doors and curtains were closed when receiving personal care. Care plans we viewed included details of how to maintain people's privacy and dignity throughout.

Staff supported people to make choices and meet their personal preferences. Staff provided verbal prompts and encouragement to people and supported them to be as independent as possible. For example, setting the dining table and clearing their plates and cups away after their meals.

Information was available to people about independent advocacy services. The deputy manager informed us that no one currently required the support of an advocate as they had relatives who supported them with decision making.

Each person had a large single bedroom with an en-suite bathroom except for one person who had a self-contained flat within the grounds of the home. Bedrooms were decorated and furnished to people's own individual tastes. People had their own interests and hobbies and these were reflected in their own bedrooms. For example, posters, pictures and figures on display. The registered manager showed us some murals and pictures painted on people's bedroom walls by a local artist. The explained that people chose what they wanted on their walls. The home was nicely decorated in a modern style that suited the people who lived there. Staff made sure the home was warm, clean and comfortable for people and included them in household chores.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the home. Each person had care plans in place that were tailored to meet their individual needs. Records showed care plans were reviewed on a regular basis to ensure they continued to reflect people's support needs. People's preferences, likes and dislikes were included in their care plans. For example, one person's care plan stated that they prefer to have a shower and included a list of their preferred toiletries to use. This meant staff had detailed up to date guidance to provide support to people in line with their specific needs and preferences.

The registered manager told us about the progress one person had made towards independent living and how they had moved into a self-contained flat within the grounds of the home. They explained that the person was had started to self-medicate with appropriate risk assessments in place and verbal support from staff when required. They were also working with the person to secure voluntary roles in services with a view to supporting them to successfully obtain full time employment. We spoke with the person and they told us they liked living in their own flat and taking responsibility for their own medicines.

Relatives told us they were involved in review meetings every six months and that staff kept them informed of anything that happened involving their family member. One relative said, "They keep me in the loop with things. We're having another meeting to review [family member's] package."

People were supported to maintain their hobbies and interests. Staff knew what people liked to do and their interests. Each person had a personal planner of activities tailored to their needs, hobbies and interests. One staff member said, "We go through planners with the [people]. They like to read them." Care plans included people's preferred activities and personal interests as well as things that help people to feel relaxed. For example, listening to music, watching films and sport.

We found planned activities included swimming, discos, going to the gym, walking and going on outings to the shops and the pub. We observed people leaving the home to take part in planned activities and returning upbeat, happy and smiling. One person told us, "I'm going to the disco later." They told us they were looking forward to it. Another person told us they were going too and showed us how they were going to dance. A third person returned from the gym and told us, "I have been and used the bike and the treadmill." Another person told staff they wanted to wash the service's mini bus. Staff supported them to do so and when they came back inside they told us they had "done a good job".

The registered manager told us, "I have set up a green team so people can go around swanton services cutting grass and planting flowers. We have an allotment and are self-sufficient with vegetables but we want to make it more community based." They went on to tell us two people were involved in the green team and felt it would be a good opportunity for them to gain work experience. The registered manager also told us how another person liked to make candles and they were supporting them to sell them internally. They were also going to explore the possibility of the person being able to sell things they made at craft fares.

The provider had a complaints procedure in place for people, relatives and visiting professionals to raise

concerns. Staff told us people were able to make their feelings known if they weren't happy with something. We observed this during the inspection when one person was dissatisfied that a specific snack they wanted wasn't available. Staff responded appropriately and gave the person reassurance and an alternative was provided which the person was happy with. Relatives told us they know to complain. One relative confirmed they had raised concerns previously and they were due to meet with the deputy manager to discuss their ongoing concerns.

The service had received a number of compliments and thank you cards from people who received support and relatives. Compliments we viewed included thanks to staff for the service they provided. Some tokens of thanks referred to specific events such as staff supporting people to attend family occasions.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manger. 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.

We observed during the inspection that the registered manager was based in the sister care home situated next door and the deputy manager was based in the home. Over the course of our inspection we did note the registered manager came across to the home intermittingly but spent the majority of their time at the other service.

Relatives told us they felt communication with the registered manager was fairly poor. They told us they rarely saw or spoke to the registered manager when they visited the home to see their family members and usually spoke with other staff. They also told us they weren't informed of changes to the service such as the staffing restructure which resulted in some long term staff leaving the service. They had also not been introduced to new staff recruited into the service so didn't know some of them very well. We asked if they attended resident and relative meetings but they told us they didn't take place. One relative mentioned a change in the atmosphere of the home and said, "it now feels like a different place with all the changes. They went for a period without giving us the door code." They confirmed that had been resolved.

We spoke with the registered manager about the restructure that occurred last year and if they engaged effectively with relatives about this. They told us, "It was not communicated effectively, definitely not. Parents found out from staff." They also confirmed they didn't routinely hold resident and relative meetings. They said, "No, but we're thinking about scrap booking (recording daily updates in scrap books for people to show relatives) and three monthly newsletters."

The registered manager and senior staff completed a number of regular audits around the quality of the service. These included medicines management, staff files, care records, activities, accidents, maintenance and infection control. All findings were recorded as well as required actions. During the inspection we saw some actions had been completed and other actions were planned to be completed. Although audits had identified some shortfalls in the service they were not always effective as the failed to identify that MCA assessments were not completed in line with the Code of Practice.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During our inspection we noted that two statutory notifications had not been submitted to the Care Quality Commission. The notifications related to serious injuries people had suffered. We discussed this with the registered manager and deputy manager who explained it had been an oversight. Statutory notifications had been received in relation to other areas both before and after these instances. The registered manager acted immediately and submitted the notifications to the Care Quality Commission. We are dealing with this

outside of the inspection.

Staff told us they enjoyed working at the home and felt supported in their roles by the registered manager and deputy manager. One staff member said, "It's a wonderful house and all the staff get on really well. The [people] get on with everyone too." The service had recently undergone a restructure and staff felt this had a positive impact on the home. One staff member said, "It's been good that it's been restructured because it's more person centred for the lads."

Staff meetings took place on a regular basis. Minutes we viewed included discussions around the people, organisation changes, training and operational issues. They deputy manager told us any issues, updates or changes were communicated with staff through meetings and in supervisions and staff were encouraged to share their thoughts and views.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The Registered Manager did not communicate effectively with relatives about the service and wasn't visible in the home. Quality audits were not always effective in identifying issues.