Swan Housing Association Limited

Swan Housing Association

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

The inspection took place on 22 June 2016 and was announced. The service met legal requirements at our last inspection in February 2014.

Swan Housing Association provides care and support to people living in their own homes. The service being inspected was provided at an extra-care facility called The Cannons' which is comprised of 38 units on one site. Most of the units are self-contained flats within a central building which also houses the communal facilities. There are four bungalows in the grounds which are also part of the service. The service predominantly supports older adults, some of whom may be living with dementia but also people with a physical or learning disability. It does not provide nursing care.

Swan Housing staff provide an on-call facility to everyone living at the service. They also provide personal care, depending on individual need. At the time of our inspection there were approximately 33 people being supported with their personal care needs, and it was this element of the service which we inspected.

A registered manager was in post at the service. 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.

Staff supported people to remain safe in their homes, whilst enabling them to maximise their independence. There were sufficient numbers of skilled staff to meet people's needs and to spend time developing trusting relationships. People were supported to take their prescribed medicines safely. The provider had a robust recruitment process to make sure staff were suitable and fit to work at the service.

Staff felt well supported by managers and received training to develop their skills. Staff understood people's rights to consent and make choices about the service they received.

Staff supported people to make choices about what they ate and drank. Staff monitored people's health needs and enabled them to access health care professionals, when needed.

People had a positive experience of care and were treated with dignity and respect by staff.

People received flexible support that was personalised to take into account their needs and preferences. People and their families were aware of how to make a complaint and there were a number of opportunities available for them to give their feedback about the service.

Staff were enthusiastic about their jobs and worked well as a team. The manager was visible and actively involved in supporting staff and people. The provider had effective systems in place to check the quality 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.

Staff supported people to stay safe, whilst promoting their independence.

There were sufficient staff to meet people's needs.

People were enabled to take their medicines safely.

Is the service effective?

Good

Staff were supported to develop their skills.

Staff worked within the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and supported people to make their own choices.

People were supported to have enough to eat and drink and to access health and social care services as required.

Is the service caring?

Good

The service was Caring.

Staff had enough time to get to know people as individuals and to develop positive relationships with them.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good

The service was Responsive.

People received flexible support which was personalised around their individual needs.

People and their families knew who to speak to if they had any concerns about the service they received and were given opportunities to provide feedback.

Is the service well-led?

Is the service well-led?

Good

The service was Well Led.

The staff team worked well together and were enthusiastic about their roles.

The manager promoted a flexible service and was accessible to people and staff.

There were systems in place to measure the quality of the service and drive improvements.

Swan Housing Association

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.

The inspection took place on 22 June 2016 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection visit was carried out by one inspector. An expert by experience also carried out phone calls after the visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the day of the inspection we visited the service and spoke with the registered manager, the Director of Care and the Head of Care Services, plus a number of additional office staff. We met or spoke with eight members of care staff. We visited three people who used the service and met the staff supporting them. We also met a number of other people informally during our visit, for example in the dining room. We spoke on the phone to 17 family members. We had email contact with one health and social care professional to ask them about their views of the service.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at five people's care records and three staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

People told us they felt safe at the service and trusted the staff supporting them. Staff had a good understanding of what abuse was and were able to describe how they supported people to keep safe. They had completed the relevant training in safeguarding and there were policies and procedures to advise staff of their responsibilities to assist people to be protected from abuse. Staff had completed 'dummy' safeguarding referrals to ensure they knew what to do if they we required to fill one out in the future. One staff member described how they had raised concerns when they felt that a person was vulnerable around managing their finances. We were told the manager had dealt with this effectively and there were now measures in place to support the person to manage their money safely. The organisation's senior managers met regularly to review alerts raised by the organisation.

Where people chose not to have support, staff still carried out basic checks to make sure they were safe. We felt this was done sensitively, for example, if a member of staff met someone going out for a walk, they might have a brief conversation with them, rather than carry out a formal daily check. This helped support people's independence and ensured support was carried out in as least restrictive manner as possible. People were given a photo of the staff team supporting them, which we felt a positive way of assisting them to stay safe as it would help remind them who they should let in their front door.

People had risk assessments relating to individual areas of potential risk and safety was a high priority. A senior care worker told us, ""We have a monthly management meeting and we go through all the residents and let them know of our concerns – it is a useful meeting." We saw a risk assessment for a person who needed support with moving around their flat. The assessment gave guidance to staff on the support that was needed. It also stated that all staff working with this person needed to have completed a manual handling course, which we felt was a very effective way to support safe deployment of staff. A person who needed support from staff to move and transfer safely confirmed they felt safe when being supported and this support was always carried out by two care workers, as outlined in their care plan. Where people had complex mobility needs, for example if a hoist was needed, staff had sought guidance from external professionals, such as occupational therapists to ensure transfers were carried out safely. Staff supported people to remember to wear their pendants, which alerted the office when pressed. A person told us they had a fall when they had not been wearing a pendant and now the staff were always reminding them to keep it on.

There were plans to manage emergencies. For example, staff had prepared a form to give to paramedics with key details relating to their health and preferences in case people were admitted to hospital. There was also a focus on preventing emergencies; for example, we saw a newsletter offering advice to people on how to keep warm in winter. A relative told us, "During the hot period they knocked to check [person] was alright – I thought that was brilliant."

There were enough staff to meet people's needs. People told us they received support as outlined in their care plans. One person said, "They always turn up and they are on time". People also told that when they pressed their pendant to call staff they received a timely response. The manager told us the current staffing

arrangements worked well. Staffing numbers varied each day depending on the needs of the people at the service, and on the day of our inspection there were eight care workers on duty. Key to the smooth running of the service was the dependence on the availability of flexible, additional care hours when people's needs deteriorated or where they had complex needs. We saw examples where the manager had negotiated additional staffing when people's needs had changed and they required more support. There was one member of staff on duty in the evenings, with access to an on-call facility, who would come out if necessary. Night time staffing levels required on-going evaluation to ensure people remained safe. Where people had specialist care needs, extra staffing needed to be provided to ensure the night time care worker was available to support the other people at the service, if required.

In the event of staff shortages, the manager sourced additional care workers from a care agency within the Swan Housing Association umbrella of services. As a result, the manager felt they could be assured of the quality of the staff. These additional staff were predominantly employed by the agency to work in The Cannons so there was continuity of support for the people at the service who were cared for by staff who knew them. Very occasionally, cover was arranged from an outside agency and we were shown profile forms where the manager had gained the necessary information to assure themselves that staff had necessary checks and skills.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications and conducting employment interviews, seeking references, ensuring the applicant provided proof of their identity and right to work. The service also carried out disclosure and barring checks (DBS) for new and existing staff to ensure they were safe to work with vulnerable adults. We looked at recruitment files for three staff and noted that the provider's procedures had been followed. Staff told us that they had only started working once all the necessary checks had been carried out. There was a schedule for the renewal of DBS checks so that the manager was able to have updated information about people's suitability to provide care. Prior to staff being confirmed as permanent members of staff they were required to complete a probationary period to ensure they had the necessary skills.

People told us they received support in taking medicines. One family member told us, "They are giving him his medication on time which he needs." Most people were largely independent in taking their own medicines and there was guidance in place for staff about exactly what support, if any was needed.

There were clear plans in place for staff administering medicines. Staff used clear medicine administration sheets (MARS) to record when they had supported people to take their medicines. Where possible people were encouraged to retain control where possible, for example one person's care plan stated that they were responsible for contacting the pharmacy when stocks became low. There were clear records and guidance when someone refused to take their medicines. When people had been prescribed medicines on an as required basis, for example for asthma, there were protocols in place for staff to follow so that they understood when a person may require this medicine.

Senior members of staff audited the administration of medicines every two months. For example, we saw an audit had picked up where a person's medicine records hadn't included the GP details. There were also regular observations of staff administering medicines to ensure they were carrying out this task safely. Any mistakes in medicine administration were dealt with promptly and additional training or supervision was arranged where there were concerns about the skills of a member of staff administering medicines. Where mistakes in the administration of medicines were carried out by an agency member of staff there were separate measures in place to resolve concerns about poor practice.

Good

Is the service effective?

Our findings

We were told staff had the skills to meet people's needs. A family member said, "The carers have good training and they stay longer than their allocated time if needed."
Where staff were recruited without previous care experience it was because they had the right attitude. The manager told us, "You just get the feel they will be the right person." These staff were then were put through the Care Certificate and additional training provided to ensure they had the skills and knowledge to support people at the service. The Care Certificate outlines minimum standards to be covered as part of induction training of new care workers. Managers ensured that staff had the necessary skills before they started supporting people. New staff went out with more experienced staff on 'shadow shifts' before they went out on their own. Staff files included the comments from the senior member of staff who had observed them on the shifts. Whilst, observations of staff competence continued regularly for all staff, we felt these could have been more in depth as they did not always capture opportunities for improvement.

Staff told us training was of a good standard. In some areas such as manual handling, senior staff had been trained to enable them to train other staff. Whilst we had feedback from staff that they did not like e-learning, they were largely positive about the training, saying they were supported to develop their skills in a wide variety of ways. For example, one member of staff told us, "Where I've said I'm not confident and asked for a senior (to work alongside them), that's worked well."

Staff told us they felt well supported by their manager and senior care workers. A care worker told us, "I have had so many amazing opportunities since starting work here, and achieved a lot." They received regular supervision and attended staff meetings. A care worker told us, "We have 1:1s and if there are any problems we can go to management." We saw team meetings covered a wide range of issues, for example, staff were given guidance regarding a person's specific health condition.

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. We checked whether the service was working within the principles of the MCA. When we spoke to staff we felt they had a good understanding of people's capacity and right to choose. People were supported to remain independent and continue making decisions about their care. A relative told us, "I trust the carers completely and [person] makes her own decisions where possible but where there are concerns they let me know….It is amazing that she can still make her own decisions and I am so pleased that they can let her." Whilst they worked closely with relatives, staff understood that people had a right to make their own choices. A member of staff described how they had supported a person make a decision independently, even when their family members suggested a different option.

Care plans clearly outlined what people's views were and people had also signed to consent to the support being provided. We felt the plans could have more clearly informed staff where people had been assessed as not having capacity in specific areas of their lives. We discussed this with the manager who agreed this would be addressed so that staff had clearer guidance over people's capacity to make choices.

Staff supported people from the risk of poor nutrition and dehydration. An outside organisation was responsible for providing a cooked meal each day and staff at the service would support people to go for their lunch or to communicate with the lunch provider. Where necessary, staff supported people with other meals. A person told us, "Staff help me with cooking but I always say what I want, like today I want a chicken curry." Staff were given guidance sourced from a national charity to help them raise healthy eating awareness with people who used the service.

Staff supported people with their specific health and social care needs and to access professionals as required. For example, staff had referred a person to an occupational therapist and communicated with them to ensure the person's care plan and support was amended in line with any recommendations. A family member told us staff advocated on behalf of their relative when they needed to support from outside professionals, for example to ensure they received necessary emergency treatment. Two family members told us whilst more experienced carers were very knowledgeable about different conditions, less experienced staff still had some gaps in their knowledge around working with people with dementia. For example, one relative told us, "Some carers are not sure how to handle different cases with different techniques – they should possibly have more training in how to persuade people to take their pills or to have their showers." The manager had adapted the service in other areas in response to the deteriorating need amongst the people at the service so we felt assured they would address any gaps in knowledge.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with kindness. A person told us, "They are so friendly here." One family member said their relative had been some time at the service and was well loved. They told us, "Carers are always very mindful of her status and treat her as the queen."

Whilst we were told staff were often very busy, people felt they usually had enough time to talk to them. A relative told us, "They treat [person] well and [person] likes to chat and the carers chat back." Where possible, staff did not rush off after tasks were completed and spent time improving people's quality of life. A family member told us, "In the morning they get person up…then sit and chat until the time is up" and "I cannot praise them enough, they are so kind and friendly and do things they don't have to make [person] happy."

Staff were given time to develop positive relationships. As a result, interactions were based on the person and not on the task being carried out. We observed staff speaking to people with affection throughout our visit. A relative told us, "Staff are very cheerful and they have great rapport with [person]. When [person] runs out of milk they bring some for the next time and say don't worry."

Staff took time to get to know people and their families. A person told us, "I know the staff in the office and the few carers that I see I know them" and another said, "Any new carers make a point of introducing themselves and say 'Hi, I am XYZ' and that is nice that they introduce themselves." Communication was also good with relatives. A family member told us, "The carers are all very kind and very respectful and very intuitive. Any little thing and any concerns they document and I can look at the paperwork." As staff had spent time developing positive relationships and getting to know people, they had also developed skills in communicating with people and in understanding their needs. Care records and our observations showed people were treated as individuals and offered choice about the support their received.

The service was designed to be non-institutional in its style, each flat had a front door and the corridors looked like small streets. There was a focus on supporting people's independence, which was reflected in the feedback we received. A family member told us, "Their attention to detail means that [person] does not feel a nuisance and the carers come in and act like a visitor and are not authorities – the care is all about [person]."

Staff treated people with respect, for example a family member told us how respectful staff were when their relative felt embarrassed when they needed help with personal care. "[Person] was told by the carers it was not a problem and that is why they were there – they put [person] at ease." Staff were aware of the need to maintain confidentiality, for example a care worker described how they had not shared private details about a person's life with visiting relatives.

Good

Is the service responsive?

Our findings

Prior to people moving in to The Cannons, the care provider worked closely with the housing provider to assess people's needs and help them decide whether the service was appropriate to meet their needs. A family member told us, "When [person] first moved there we had a meeting with someone from the office, we all felt able to ask questions and it was helpful." Although people at the service were given the choice of sourcing their own personal care everyone at the service chose to use Swan Housing staff for support.

Care plans provided detailed guidance to staff and outlined people's needs and preferences in detail. We felt the plans were very personalised and based on a good knowledge of people's needs. Detailed care records were kept securely in the main office and a streamlined, easily accessible version was kept in people's flats. New members of staff were required to read people's care plans before going out to see people. Care was taken to match people to the staff supporting them for example, there was consideration to the gender of the care worker and people's stated preferences.

Support was very flexible, so although there was a planned four weekly rota, this was not fixed and people could ask for this to be changed. For example, the manager described how, "[Person] wants to go shopping on Friday now and that's no problem." This was confirmed by a family member who told us, "If [person] has a hospital appointment and gives them warning they will change the time of their visit and go earlier and fit it around him." Whilst some people had four calls a day, other people only received a daily check. As staff were on site is was easy for them to work around people's changing routines. We saw an example where a person's lunch time support was split into two short slots with a longer period of time in between, during which staff popped out to let the person finish preparing and having their lunch independently. This flexible and personalised service meant people's independence was promoted, whilst ensuring their needs were safely met.

We saw that people's support was reviewed and family members were involved in reviews where appropriate. A relative told us, "We've just finished a review and they make sure that I am there and include me and I can always ask questions." We noted where a person's routine had changed, the timings of visits had altered. We saw in another person's care plan, a senior care worker had stated that, "[Person] likes to have something cooked for breakfast so I have adjusted times to include this."
There was a log of 'unplanned care' where people received care which had not been prearranged, for example if they had fallen and had pressed their pendant for assistance. This meant the manager was able to monitor people's on-going needs and seek additional support if necessary.
People knew how to complain. A person told us, "I've had no other complaints but I can ring the office any time." Another relative described a complaint they had put in and how it had been dealt with positively. Complaints and compliments were logged, responded to and used to improve the service. We looked at the complaints log and noted that action was taken swiftly in response to complaints. For example, then there had been a missed call, the individual member of staff had been spoken to and the issue discussed further` at the next team meeting to ensure all staff were aware of the seriousness of a call being missed.

Good

Is the service well-led?

Our findings

Communication at the service was open and the manager created opportunities for on-going feedback from people who used the service and the staff team. Annual staff and resident surveys were also carried out to capture a range of views on the service and feedback was provided about the results of these surveys. A member of staff told us, "The managers are always asking if we are happy in our work or if there is anything we want to change." People could attend monthly "meet the manager" meetings to discuss any concerns they had about the service and for the manager to share information and consult regarding about any proposed changes. Communication with family members was promoted. We were told by families, "I have a good relationship with the office – information sharing is on a need to know basis" and "It is an excellent service – well run and I would definitely recommend it."

Staff felt well supported by the manager, for example, rotas respected where they had their own caring responsibilities and as a result they were enthusiastic about their role and the service. This resulted in positive outcomes for the people being supported. Therefore staff told us, "I love my job – it is my second home and we always work with the same people and we are all quite close", "I am happy in my work and happy with what we do in making a difference for our residents" and "We are a good team – any issues I go to the seniors and always let management know of any changes." A member of staff told us they had felt able to raise an issue of poor practice, where they had felt a person was not receiving appropriate support and this had been dealt with effectively. They said, "I felt fully supported and felt confident I was doing the right thing and my manager was always available."

The manager was visible and accessible to staff, people and their families. One of the roles the manager had was in clarifying the 'extra-care' model of service to people, their families and other professionals. For example, the manager told us some people did not fully understand that the service was not a 24hr residential setting. Likewise, there was a constant requirement to adjust the care hours each person received in addition to the core service. We felt the manager fulfilled this role effectively and did not allow these added complications to detract from the focus on meeting people's needs in a personalised way.

The manager promoted a flexible service which was not static in the way it was provided. This was particularly the case for night time support, which was under constant review. For example, having identified the increase in the number of emergency calls at night, staffing patterns had been subsequently reviewed to reduce the risk of care workers doing a morning shift following a disturbed sleep in shift.

Audits and checks on quality were carried out regularly by the manager and the wider housing association, and we saw they had picked up concerns and areas for improvement, for example, where there were gaps in people's care plans. Where peoples' calls were not responded to in five minutes, calls were diverted to an external care-line. People told us there were rarely delays in staff responding and the manager told us few calls were picked up by care-line, however this was not monitored effectively over time. We discussed with the manager as we felt logging and analysing this information would provide greater oversight of any gaps in service.

There was a focus on openness at management level and a very robust structure where managers had clear lines of accountability. There was a clear plan for improving the service, for example there was a target to minimise the use of agency staff. Despite 'The Cannons' being a fairly small service it benefitted from being part of the larger Swan Housing Association. For example, risk assessments for the business were carried out by an external company and staff had access to good quality training and support from experienced human resources officers. As a result, the registered manager was able to focus on managing the service and ensuring people received a good quality of care and support.