

Swanton Care & Community (Autism North) Limited

Murton Grange

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 31 January and 2 February 2018 and was announced. We gave the provider 48 hours' notice to ensure someone would be available to speak with us and show us records.

Murton Grange is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Murton Grange accommodates up to ten people in one adapted building. This care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. On the day of our inspection there were seven people using the service.

The service did not have a registered manager in place. The previous registered manager had left the service in June 2016. Between June 2016 and September 2017 there had been several temporary managers. The current manager had been in post since September 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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. Since our inspection the manager has applied to become the registered manager.

We last inspected the service in November 2015 and rated the service as 'Good' in all areas and 'Good' overall. At this inspection we found the service remains 'Good' overall, although the rating for the key question of 'is this service well-led?' has deteriorated to 'Requires Improvement.' This is because the service has been without a registered manager since June 2016.

Medicines were managed safely. Guidance around 'when required' medicines such as painkillers sometimes lacked detail but staff could tell us about people's needs in this area. The manager told us they would ensure guidance in this area was updated to include more detail. Accidents, incidents and safeguarding concerns were dealt with appropriately and lessons learnt where appropriate. There were enough staff to meet people's needs in a timely way. Risk assessments relating to people's individual care needs and the environment were reviewed regularly.

Staff received appropriate training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

Relatives told us they were happy with the care provided. Staff engaged with people in a caring and relaxed

way. Staff knew how to communicate with people according to their individual needs. Staff promoted people's independence and involved people in planning and reviewing their own care.

Staff had a clear understanding of people's needs and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Support plans were well written and specific to people's individual needs.

There was an effective quality assurance system in place. Staff said management changes had been unsettling but things had improved since the current manager arrived. Staff felt the service was well managed and described the manager as approachable. Staff said morale had improved significantly.

Further information is in the detailed findings below.

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 remains 'Good.'

Is the service effective?

Good ●

The service remains 'Good.'

Is the service caring?

Good ●

The service remains 'Good.'

Is the service responsive?

Good ●

The service remains 'Good.'

Is the service well-led?

Requires Improvement ●

The service has deteriorated to 'Requires Improvement' as a registered manager has not been in post since June 2016.

Staff said management changes had been unsettling but things had significantly improved since the current manager started in September 2017.

People, relatives and staff had various opportunities to provide feedback about the service.

Quality assurance checks were effective in identifying and generating improvements.

Murton Grange

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 31 January and 2 February 2018 and was announced. We gave the provider 48 hours' notice to ensure someone would be available to speak with us and show us records. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. An adult social care inspector visited the service on 31 January and 2 February 2018. An expert by experience contacted family members by telephone on 26 February 2018.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to inform the planning of our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we undertook a number of different methods to understand the experiences of people who used the service. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we sought the views of five relatives.

During the visit we observed how people were supported in communal areas. We spoke with the manager,

deputy manager, a senior support worker and four support workers. We also spoke with the provider's operations manager and positive behaviour support practitioner.

We viewed a range of care records and records relating to how the service was managed. These included the care records of three people, the medicines records of three people, recruitment records of three staff members and records relating to staff training, supervisions and the management of the service.

Is the service safe?

Our findings

People who lived at Murton Grange had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw they appeared comfortable in staff's presence.

Relatives told us they were very satisfied with the service and felt their family members were happy. One relative we spoke with said, "We are really happy that [family member] is safe there. They really like it." Another relative told us, "My [family member] has one to one care so we know that they are alright. We are happy that they are safe there."

People received their medicines as prescribed. Medicine administration records had been fully completed. However we identified that 'as and when required' medicine protocols lacked the information needed because people had limited communication. For example, one person's when required medicines care plan stated, 'Staff will be able to tell with [person's] facial expressions and body language' but no further details were provided. This was particularly important for people who could not always communicate their needs verbally and for new staff supporting them. When we spoke with the manager about this they said this would be rectified immediately.

Safeguarding referrals had been made and investigated appropriately. Staff understood the provider's whistle blowing procedure. There were adequate checks in place to ensure staff were suitable to work with vulnerable people.

There were enough staff on duty to meet people's needs promptly and keep them safe. Relatives told us they felt there were enough staff on duty whenever they visited.

Risks to people's health and safety were assessed, reviewed and checked by senior staff regularly, so that risks were minimised and people were protected from harm. This meant that staff knew how to support each individual in a safe way, whilst allowing people to maintain their independence. Up to date health and safety certificates were in place. The service was clean and decorated to a good standard. The manager told us how improvements had recently been made to the premises which included new flooring and bedding, and that further improvements were planned for the coming months.

Accidents and incidents were acted on appropriately and analysed to see if lessons could be learned to improve people's safety. For example, following one incident staff received additional training and additional control measures were put in place to increase a person's safety.

Is the service effective?

Our findings

Staff training in key areas was up to date. Staff had completed training on topics such as medicines administration, safeguarding vulnerable adults and equality and diversity. Staff told us they felt supported in their roles. One staff member commented, "I've never had so much support since [manager] arrived. I'm not used to being thanked so much. I feel valued now." Staff we spoke with said they had completed training appropriate for their role. One staff member said, "We get enough training for the job. [Manager] has got us up to date with training again." Another staff member told us, "I asked for more training on diabetes management and got this from the diabetes nurse."

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training.

Records showed people were supported to maintain their physical and mental health needs whenever this was required. A relative told us, "They look after [family member's] healthcare and let us know about everything." People were also encouraged to maintain an active and healthy lifestyle through activities and a healthy diet. People's food and fluid intake was recorded daily and their weight was recorded monthly. A relative told us, "[Family member] is on a healthy eating plan which I'm happy about."

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear directions about how to support a person and included information about a person's needs in a variety of areas under the headings 'things you must know about me', 'things that are important to me' and 'my likes/dislikes.' This meant other health professionals had information about individual care needs to ensure the right care or treatment was provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that DoLS applications had been made for all seven people to the relevant local authorities. Staff members had a good understanding of this legislation and records showed decisions had been made in

people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about taking medicines and medical treatment. Staff told us how they involved people to make their own decisions where possible, for example when choosing what to wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

People had their own dedicated areas which included large ensuite bedrooms, living areas and dining areas. People's rooms were personalised to their taste and contained personal possessions. Communal areas were spacious, clean, furnished well and decorated to a good standard.

Is the service caring?

Our findings

Most people had lived at the home for several years and were supported by a stable staff team who knew the people they were supporting well, and met their individual needs and preferences to a good standard. People's preferences were detailed in their care plans, along with information about what was important to them. Staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their likes and dislikes. For example, staff told us how one person found noise a cause of anxiety, so staff took steps to minimise noise around this person.

Staff treated each person as an individual and respected their wishes and ideas. For example, staff told us what time people preferred to get up and go to bed and what hobbies they had. A relative told us, "Staff are very caring and consider all of [family member's] needs."

People living at the home looked well-presented and cared for and staff treated them with dignity and respect. Staff respected people's privacy and dignity by knocking on bedroom doors before entering, closing doors while providing personal care and speaking to people about things discreetly.

Staff promoted people's independence by supporting them to do activities of daily living such as using the washing machine, dusting or making snacks.

Relatives spoke positively about the home and staff. Comments included, "The standard of personal care is high," "[Family member] comes home every weekend but they are always happy to go back to Murton Grange which says it all for me" and "[Family member] has improved since living there. They're definitely well cared for."

Where some people found it difficult to cope with too many choices staff used their knowledge of people's preferences to offer them a small number of options at a time. Staff told us how people's communication needs differed. For example one staff member told us how one person liked to use the picture exchange communication system (PECS), whilst another person preferred to use a basic form of Makaton (Makaton is a communication method which uses signs and symbols). This meant staff understood people's individual communication preferences.

At the time of this inspection all of the people who lived at the service had relatives to support them to make any major decisions, although information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

Is the service responsive?

Our findings

People's care and support needs were assessed in a number of areas before they started using the service. Where a support need was identified a plan was written based on how people wanted and needed to be supported. For example, one person's care plan set out in detail how they liked to communicate. It stated, '[Person] will move people away with their hands if they want space.' The manager told us how bespoke communication passports were being developed for each person. Completed communication passports we viewed were detailed and specific to the individual.

Care plans were detailed and contained risk assessments which were specific to the individual. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had an 'understand me' profile which provided a person centred snapshot about the individual for staff to refer to. This meant staff had access to key information about how to support people in the right way. Records showed care plans were reviewed by staff regularly or when a person's needs changed to ensure they were up to date.

People's care plans also contained personal details such as their life history, hobbies and interests and their likes and dislikes. This helped staff to help understand what was important to the person. Staff told us about people's life history and preferences which they said helped them to provide personalised support and helped them get to know people better.

People took part in activities at the service and in the local community. Activities included going to the cinema, pub, disco, Alan Shearer activity centre, swimming, walking, trampolining, bowling and cycling. Relatives told us how activities had improved over recent months. One relative said, "It's more proactive and there are a lot more activities now." Another relative told us, "[Family member] seems to have more to do now. We get updates now by e-mail from the manager which is good and we are happier with that."

The provider had a complaints procedure in place and relatives told us they knew how to make a complaint if necessary. Relatives told us they had confidence any issues would be dealt with promptly and appropriately. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

At our inspection in November 2015 we rated this domain as 'Good.' At this inspection we found the provider had deteriorated to Requires Improvement.

A registered manager was not in place at the time of our inspection. However, the current manager had been in post since September 2017. The current manager said they intended applying to the Care Quality Commission to become the registered manager. As a registered manager was not in post at the time of inspection the rating for the key question of 'is this service well-led?' is limited to requires improvement. Since our inspection the manager has applied to become the registered manager.

The previous registered manager had left the service in June 2016. Between June 2016 and September 2017 there had been several temporary managers. Staff we spoke with said this had been unsettling but things were much improved now and staff morale had improved significantly.

A staff member told us, "Management changes weren't handled well in the past and this had a negative impact on staff and some staff left. Things are absolutely brilliant now. [Manager] is the most approachable manager I've ever met. They know their job and really listen to you. [Manager] does things right and in a professional way. They put the service users at the centre of everything which is how it should be. [Manager] has had their work cut out but they've taken it in their stride. I feel so positive about working here now. Everything needed improving before [manager] came but that's not the case now." Another staff member said, "We get brilliant support from [manager]. They listen and act on everything. I like how [manager] is visible and asks how everyone is." A third staff member told us, "There's been a big improvement in staff morale since [manager] came. They've got a clear vision for the service and I want to be part of it."

The provider's operations manager acknowledged that management changes had been unsettling for staff. They told us, "Staff seem much more settled now and have come on board with [manager]. We've invested in improving the premises and things are improving all the time. I've got faith in [manager] so I don't need to be here all the time anymore."

There was an emphasis on team work and communication. Staff commented that they all worked together and approached issues as a team. There were opportunities for staff to give their views about the service. Records confirmed team meetings were held regularly. Staff told us they felt they could raise concerns with the management team any time, and they didn't need to wait for a staff meeting or an individual supervision.

Relatives spoke positively about the manager. One relative said, "The new manager is very nice and onto everything." Another relative told us, "It seems more settled since the new manager came. The staff seem more settled and I'm very happy my [family member] is there."

The manager told us about a range of quality checks they carried out to monitor the quality of the service. These included monitoring care records, medicines administration and health and safety checks around the

home. Records showed that these checks were carried out on a regular basis and where they had highlighted areas for improvement, these were addressed quickly. For example, new flooring had been fitted in communal areas after the manager told the provider it needed replacing.

The manager was supported by the provider's operational manager who carried out various checks on the quality of the service. A provider audit in July 2017 identified support plans needed to be more specific to individual care needs. The manager told us a lot of work had been done to improve support plans. Plans we viewed were detailed and person centred. This meant audits were effective in identifying and generating improvements. The manager and provider told us they wanted audits to be even more robust so they were looking at ways of developing this further.

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the home.

Feedback from people and relatives was sought regularly. The results of the most recent survey in September 2017 were positive. Some relatives we spoke with said they had told the provider more activities were needed and this had been acted on.