

South West Action For Learning and Living Our Way Limited

Swallow

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

This inspection took place on the 13 February 2016 and was announced. A day's notice of the inspection was given because the service is small and we needed to be sure that a senior member of staff would be available. When the service was last inspected in November 2013 there were no breaches of the legal requirements identified.

Swallow is registered to provide care and support to people who have a learning disability. People live in a range of supported living accommodation which includes a shared house and self-contained flats. Each person holds a tenancy agreement with a housing association for their accommodation. At the time of our inspection there were ten people receiving personal care from the service.

A registered manager was in post at the time of inspection. 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.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported with their medicines by staff and people had their medicines when they needed them.

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

People received effective care from the staff that supported them. Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

The support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. The service had recently been awarded a certificate by the local authority for their commitment to leadership,

attendance management, mental health and well-being.

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.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

People were protected against the risks associated with medicines because there were arrangements in place to manage medicines.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Is the service caring?

Good ●

The service was caring.

Staff were caring towards people and there was a good relationship between people and staff.

Staff were very knowledgeable about people's preferences and needs.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

Is the service well-led?

Good ●

The service was well-led.

Staff felt well supported by their manager.

People and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided.

To ensure continuous improvement, senior staff conducted regular quality assessment and monitoring audits. The audits identified good practice and action areas where improvements were required.

Swallow

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 13 February 2016 and was announced. A day's notice of the inspection was given because the service is small and we needed to be sure that a senior member of staff would be available. The last inspection of this service was in August 2013 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

On the day of the inspection we spoke with four members of staff and the registered manager. We also spoke with three people who lived at the service and one person's relative.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. We observed that there were sufficient staff to help people when needed, such as when medication was required. In the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding policy included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us that they would follow their safeguarding protocol and report the matter to a senior manager to take forward. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced employment. Files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Staff had received training in medication. Appropriate arrangements were in place in relation to obtaining medicines. Medicines were checked into the home and were recorded appropriately. People's care records included a medication profile with information about their individual circumstances and the medicines they were prescribed. The main assistance provided by staff was to prompt people to ensure they had taken their medication at the correct time. People were receiving their medicines in line with their prescriptions. There were suitable arrangements for the storage of medicines and medicine administration records for people had been completed accurately. Where medication errors had occurred, we noted that full details of the errors were recorded and appropriate actions were taken to rectify the mistake, such as the provision of additional training for all frontline staff.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk. These included assessments for the person's specific needs such as personal safety and security, health and fitness, finance and dietary needs. Assessments were reviewed regularly and updated when required. Within the person's records, appropriate support and guidance for staff was recorded. Examples included of how to keep a person protected from spending excessive money. A description of the risk and likely consequences were identified. Preventative and protective measure

instructions were provided, such as the provision of an agreed weekly budget to spend. Staff were also provided with clear instructions of what to do such as providing lots of positive praise when the person remained within their budget.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening again. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the registered manager. They reviewed the incidents and accidents and identified any emerging themes and lessons learnt.

People were cared for in a safe, clean and hygienic environment. People, with support from staff mainly undertook their own laundry and cleaning chores. The rooms throughout the service were well-maintained. Regular equipment and maintenance checks were undertaken. Where actions were required they were taken forward within a reasonable time limit by the landlord.

Is the service effective?

Our findings

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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection no one was subject to a DoLS safeguard. The registered manager demonstrated an understanding of the procedures which needed to be followed to apply for a deprivation of liberty if required.

We made observations of people being offered choices during the inspection, for example food and activities options were offered. Depending on the specific issues, such as health and placement reviews, decision making agreements involved the appropriate health professionals, staff and family members. Where requested we found that the service would communicate with the family about incidents or decisions that affected their relative.

Staff completed Mental Capacity Act 2005 (MCA) and DoLS training and understood the importance of promoting choice and empowerment to people when supporting them. The service enabled people to make their own decisions and assisted the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they supported to make their own choices. One member of staff commented; "My main responsibility is to support and maintain independence and giving as much choice as possible." Throughout the day we observed people coming and going and doing things of their own choice.

The provider ensured that new staff completed an induction training programme which prepared them for their role. The induction training period included training specific to the new staff members role and to the people they would be supporting. The training manager told us the induction included essential training such as first aid, health and safety and infection control. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs, new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in person-centred awareness, fire safety, and food hygiene training had been completed. The provider had an e-learning and practical training programme throughout the year that ensured staff training was updated when required. The training record identified the training that required updating and needed to be booked. Additional training specific to the needs of people who

used the service had been provided for staff, such as autism spectrum training, had been undertaken by staff.

Staff were supported through a supervision programme. A senior member of staff met with staff regularly to discuss their performance, objectives and work. Supervisions covered topics such as training and personal development, tenant's issues, situations that have been difficult and suggestions for improvement. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. With support from staff people managed their own dietary needs and catered for themselves. People were encouraged to eat healthily but if they wanted to eat different food staff members respected their decision. Where required, people's weight was monitored. There were clear guidelines to follow if a person's weight became a concern, such as referring the person to a health professional to review if their weight fell below a certain level.

Is the service caring?

Our findings

People spoke positively about the staff and told us they were caring. One relative told us; "They're brilliant. [Relative's name] is much more confident and has become more independent. It is a safe environment. The main aspects of care are personal care, cooking and cleaning. We couldn't ask for more. We've been well impressed. A lot of care systems could learn from Swallow." People who used the service told us "The staff help me. I like talking to them. I have fun with the staff and I love to talk about music. They look after me."; and "I have good support. I'm happy here."

Our observations showed that good relationships had been established between staff and the people they provided care for. We observed numerous positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing and asking how people were feeling. Staff offered support to people with their plans, such as providing suggestions for the dinner one person was cooking for a friend on valentine's day.

Care plans contained detailed, personal information about people's on-going support and development needs. This ensured staff could understand and meet people's needs in a caring way. For example to ensure one person's personal safety and security and to enable their independence, staff made sure they had credit on their phone if they planned to out anywhere. Staff we observed were fully engaged with the people they were caring for.

People's privacy and dignity was maintained. Staff told us they always considered the person's privacy. A staff member described how one person liked to be left alone and preferred spending time in their accommodation. The person's personal space was respected. We observed staff knocking at the person's door and waited to be invited into their flat. Staff provided examples of how people preferred their personal care routine to be conducted and told us they encouraged people to be independent. An example of this included prompting the person and supporting them to wash and shave. This enabled the person to make choices and request personal care needs, where required.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs such the person's preferred daily routines. The level of detail provided by staff members was clear and reflected in the person's care plans. When staff spoke about the people they supported, they expressed dedication towards the people they cared for. One member of staff told us; "We try our best to be the best. The people we support are happy."

People were provided with activities, food and a lifestyle that respected their choices and preferences. People's accommodation was furnished to their own individual taste. One person told us; "I'm going to Glastonbury and getting support from [staff member's name]. I always stay safe. I have an intercom and have a number to call if I need any help."

Is the service responsive?

Our findings

The service was responsive to people's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties. Care plans were reviewed formally once a year, and if people's care needs changed staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Where required, we found that the service accessed the complex health needs service, the exercise referral scheme, advocates and the district nurse team.

An example of this included where a person was at risk of not sufficiently managing their finances and accruing debt. A best interest meeting was held with interested parties and strategies were agreed to manage and reduce the risk. Staff supported the person by arranging a weekly transfer of an agreed amount into their bank account. The money was divided for them to cover their activities, household bills and other expenditure. The person agreed they needed help with saving. An agreed amount was kept back to provide cover for holidays, household items and clothes. Staff provided support with the person's banking and checking their accounts. We were told by a staff member that the person had cleared their debts and had saved money to pay for their holiday with their family and attend activities of their choice.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives [where requested] had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. The emphasis of the service was being 'user-led' and enabling independence as far as possible. Each person's care plan included personal profiles which included their personal strengths and how best to support them. One relative told us; "[person's name] confidence has grown and has become more independent. I attend the annual review of the care plan. I like to be involved."

The service had been responsive to people's individual needs. For example, where one person had difficulty accessing the bathroom due to a health issue, the service facilitated the installation of a new handrail fitted to help them to get in and out of the bath. They also had the option of using the shower in the staff flat.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan together with personal profiles which included what was important to the person and how best to support them. They also highlighted their personal goals. People undertook activities personal to them. People in the service were supported in what they wanted to do. People had access to a wide range of individualised, meaningful activities. On the day of our inspection people were engaging in different activities such as visiting their family, going out shopping and staying at home watching sport. People also engaged in other activities such as paid work, attending gardening clubs, music concerts and boogie club.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. People often went home to stay with their relatives. One relative spoke positively about their relationship with the service. They told us; "The staff are brilliant and they have a good rapport. They're friendly and nice. They do everything well."

Each person held a hospital passport in their records. The passport was designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints file. Where issues of concern were identified they were taken forward and actioned. People said they knew how to complain and would approach staff members if they had any concerns. We viewed a number of compliments about the service; "I've always been impressed with the way Swallow operates" and "it was hugely insightful and great to see the fantastic things that you do as an organisation. I was genuinely taken aback by the diversity of what you offer."

Is the service well-led?

Our findings

Staff members described the registered manager as supportive and approachable. Staff members confirmed that they would approach the registered manager if they had any concerns. Staff comments included; "I'm adequately supported to do my job. They allow me to be creative. They're open-minded" and "I feel listened to. There is an excellent level of direct communication. The registered manager is directly accessible at the end of the phone. If I have any uncertainties I have no qualms in discussing issues with the line manager."

Regular staff meetings were held and agenda items included safeguarding, quality checks and human resources. Staff we spoke with felt supported with their training and supervision programme. One staff member described their induction as, "brilliant and very intensive." The annual 2015 staff survey highlighted that the majority of staff would recommend the service to a friend or colleague. Comments included; "I can think of no better place to be especially as we are user led and a charity" and "The training opportunities are very welcome and I feel that the supervision meetings are valued and regular. I feel appreciated by management." Where concerns had been expressed regarding sickness the registered manager advised staff members "sickness levels are being monitored and analysed, we will look to review our sickness management if this is found to be necessary."

Systems were in place to ensure that the staff team communicated effectively throughout their shifts. Communication books were in place for the staff team regarding the individuals they supported. We saw that staff detailed the necessary information such as appointments, medication and activities. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service.

To ensure continuous improvement the service utilised the Practical Quality Assurance System for Small Organisations (PQASSO). PQASSO is specifically designed for the voluntary and community sector. It's a quality assurance system which utilises a systematic approach focussing on what the organisation does, identify areas where they're doing well and not so well and decide exactly where improvements are needed. Using this system, the service had recently sought staff views on leadership and management and implemented an action plan of areas which required development, such as communication plans. The service had recently been awarded a certificate by the local authority for their commitment to leadership, attendance management, mental health and well-being.

The service was managed by a board of trustees. The trustees were responsible for the management and administration of the service. They met regularly to discuss the operation of the service and identify actions that need to be taken forward. To ensure they were kept up-to-date with all aspects of the operation, the registered manager was required to provide on their service delivery. We noted that the trustees would identify areas that required actions. A progress report would be provided by the registered manager at the next meeting.

The registered manager undertook regular unannounced visits at the premises where people lived. They

inspected the premises, assessed the members of staff on duty and sought people's comments. The feedback provided by people was positive and they advised the registered manager about the support they received.

Through regular care plan meetings people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals.

The service also held an annual evaluation day which is facilitated by an independent body. It provided an opportunity for people, staff, trustees and family member to discuss their dreams and aspirations. It provided an open forum for discussion and how the service could address their aspirations, such as providing independent living skills. People's comments regarding their experience of the service included; "staff are kind and listen"; "warm, instils confidence"; "kind welcoming and accepting"; and "they help me be more independent."

The regular tenant's meetings also provided a forum for people to express their views. We found that issues identified by the people had been taken forward by the service, such as the enabling their choice of activities. People were also provided with a regular newsletter's which provided current information regarding the service, such as updates on activity groups and courses.

Senior staff members conducted regular quality assessment and monitoring audits. They reviewed issues such as; support plans, incident reports, health checks, medication and health and safety. The audits identified good practice and areas where improvements were required. Examples of this included the need to ensure that confidential files are clear and up-to-date.