

Orwell Housing Association Limited

Swann House

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

About the service

Swann House is a domiciliary care agency. It is registered to provide personal care to people in their own homes. This service provided care and support to people living in a 'supported living' setting, so that they can live as independently as possible. At the time of the inspection visit the service supported 22 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received good quality, person-centred care. People felt safe living at Swann House with support from staff, who knew them well. People's care needs were assessed, and action was taken to reduce any risks. The registered manager recorded and monitored accidents and incidents to minimise the likelihood of a reoccurrence.

People were cared for by trained and competent staff who were fully supported by the registered manager in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everybody spoken with was complimentary about the staff team and their caring approach.

People were involved in developing their care plans and making decisions. They were encouraged to maintain or regain their independence. Staff arranged communal social activities to help reduce loneliness and promote socialisation.

The registered manager monitored safety and quality through regular checks and audits.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 7 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Swann House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, a team leader and care workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service. We also spoke with a visiting healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person said, "I feel very safe here. I could not live in the outside world at the moment."
- Staff had received training about the different types of abuse. They were able to describe different types of abuse and their responsibility to report it.
- The registered manager understood their obligation to report their concerns to the relevant authorities and had sent us statutory notifications to inform us of any events that placed people at risk.
- The registered manager and provider had systems in place to monitor any allegations of abuse.

Assessing risk, safety monitoring and management

- The registered manager carried out an assessment before people moved into the service to ensure they could be safely supported by the service.
- Identified risks to people were recorded and information as to how the risk was mitigated was recorded in their care plan. For example, some people at risk of falls had alarm pendants to alert staff in case of a fall.
- Risk assessments were up to date, accurate and available to relevant staff. This meant staff had guidance available to support people safely.

Staffing and recruitment

- The registered manager confirmed that the service continued to follow safe recruitment procedures including checks with the disclosure and barring service and appropriate references.
- People and staff spoken with generally believed there were enough staff to provide the support required. One person said, "I have never been let down."
- The registered manager told us that they needed to use agency staff usually at night and at that this member of staff worked alone. They told us that they tried to use consistent staff so that people were familiar with them and the member of agency staff knew people's needs. New agency staff received an induction into the service.

Using medicines safely

- People told us that they received their medicines as they wanted. One person explained how they managed their own medicine but that the service supported them with their eye drops.
- The service had recently had an inspection by the local pharmacy and received positive feedback.
- Care plans contained information for staff on how people liked to receive their medicines and the level of support they required.
- Where people had a medical need for their medicine to be administered in a particular way this was fully

explained in their care records.

- Care records clearly explained who was responsible for ordering people's medicine.

Preventing and controlling infection

- Staff had received training in infection control and told us that personal protective equipment was readily available.

Learning lessons when things go wrong

- The registered manager monitored incident reports and audits. Where concerns were identified appropriate action was taken. For example, audits had shown that there was an unacceptable number of gaps in medicines administration records. They told us they had taken action to address this and recording had now improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual support needs were assessed before they moved into the service to ensure these could be met. One person told us, "The girls came to see me before I came in here."
- Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about religious or cultural needs.
- Staff received regular spot checks and supervision to ensure they were delivering care in line with people's care plan.

Staff support: induction, training, skills and experience

- Staff told us that the training gave them the skills they needed to provide care and support and to meet people's needs effectively.
- Newly recruited staff followed an induction programme and were required to undertake training when they commenced employment. They also worked with existing and experienced staff members to gain an understanding of their role.
- Training was a mixture of face to face and on line training. One member of care staff said, "It is good training, really really helpful gives you better understanding of how to deal with situation when it happens."
- The registered manager told us, and staff confirmed that there was always a member of senior staff 'on call' if they needed it when they were working evenings and weekends to offer guidance and support.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with eating and drinking guidance for staff was detailed in their care plans. Staff were clear as to whether the person or their family bought the food.
- Where people required a specific type of support with their nutrition for example via a percutaneous endoscopic gastrostomy (PEG) tube this was fully explained in their care plan. Staff had also received the necessary training to manage the PEG
- The registered manager told us how they had worked with a person's family and dietician to support them to increase their weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When necessary, people received support from healthcare professionals. The registered manager told us they were worked closely with the district nursing team.
- We spoke with a visiting healthcare professional from the local GP surgery. They told us that the service

was quick in picking up changes in people's health and contacted the surgery promptly.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us that staff offered them choices when providing care and support. One person said, "We are not always being bothered to do things. We are free agents."
- Staff confirmed they received training on the MCA. They told us they put the principles in to practice by giving people choices in their lives and encouraging their independence.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everybody we spoke with was complimentary about the staff and support they provided. One person said, "I must say they are all very good and helpful at all times. I always feel if you need to ask them anything you can do it without worrying." Another person said, "I would not be happier anywhere else. They look after you well. We have a laugh and joke with them."
- Where people had particular religious or cultural needs the service supported them with these.
- People's preferences for support, and what they needed staff to do for them, was the focus of their care plan, and this varied from person to person based on individually assessed needs.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their care and were encouraged to express their views. A team leader gave us an example of how they had recently sat with a person to go through their care plan to ensure it reflected their needs and wishes.
- Staff gave us examples of how they supported people to make decisions about their care. For example, what they wanted to wear that day.
- Care plans demonstrated that people had been involved with writing them by their personalised content and people's signatures.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person told us, "They open the door and call out. Very respectful. I cannot find fault with any of the staff. I am so happy here."
- Staff described how they ensured people's privacy was maintained when they supported people with their personal care.
- The registered manager gave us an example of how a person had been supported to become more independent with the activities of daily living.
- During our inspection we observed staff knocking on doors and treating people with respect.

Is the service responsive?

Our findings

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care staff and the leadership team were knowledgeable about people's care needs and preferences.
- One person told us, "I talk to the manager. I get on well with her. We have our meetings and if I want to talk to her by myself I just say can I come and speak to you or I can speak with her in the lounge. Staff give me time."
- People told us that they received their care and support at a time which suited them. One person told us, "They come at a time which is convenient."
- The registered manager explained how visit times were adapted to meet people's needs. For example, one person went out on a Tuesday so had an earlier visit on a Tuesday.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plan and known by staff. Records described how people should be given information and how to make sure it was understood. For example, one person's care plan read, 'I do not have any hearing problems as long as people speak clearly I am able to understand them.'
- The registered manager told us that information, such as the minutes of service user meetings were shared in a format people could read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff organised communal activities and arranged for external companies to visit Swann House. This helped people to engage with others and encouraged socialisation amongst the people who lived there. Activities included visits from church groups and entertainers. Staff also supported people to access the local community for shopping trips and cultural visits.
- The registered manager was aware that some people were spending time on their own and were at risk of becoming socially isolated. They told us they were planning to encourage more people to participate more in activities provided in communal areas.

Improving care quality in response to complaints or concerns

- The registered manager addressed issues promptly to avoid any dissatisfaction with the service.
- People told us they felt able to raise any concerns with the registered manager and were confident they would be dealt with appropriately. One person said, "They do not know if you do not tell them. You have got to be able to talk to them, and you can."
- Information about how to make a complaint was available in communal areas of the service.

End of life care and support

- There was no-one using the service who received end of life care at the time of the inspection.
- People's religious and cultural preferences were indicated in their care plans. This helped staff to care for people as they would wish when they were no longer able to express their views for themselves.
- The registered manager told us that they were working with a local funeral director to provide training for staff around end of life care and support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke highly of the service. Comments included, "I must say they are all very good and helpful at all times," and "The staff are wonderful, you can have a laugh and joke with them. It's like home from home."
- People also told us they felt listened to and valued. One person told us, "You can talk to the girls."
- The registered manager had an excellent understanding of providing consistently safe, high-quality care to help people to achieve positive outcomes. This reflected by the service maintaining a rating of good since the last inspection.
- Staff said they were listened to and supported by their managers to deliver person-centred care. They said they were respected and valued at work. A care worker said, "Manager is really good, team leader is supportive. We work as a family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated transparency when dealing with any issues. They had developed a very good relationship with people and staff. People and staff had confidence in the registered manager and said the registered manager would act in a responsible manner if something went wrong.
- The provider's monitoring system checked the registered manager carried out their role candidly and made decisions about the service which benefited the people who lived there.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team had an excellent understanding of their roles and responsibilities including their regulatory requirements. The policies and procedures in place supported staff to deliver a high-quality service.
- Quality assurance systems were fully embedded into the service. Audits were completed to monitor the safety and quality of the service provided. Audits were evaluated by the registered manager to look for themes and trends; and they acted quickly to address issues and make improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was frequent engagement with people to involve them in how the service was run.
- A person using the service said, "It is for us to say what we want." They went on to explain how they were

given the opportunity to do this.

- As part of their monthly audits the registered manager spoke with people about their experience of using the service.

Continuous learning and improving care

- Learning from incidents was shared with staff, to continually improve the service they provided to people.

Working in partnership with others

- The registered manager and staff had developed positive relationship with external professionals which helped meet people's needs in a timely manner. These included the local GP surgery and district nurses.