Swanton Care & Community (Autism North) Limited

All Saints Vicarage

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

All Saints Vicarage is a residential home that provides care, support and accommodation to a maximum number of six people who have a learning disability or autistic spectrum disorder. At the time of the inspection there were six people living at the home.

At the last inspection on 1 July 2015, the service was rated Good. At this inspection we rated the service as 'Requires Improvement.'

Relatives gave us mostly positive feedback and confirmed they were happy with their family member's care. They said there had been some difficulties at the home particularly in relation to staff turnover, management and communication. However, they also acknowledged these had improved and the home was now more settled. They also felt a recent change of ownership for the provider was positive for future development of the home. Some relatives felt communication could be improved further.

Relatives and staff told us they felt the service was safe. We concluded from speaking with staff and our own observations that there were sufficient staff deployed to meet people's needs.

Staff showed a good understanding of safeguarding and were aware of the provider's whistle blowing procedure. They also knew the process for reporting concerns and said they would not hesitate to raise concerns if required. Previous safeguarding concerns had been dealt with appropriately.

The provider had effective recruitment procedures in place to ensure staff were suitable to work at the service.

We found medicines were usually managed safely. Records confirmed only trained staff administered people's medicines. We found a recent medicines audit had not identified minor gaps in one person's medicine records.

The provider carried out regular health and safety checks and had procedures to deal with emergency situations.

Staff told us they received good support and the training they needed. However, records showed some supervisions and training were overdue.

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 with nutrition and accessing healthcare in line with their individual needs.

People's needs had been assessed to identify the support they needed and the information used to develop

personalised care plans. These had been reviewed following a recent audit to ensure they reflected people's current needs.

People had opportunities to participate in their preferred activities, such as walking, dancing, painting and crafts

Although relatives gave positive feedback about their family member's care, they also knew how to raise concerns if required.

Relatives and staff described the registered manager as approachable and supportive.

We did not find evidence of regular team meetings having taken place.

The provider carried out internal and external quality assurance checks to help ensure people received good care.

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.

Relatives and staff told us the home was safe.

A medicines audit had not identified minor gaps in one person's medicines administration record.

There were enough staff on duty to meet people's needs. New staff were recruited safely.

Health and safety checks were carried out regularly.

Is the service effective?

Requires Improvement

The service was not always effective.

Some supervisions and essential training were overdue when we inspected.

The provider followed the requirements of the Mental Capacity Act (2005).

People were supported to have enough to eat and to access health care services when required.

Is the service caring?

Good

The service was caring.

Relatives felt their family members received good care at the home.

We observed frequent positive interactions between people and staff members.

Care records were personalised and included details about people's preferences.

Relatives acted as advocates for their family members.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and personalised care plans developed.

People were supported to participate in their preferred activities.

Relatives gave mainly positive feedback but knew how to raise concerns if required.

There had been no complaints made about the home.

Is the service well-led?

Requires Improvement

The service was not always well led.

Relatives told us information about changes to the organisation had not been communicated well and communication generally required improvement.

Regular team meetings were not held.

The home had a registered manager who relatives and staff said was approachable.

Quality assurance checks were completed regularly.

All Saints Vicarage

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 checked 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 was a comprehensive inspection.

This inspection took place on 21 September, 29 September, 9 October and 10 November 2017 and was announced. These dates included visits to the service and phone conversations with relatives of people using the service.

One inspector carried out this inspection.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People had limited communication which meant they were unable to tell us about their experiences of living at the service. We spoke with four relatives. We also spoke with the registered manager, two senior support workers and a support worker. We looked at the care records for three people who used the service, medicines records and recruitment records for five staff. We also looked at a range of records related to the quality, management and safety of the service.

Good

Is the service safe?

Our findings

Relatives confirmed they felt the home was a safe place for their family member. One relative commented, "I don't have anxiety over how well [family member] will be looked after. I have confidence in the care." Another relative said, "I have to have trust in the people looking after [family member], I have that. I don't think he is going to be any safer anywhere else. He is as safe as he is going to be." Staff also told us the service was safe. One staff member said, "It is very safe. Everything is locked away." Another staff member told us, "Yes, it is safe."

Staff showed a good understanding of the whistle blowing procedure. Staff we spoke with during the inspection told us they have no hesitation using the procedure if required. One staff member said, "I have never used it [whistle blowing procedure]. Concerns would be dealt with 100%." Another staff member said, "I have been here since February and I have never seen anything [of a concern]."

Staff had completed safeguarding training which meant they had a good understanding of how to identify and report safeguarding concerns. One staff member told us, "I never stand for it [person being harmed], I would report it." We viewed the provider's safeguarding log which showed previous safeguarding concerns had been logged and investigated in line with the agreed procedures. This included a referral to the local authority safeguarding team.

Relatives told us they had previously had concerns about staffing at the home. They said there had recently been a period of instability due to a high turnover of staff and the use of agency staff. However, the home now had a settled and consistent team. One relative said, "Staffing has settled down. I feel as if I know people [staff] when I go. There are some good people who work there."

Staff told us staffing levels were sufficient to meet people's needs in a timely manner. One staff member told us, "We normally run on a full quota [of staff]. We have one to one and two to one for certain people. This is always provided, we swap around as needed." Another staff member said, "We have made a lot of improvements with staffing." We observed during our visits to the service that staff were visible and on hand to support people as required.

There were effective recruitment checks in place to verify that new staff were suitable to work with the people living at the home. This included a range of pre-employment checks before new staff started working at the home. For example, requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The provider had systems to help ensure medicines were managed safely. Records showed staff had completed training in the safe handling of medicines and their competency had been checked. Medicines related records were usually completed accurately. Medicines administration records (MARs) for most people were correct. We found these accounted for the medicines people had received from staff. However, we noted there was a gap in one person's MAR which we highlighted to the registered manager for

investigation. All of the other medicines related records we viewed, such as for the receipt and disposal of medicines, were accurate. Medicines were stored securely in a locked cabinet.

Where a potential risk had been identified, the provider carried out a risk assessment to minimise the impact on people using the service. For example, risk assessments covered areas such as fire safety, waste management and staffing issues. These had been reviewed regularly.

Regular health and safety checks were carried out. This enabled the provider to keep the premises and specialist equipment safe for people to use. Records showed these checks were up to date when we inspected the home. This included checks of fire, electrical and gas safety. The provider had developed emergency procedures to help ensure people continued to receive they care they needed in an emergency situation.

The provider kept detailed records of incidents and accidents that took place at the home. Records confirmed these had been fully investigated and action had been taken to keep people safe. Actions included distraction with an activity, talking to people and very occasionally physical restraint was used as a last resort to prevent harm to the person or staff. When restraint had been used detailed records were kept as to reason for its use and what other techniques had been used first.

Requires Improvement

Is the service effective?

Our findings

Staff told us they received good support and could access appropriate training. One staff member told us, "This company is really good [with support]. They have a very good understanding of staff member's needs." Another staff member commented, "I have a good supervision with [registered manager]. He makes sure staff are trained." The provider's training matrix identified particular training courses as essential for care staff, such as infection control, fire awareness, first aid, nutrition, moving and handling and restrictive intervention (dealing with behaviours that challenge).

Records showed supervisions, appraisals were not fully up to date for some staff. However, a plan was in place to bring these up to date. The provider's quality team had identified that compliance with essential training had been low at 48% in May 2017. We found progress had been made to improve this, however when we inspected some training was overdue. For example, 15 staff out of 25 had not completed emergency first aid training and 19 had not completed nutrition training. Plans were in place to ensure staff completed this training. One relative told us how staff had worked with others to complete personalised training to care for their family member. They commented, "Training, I think they have the measure of that. They have worked with the positive behaviour team and care manager. They have learnt a lot and taken on board what has been said."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service lacked capacity and were unable to consent to their stay at All Saints Vicarage. We found the appropriate DoLS authorisations were in place for each person. We also found examples of MCA assessments and best interest decisions in people's care records. For example, in relation to managing finances, administering medicines and use of restraint as a last resort. One relative told us, "There are DoLS issues around [family member] …. They do that quite well so that [family member] has some degree of privacy. They support in a way that doesn't place too many restrictions, but keeps [family member] safe."

Staff had a good understanding of the strategies needed to promote choice and decision making. One staff member said, "We give people the option of different things, they can pick what they want." Another staff member told us, "They can all communicate what they want and when. The staff are very positive towards the lads [people using the service]." One relative commented, "They know the sounds [family member] makes. They interact with him well."

People were supported with their nutritional needs depending upon their individual needs. Care plans described the support people needed with eating and drinking, as well as any specific strategies or equipment people required.

Records showed people had access to external health professionals in line with their needs. For example, one person had been assessed as at risk of poor nutrition. Staff had referred the person to a dietitian who had prescribed nutritional supplements. The person's MAR confirmed they were receiving these

supplements in line with the dietitian's recommendations.

Good

Is the service caring?

Our findings

Relatives told us they were currently happy with their family member's care. Most relatives described how the service had been through a difficult and unsettled period. This was due to an established manager and a number of staff leaving their employment at the home. However, relatives confirmed the situation had now improved. One relative commented, "I think [family member] is well cared for. There was a hiccup a year ago, a lot of turnover of staff. I have no concerns at the moment." Another relative said, "I am happy with the care. I want [family member] to stay there it is meeting his needs. [Family member] found life very difficult, it has given him stability"; and, "I can see in [family member's] body language he is happy."

During our time at the home we observed positive interactions between staff and people using the service. We noted staff were patient, kind and considerate towards people. Staff showed an excellent knowledge of people's individual needs and could interpret people's gestures and signs. They described the individual strategies they used to communicate with each person. This included touch, Makaton, signs, pictures, gestures and facial expressions. For example, we observed one person made a gesture which a staff member told us meant they needed to go to the bathroom. This was dealt with straightaway. One staff member commented, "You can always get to the bottom of what people want."

The provider had many specific adaptations to the home to meet the needs of individual people. For example, part of the home had been made into a self contained unit so that one person could have their own space. Another person had an area of the home that was mainly used by them. This was also so they could have some personal space outside of their bedroom. Other people had been supported to personalise their bedrooms to suit their own personal tastes.

Promoting people's independence was a priority for the service. For example, staff supported people to be involved in household duties. People had goals identified to work towards based around activities of daily living such as cookery skills and making a cup of tea independently. One staff member commented, "We promote independence as much as possible."

Care records were personalised including information about people's care preferences and any likes or dislikes they had. Each person had a document called 'Understand me.' This provided staff with a summary of what was important for each person. For example, the document included information about how staff should support people when they were stressed, how to support decision making, and supporting communication. Other information covered how people liked to relax, important people in their life and how they participated in the local community.

Relatives told us they were involved in their family member's care and their views were listened to. They also felt staff had a good understanding of their family member's needs. One relative said, "I am very much involved in discussions. I send emails with suggestions. We work together." Another relative said, "I think they have a good understanding of [family member]. His needs are met.

People's care records contained details of the individual advocacy arrangements for each person. For most

people, relatives advocated on their behalf. One relative commented, "I am his mother, I am his advocate. If anything goes wrong I will tell them and they know that."

Good

Is the service responsive?

Our findings

People's needs had been assessed and the information gathered was used to develop personalised care plans. Part of the assessment involved identifying any cultural or religious needs people had so that these could be met during their stay. Other areas considered during the assessment included people's communication needs, capacity to make decisions and health and social needs.

The provider had been focusing on reviewing and developing people's care plans following their own audit to ensure they accurately reflected the support each person needed. The care plans we viewed clearly identified the individual support each person needed from staff. This included details of any particular strategies required to keep people safe and promote their wellbeing. For example, for one person this meant spending time in a particular area of the home, being physically active and having a tidy environment with no clutter.

Where potential risk had been identified, risk assessments had been completed to help keep people safe and enable them to participate safely in activities. Other standard assessments were completed using recognised tools to protect people from a range of potential risks, such as poor nutrition and skin damage.

People were supported to participate in their preferred activities. This included walking, dancing, painting and crafts. One relative said, "[Family member] gets taken out a lot now." Another relative commented, "[Family member] has a very full life now." A third relative commented, "I can see an improvement in [family member]. It is a very individual programme. [Family member] was taken to a music festival. He gets to choose to do these things." They went on to tell us their family member was also involved in cooking, trampolining, wall climbing and discos. A fourth relative said, "[Family member] is going swimming."

Care plans contained information about how people liked to spend their time and their preferred activities. For instance, one person liked to be very active, to be out in the community walking every day, swimming, trampolining and going to a restaurant for lunch. Records showed people had been supported to take part in some of these activities.

Although relatives had mainly positive feedback about the care their family received, they were very aware of how to complain and felt able to do so. One relative said, "Oh yes I would make my mouth go [if I had concerns]." There had been no formal complaints made about the service.

Requires Improvement

Is the service well-led?

Our findings

We received mixed feedback about how effectively the provider communicated with relatives. One relative said, "There have been an awful lot of changes at All Saints, they have lost staff who have been there since the beginning. Communication hasn't returned to be as good as it was, although we recently had a meeting with the new regional manager. There is a lack of communication. I was promised a phone call every week." They went on to tell us this hadn't happened. Another relative commented they had told the provider they could easily improve communication. They told them, "You can change things by ringing [relatives] up." A third relative told us, "They ring me, they always ring me. They always have been very good with that."

Relatives told us the service had recently been through a difficult period with a change of ownership and issues with staff turnover. They described how these changes hadn't been communicated well to keep them informed about what was happening. However, they acknowledged the situation was improving and they had more confidence in the service now. Most relatives thought the change in ownership was going to be positive. One relative said, "We think it is going to be positive. Before it happened we knew nothing about it. I am very impressed with the regional director, very open and answered all our questions." Another relative told us, "We had a meeting for parents about three to four weeks ago. They have plans for the garden to redevelop that a bit better." A third relative commented, "I am feeling positive, they are putting money into the service. They had a meeting for family and friends last month." A fourth relative said, "Over the last two years All saints has undergone a massive change"; and, "There is now a more positive attitude around. We attended a meeting, the start of a regular series of meetings."

We viewed feedback from the last 'friends and family' survey carried out on 2017. Three questionnaires had been returned during this consultation. Areas for improvement identified included communication, staff retention and the garden area. Positive feedback was given about the care staff and the person centred approach to the care provided at the home.

Although staff told us they could speak with the manager or senior staff when they needed to, we found formal team meetings were not held regularly.

The home had a registered manager. 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. The registered manager had been proactive in submitting the required notifications to the Care Quality Commission.

Relatives and staff described the registered manager as supportive and approachable. One relative said, "I have faith in [registered manager], he seems positive. He has done what he said. He is approachable. The seniors I have faith in them"; and, "I feel they have good leadership with [registered manager] and the seniors." One staff member told us, "[Registered manager's] door is always open if you need to speak with him. They have been great with me." Another staff member said, "I get on very well with [registered manager]. He does try to run a tight ship. He adores the lads [people using the service]. I have no problems

with him."

Relatives and staff described the service as having a friendly and welcoming atmosphere. One relative said, "I feel welcome when I go there." One staff member described the atmosphere as "brilliant" and "a lively place."

The provider had a structured approach to quality assurance to ensure people received a good standard of care. This included both internal and external checks on the quality and safety of people's care. Internal quality assurance checks were done consistently and covered areas such as medicines management, care plans, infection control and health and safety. We found most audits had been effective in identifying areas for improvement, however e recent medicines audit had not identified minor gaps we found in one person's MAR. Records showed the provider carried out random unannounced out of hours spot checks. This included a check on the outside environment and security of the home. Some minor issues had been identified which were dealt with immediately.

A 'governance and quality audit' had been carried out in May 2017 by the provider's senior quality managers. This was robust check on the service using a similar rating system to the CQC. The outcome from this audit was that the home required improvement. This was because they found a number of issues such as key documents missing, training incomplete and a lack of person-centred record keeping. Following this audit a detailed a comprehensive action plan was developed. We viewed the most recent version of the action plan which confirmed the home had completed a significant number of the actions identified. Further visits carried out in July and August 2017 showed progress had been made to complete the actions identified in the action plan.