

Swanton Care & Community Limited

Swanton Community Care

Inspection report

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12 April 2019

23 April 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service: Swanton Community Care provides personal care and support to younger adults with mental health, physical disability and autism or learning disability who live in their own homes. At the time of the inspection, they were providing a service to 22 people; 15 of which were receiving a regulated activity of personal care and support.

People's experience of using this service: People were not always confident staff had the skills to support them with their medicines. Staff were trained in the safe administration of medicines and had their competency assessed, though we found problems with medicine records, stock checks and storage.

Quality assurance processes were in place but had been unable to maintain a high-quality service due to recently being implemented. The newly registered manager was passionate about providing a good service, had made positive changes in a short space of time and encouraged an open and honest culture.

Staffing levels were appropriate to meet people's needs, but people felt staffing levels could be improved. People were included in staff recruitment and the provider's processes helped ensure only suitable staff were employed. The provider's induction and ongoing training helped ensure staff had the skills and knowledge to meet people's needs.

People had choice and control over who provided their care and when. People spoke positively of their relationships with staff and were supported to take part in activities that interested them. Staff respected people as individuals, had a positive approach to equality and diversity and promoted people's independence.

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. Staff were trained in mental capacity legislation and understood their responsibilities. They gained consent before providing care and supported people to make their own decisions and choices.

The 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.

People's dietary requirements were met, and referrals were made to healthcare services in a timely way. Care plans were updated which enabled staff to provide person-centred care and follow professional advice.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered persons had failed to ensure the safe management of medicines and had not suitably assessed,

monitored and improved safety whilst providing the regulated activity of personal care.

Details of the action we have asked the provider to take can be found at the end of this report.

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

Rating at last inspection: At the last inspection, on 9 August 2016, the service was rated Good (report published 5 October 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Swanton Community Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: Swanton Community Care provides care and support to people living in a number of 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Swanton Community Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service had a manager registered with the CQC. 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. The manager had recently registered.

Notice of inspection: We gave the service 24 hours' notice of the inspection site visit, so it could be arranged for staff to speak with us on the day of the inspection.

We visited the office location on 2 and 11 April 2019 to see the manager and office staff, and to review care records and policies and procedures. We contacted people who used the service and their relatives on 12 and 23 April 2019.

What we did: Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). Providers are required to send us some key information about the service, what the service does well and improvements

they plan to make. This information helps support our inspections. We contacted the local authority adult safeguarding teams and Healthwatch, the consumer champion for health and social care, to ask if they had any information to share.

During the inspection, we spoke with two people who used the service and two relatives. We spoke with the regional manager, registered manager, one team leader and two care support workers.

We looked at a range of documentation such as care files and daily notes for four people, and medication records for five people. We looked at other records for the management and running of the service such as recruitment, induction, supervision and staff training. We also looked at staff rotas, surveys, audits and compliments and complaints.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always safely managed, so people were at risk of receiving them incorrectly. Most people received their medicines as prescribed. However, we found one person was prescribed a type of pain relief, but two different strengths were recorded on the medication administration record. Staff had not identified the error and consistently recorded as administering the higher strength, despite it not being in stock.
- Processes were in place regarding the administration of controlled drugs, but this did not prevent recording errors. One person was prescribed a pain relief patch, two staff signed the controlled drug book when it was administered but had incorrectly recorded the stock balance on three occasions. This placed the person at risk of not having their medication available for the next dose.
- Some medicines were stored incorrectly, stock checks were inaccurate, and audits had not identified these issues. The registered manager was aware and using the provider's processes to monitor and address them.

Not ensuring the proper and safe management of medicines put people at risk of harm and was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They amended their medicines policy to promote accountability and was sourcing a more robust medicine system to help reduce the errors.

- Staff were trained in the safe administration of medicines and received specialist training for specific medicines. Competency assessments were completed to ensure staff had the required skills and knowledge. Staff knew how people liked to take their medicines, as details were recorded in their care plans.

Staffing and recruitment

- Staffing was not always set at safe levels. People told us staffing levels were monitored and had improved but needed further work to ensure everyone received the right support.
- People's choices as to who delivered their care and when, were respected. One person said, "Staff are allocated to me and mostly I'm happy with them. If I didn't get on with staff it would be acted upon and changed for me."
- The provider's recruitment processes helped ensure only suitable staff were employed. People were included in the recruitment process and their views were taken in account.
- Disciplinary procedures were in place and had been followed when required.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from harm and lessons were learnt from any errors made. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and with relevant organisations.
- The provider had a whistleblowing policy in place and staff were confident any concerns they raised would be acted upon.
- Accidents and incidents were analysed within the service and across the provider's other services to look for patterns and trends to aid learning and help prevent reoccurrence.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's safety and wellbeing were identified. Appropriate strategies were in place to enable staff to monitor and minimise the risks, without being overly restrictive. Daily care records showed these were followed.
- Fire safety checks were completed, and personal evacuation plans were in place to ensure people received the right support in an emergency.
- Staff used gloves and aprons to help prevent the spread of infections.

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.

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 needs were effectively assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans to support staff to provide appropriate care.

Staff support: induction, training, skills and experience

- The staff were effectively supported. New staff completed a comprehensive induction programme which included shadowing experienced members of staff and completing mandatory training. A staff member said, "I completed two weeks of training, then two weeks of shadowing. I preferred that my training was all done before I started."
- Staff had access to a wide variety of training and received reminders when it was due to be renewed. The registered manager monitored training and completed competency assessments to ensure staff skills remained up to date.
- Not all staff had received supervision in line with the provider's policy. However, staff told us they felt supported by the team leaders and the management team. The newly registered manager had implemented an action plan to ensure staff received regular supervision and support.

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

- People were supported to have a diet of their choice and their independence with shopping, planning and cooking was promoted. Staff encouraged people to have a healthy and varied diet, whilst respecting their choices.

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

- People's healthcare needs were met in a timely way. One relative told us, "If any medical complications occur, staff are onto it and will ring the doctor straight away."
- Staff supported people to access healthcare services, followed professional advice and provided effective care.
- Care plans contained appropriate information and included professional advice, which supported staff to provide consistent care.

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 with appropriate legal authority. In the community, applications to deprive someone of their liberty are made by the local authority to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were effectively protected. Staff sought consent and people were supported to make their own decisions. Where they were unable to, decisions were made in people's best interests. Staff were trained and working in line with the MCA and care plans supported this.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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.

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

- Staff were caring. People trusted staff as they were kind and respectful. One person said, "Staff are very kind, the best one is [Name] as they know how I feel, and I can talk to them."
- Staff had a caring approach and were passionate about supporting people. A staff member said "I really enjoy my job and seeing the people we look after. Every day is not always a good day but it's about making it a good day and people appreciate it."
- Staff interacted positively with people and completed activities with them that they enjoyed, such as baking. We observed people were relaxed, as they were talking and laughing with each other and with staff.
- Staff were mindful of people's emotions and addressed problems sensitively. One person's behaviour was managed, staff addressed the cause of the problem and provided reassurance to the other person involved.
- Staff were trained in equality and diversity. People were supported to attend religious and social events of their choice. Care plans and risk assessments evidenced the support people needed regarding their sexual orientation, religion and culture.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. People told us staff maintained their privacy and dignity and staff were knowledgeable about how to do so.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed.

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

- People were effectively supported to make decisions about their care. Staff supported people with their routines and offered them choices. They worked with people and their families to ascertain how they liked to be cared for and this was recorded in their care plans. A relative said, "Staff ask us how we do things and what [Name] likes."
- People were supported to access advocacy services or had support from their family with making decisions.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about people's personal routines and provided consistent care. Care plans documented people's preferences and routines which were reviewed and updated with any changes. Care plans enabled staff to provide person-centred care and daily records showed people's needs were met as per their wishes.
- People were supported to take part in a wide range of activities that helped people to lead fulfilling lives. Activities were tailored to people's interests and included college courses, going to night clubs, swimming, bowling and baking.
- People were supported to set goals each month, review their progress and shape their lives in the way they wanted. Goals included increasing their independence and trying new activities. Reviews showed where people had achieved their goals and then set new ones.
- Information was provided to people in a way they could understand. For example, this included personal emergency evacuation plans, questionnaires and complaint forms.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and were confident they would be addressed. A relative said, "We've always felt that if we have any problems we can speak to the manager and they will look into it."
- Complaint forms were written in a way people could understand, enabling people to raise problems.
- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues where possible or passed on concerns to the management team.

End of life care and support

- Staff respected not all people wanted to discuss their end of life wishes. For those who did care plans documented people's preferences and included spiritual and cultural information.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The quality of the service was not assured, and people were at risk of receiving a poor service. Prior to January 2019 there was no evidence of audits being completed, as a result the provider and management team were unable to effectively monitor and maintain the quality of the service.

The lack of established quality assurance systems to assess, monitor and improve the quality of service meant people were at risk of harm and receiving a poor-quality service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Since January 2019 a new registered manager was in place. They had started to implement quality assurance systems, which needed time to become established. These included audits of medicines, infection prevention control, environmental checks and surveys.
- Audits had identified issues and started to address shortfalls, but it was not always clear when issues had been resolved. We raised this with the registered manager to review their audit process.
- The registered manager was passionate about improving the service and had developed an action plan to address issues and prioritise tasks accordingly. They were aware of issues with people's medicines and continued to closely monitor, address and learn from problems. They worked closely with the provider's governance officer to complete actions within required timescales.
- The registered manager understood the regulatory requirements and reported information appropriately.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Since being in post, the new registered manager had improved the running of the service. Staff were consistently positive about the support offered by the current management team and changes made in a short space of time. A staff member said, "[Registered manager's name] is amazing. They've brought in all the right paperwork and protocols. Everything is so much better."
- The registered manager promoted an open and honest culture. A staff member said, "Since the day [Registered manager's name] came, the atmosphere and culture has changed, it is much more positive."
- The registered manager supported staff and told us, "I'm available any time of the day." Staff confirmed they felt supported by the current management team.
- Staff understood accountability and their duty of candour. A staff member said, "We can't hide things, it goes back to accountability. If we aren't open with other agencies and professionals, how can we expect them to be open with us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were included in the development of the service. Satisfaction surveys were completed, and action taken to address any issues.
- Staff were able to make suggestions about the service. A staff member said, "I could easily raise ideas for new ways of working with the management team. They're very open to suggestions."
- Staff's knowledge about people and their care needs was utilised. Staff were included in reviewing and updating care plans which helped promote consistency of care.
- The service had effective working relationships with other organisations and professionals to ensure people received the right support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed in line with best practice, which meant people were at risk of receiving their medicines incorrectly. Regulation 12 (2)(f) and (g).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor and improve the quality of the service were not established and effectively operated, which meant people were at risk of receiving a poor service. Regulation 17 (1) and (2)(a)(b).