

## Swanton Care & Community Limited

# Baylis Place

### Inspection report

61 Wawne Road  
Sutton On Hull  
Hull  
North Humberside  
HU7 4FE

Tel: 01482877011

Website: [www.swantoncare.com](http://www.swantoncare.com)

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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

Baylis Place is a modern purpose-built care home on the outskirts of Hull situated in a residential area close to shops, amenities and public transport. It is registered to provide accommodation for up to eleven adults with learning disabilities, autism and associated complex needs.

The service accommodates people across two floors each of which has separate adapted facilities. The upstairs accommodation also provides a separate self-contained flat.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. Eleven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We have made a recommendation about fire doors.

Three fire doors did not fully close, and the registered manager had raised this with the estates manager. Records showed that the identified doors were regularly reported and maintained when found to be damaged.

The provider had systems in place to safeguard people from abuse. Staff could recognise and report any safeguarding concerns and understood how to keep people safe. Relevant risk assessments had been completed. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. Staff recruitment was safe.

Care plans had been developed and were regularly reviewed. These contained relevant information about how to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

The environment was warm, welcoming, clean and free from malodours. People had personalised rooms.

There was a wide range of opportunities for people to engage in activities, attend college courses and follow hobbies and interests.

People were positive about the staff and told us that their privacy and dignity was promoted. Preferences and choices were considered and reflected within records.

People had access to a varied balanced diet. Staff monitored people's weights and worked with healthcare professionals to make sure people received medical attention when needed.

People were able to see their families as they wanted.

People and staff spoke positively about the registered manager and felt able to raise concerns and were confident these would be addressed. Staff told us they were well supported by the registered manager and management team.

People who used the service, their relatives and staff had the opportunity to feedback about the service. There was a system in place to respond to any concerns.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 26 June 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-Led findings below.

Good ●

# Baylis Place

## 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 two inspectors on the first day and one inspector on the second day.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection

#### During the inspection

We spoke with one person who used the service about their experience of the care provided, three members of staff, the newly appointed manager and the current registered manager. We used the Short Observational

Framework for Inspection (SOFI), SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of documents. This included four people's care and medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives and two health and social care professionals.

# 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 requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection in June 2018 we found that the service was not meeting the legal requirements in providing sufficient staff to ensure people were safeguarded from abuse and improper treatment. At this inspection we found that the required improvements had been made.

The service provided a designated additional staff member to work with the three people who were mainly involved in the incidents. The service saw a decline in incidents. The registered manager met with professionals and made a request for additional funding from the placing authority. Following this, additional funding had been provided for one person. The outcome of assessments for other people had yet to be shared with the service. The service had continued to provide additional staffing in the interim.

- The provider operated a safe recruitment process. With the additional staff provided by the provider, there were sufficient staff on duty to meet people's needs, enable people to participate in social activities and to attend medical appointments.

### Learning lessons when things go wrong

- Three fire doors restrictors needed adjustment to ensure they fully closed, however fire safety checks were fully completed on a regular basis.

We recommend the service reviews its practice regarding fire door checks to ensure these are fully maintained.

- The registered manager ensured the adjustments were made on the day of the inspection and told us the estates manager was reviewing more suitable alternative restrictors to meet people's needs.

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate training in this topic.

- One person told us they felt safe and supported by members of staff. They said, "Of course I am safe, I have my own staff to talk to or I can go to [Names of registered manager and newly appointed manager}, they will all help me if I need it. Relatives told us they were confident their family members were safe.

### Assessing risk, safety monitoring and management

- The provider completed assessments to evaluate and minimise risks to people's safety and well-being. Risk assessments had been updated to reflect people's changing needs. People were supported to take positive risks to aid their independence.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans clearly documented the control measures for staff to follow to keep people safe.

#### Using medicines safely

- Medicines were safely received, stored, administered and disposed of. The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour.
- Where medication errors were found during audits they were investigated, and action taken as needed.

#### Preventing and controlling infection

- Effective cleaning and infection prevention and control practices were in place. All areas of the service were clean and free from malodour. Relatives told us, "The service is always lovely and clean when we visit and it is well maintained."

#### Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

# 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.

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

- On the first day of inspection the mealtime experience was a little unsettled for one person, this had been resolved on the second day.
- People had a choice of and access to enough food and drink throughout the day. Menus were planned in consultation with people based on their preferences. Where people required support with meals this was carried out in a way that people were encouraged to use their skills to maintain their independence.
- People's weights and nutritional intake were monitored by staff and appropriate action was taken if there were any concerns. Food and fluid charts were completed and up to date. One relative told us, "The food is lovely, they are given a good diet and are able to choose what they want from the menu."

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

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs. One relative told us, "Everything is discussed, staff are close to us. We are all reading from the same page."
- Staff worked closely with health and social care professionals, people and their families to ensure people's abilities, hopes and preferences were recognised, recorded and shared amongst staff. One professional told us, "The staff I have seen have been brilliant, caring, understanding and supportive."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. The registered manager had systems to understand which staff needed their training to be refreshed and who required supervision.
- Staff had completed a comprehensive induction and training programme to prepare them for their role. Staff were satisfied with the training they received. A staff member told us, "Yes, we have lots of training and additional training is always provided when required." One relative told us, "The staff converse with each other to get the care right. There is always discussion. Staff have received training especially for my relative."

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

- People had access to health care professionals when required. Advice and guidance from professionals

was documented within care files and staff followed their instructions. Relatives told us, "[Name of person] health needs are always met, they make appointments for [name of person]."

- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- The premises were designed to provide a homely environment for people. There was no indication Baylis Place was a care home; it blended in with neighbouring family properties.
- One person told us they enjoyed the environment and were fully involved in the design and decoration of where they lived. All areas of the service were personalised with photographs and personal items. Relatives told us, "Brilliant, it's a clean and happy environment."

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the provider had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored and reviewed by the registered manager.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.

# 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

- People were treated with kindness and people were positive about the staff's caring attitude. Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. This included understanding people's life history promoting positive relationships between people and staff.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. One professional told us, "I like it, they support the clients very well, very person-centred."

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

- Staff supported people to express their views and be involved in making decisions about their care and support.
- People were directed to sources of advice and support or advocacy when this was required.

Respecting and promoting people's privacy, dignity and independence

- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community. Relatives could visit at any time and were made to feel welcome. One relative told us, "I visit at irregular times and am always made welcome."
- People were offered choice and control in their day to day lives. We observed some very kind and caring interactions between staff and people, where people were encouraged to be as independent as possible. For example, going to the local shops, cinema visits, bowling, local hydrotherapy pool and accessing community-based groups.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way. People's rights to privacy and confidentiality were respected. One relative told us, "They are keen on that, clients cannot enter other clients rooms, curtains are always drawn."

# Is the service responsive?

## 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 records were personalised to a very good standard and reflected each person's individual needs. The information was kept under regular review and updated in line with any changes needed.
- People were empowered to make choices and have as much control and independence as possible, including developing care, support and treatment plans. Relatives were also involved. One professional told us, "Everything is always how it should be. They always give choice to my clients."

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.

- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the AIS.

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 currently relevant to them

- People's feeling of wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences.
- People were engaged in a programme of activities. One relative told us, "[Name of person] is out all the time, bowling, swimming, goes to a club for karaoke, walking."

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and staff knew how to make complaints should they need to. They told us they would not hesitate to raise any concerns with staff or directly to the registered manager and were confident they would be listened to.

End of life care and support

- The registered manager worked with people during the review process to explore their views and wishes. They explained that when required, people would be supported to make decisions about their preferences

for end of life care.

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

# 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 requires improvement. At this inspection this key question has improved to good.

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

- Since being in post the registered manager had improved the running of the service. Staff were consistently positive about the changes made and the impact these had on the quality of care provided. One staff member told us, "I have been here through a couple of changes of managers. When [Name of registered manager] came, a lot of changes were made very quickly and not all staff were eager to embrace these. The changes have been really positive and made a positive impact on everything, but especially for the people here, everyone is so much happier."
- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with people and stakeholders. Staff understood the provider's ethos for the service and they worked as a team to deliver these.

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 displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was managed appropriately in line with providers processes. This ensured standards were maintained in the service.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- The registered manager worked to develop the staff team so staff at all levels understood their roles and responsibilities. They were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.
- Staff performance was managed appropriately in line with providers processes. This ensured standards were maintained in the service.

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

- People were included in the development of the service. Annual surveys were used to gather the views of

people, relatives and professionals. The surveys showed positive responses. The registered manager used this information to make changes when this was required.

- Staff's knowledge about people and their individual needs was used. Staff were included in the review and update of care plans which helped to promote consistency of care. One person told us, "I talk with staff all the time about what I want to do and what is in my care plan. We have meetings too. If there is anything that I am not sure about I can go to the manager and they always make time for me, that really helps me."
- Quality assurance checks were shared with staff to include them in the running of the service and to drive improvements.
- Quality assurance checks were shared with staff to include them in the running of the service and to drive improvements.

#### Continuous learning and improving care

- An effective system of internal and external audits was used to monitor the quality and safety across the service. Where audits identified any concerns or trends, detailed action plans were put in place and communicated to the staff team.

#### Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care and to ensure people received the right support. Also, to aid service development.