

Renovo Brighton Limited

Swanborough House

Inspection report

Swanborough Drive
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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

Swanborough House is a residential care home that provides care, accommodation and rehabilitation for people with an acquired brain injury (ABI). It was registered for the support of up to 41 people. 31 people were living at the service on the day of our inspection.

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

People received personalised care and support specific to their needs and preferences. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. This had been effective in supporting people to achieve goals and facilitate their rehabilitation. People were supported to have 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.

As well as the need to keep people safe during the COVID-19 pandemic taking priority, the provider and staff had worked hard to develop good leadership. Quality monitoring systems had been embedded and morale was good amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. One person told us, "They look after me well. I forget things and they always tell me what I need to do. I'm happy here."

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We were assured the provider managed infection prevention and control through the COVID-19 pandemic.

Staff had the skills and knowledge to meet people's needs and preferences. They received training, regular supervision and attended team meetings to support them in their roles. People's nutritional and hydrational needs were met. There was regular involvement from health and social care professionals, who spoke positively about the support people received.

We observed a kind and caring culture. People and professionals spoke positively about the support staff gave to people. We observed positive interactions between people and staff throughout the inspection.

People's care plans were personalised and gave staff the information they needed to support people. We

saw people were supported with their communication needs and their preferred activities in accordance with their care plans.

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

Rating at last inspection

This service was registered with us on 2 October 2020. This is the first inspection.

Why we inspected

This was the first inspection for this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Swanborough 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Swanborough House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 (CQC). Registered managers 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

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and professionals who work with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people using the service and a visiting health professional. We also spoke with seven members of staff, including the deputy manager, the chef and care staff. Some people living at the service were not able to fully verbalise their views with us. Due to people's needs, we spent time observing people with staff supporting them.

We reviewed a range of records. This included seven people's care records, medicine records, and further records relating to the quality assurance of the service, including audits and training records.

After the inspection

We requested further information from the deputy manager to assist us with making our judgments.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe. Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- We observed the support people received and their interactions with staff which were relaxed and demonstrated trust and confidence in the members of staff. One person told us, "The staff are good, they are here for me."
- Staff had a good understanding of what to do to ensure people were protected from abuse. They referred to the provider's whistleblowing policy and said they would not hesitate to report poor or unsafe care. One member of staff told us, "I have done safeguarding training, I know what to do."

Staffing and recruitment

- People told us there were enough staff to meet their needs safely. One person told us, "They come to me when I call them." A member of staff said, "It's really difficult to recruit staff at the moment, but we have managed to. We have enough staff to keep people safe." Our own observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and regular agency staff were used when required.
- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Using medicines safely

- Care staff were trained in the administration of medicines. A member of staff explained the medicines procedures to us. They were knowledgeable and knew what medicine people needed and how they liked to take them.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed accurately and correctly. We saw evidence of audit activity that showed where any errors were found that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. People we spoke with did not express any concerns around medicines.

Assessing risk, safety monitoring and management

- People had risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk. Staff spoke confidently about individual risks and how they employed recommended ways to reduce these risks. One member of staff told us, "We know our residents and how to keep them safe. Their care is always under review."
- People's care plans contained detailed information that supported staff in understanding early warning signs to reduce the person's anxiety, as well as any potential risks to the person or others.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider was meeting the requirements of vaccination as a condition of deployment (VCOD).

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Where there were authorised applications to deprive people of their liberty for their protection (DoLS), we found that the required paperwork was in place. Any conditions were being followed and kept under review to consider a reapplication when needed.
- Staff received training and information to help them understand how people were to be supported in line with the key principles of the Act. Staff demonstrated a good understanding of the MCA.

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

- Assessments had been completed with people and their relatives to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- Care was provided in line with relevant national guidance. Staff kept up to date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. This was of particular relevance during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- Staff received support, training and supervision to carry out their roles safely and effectively. Supervision and appraisal meetings had been completed in line with the provider's policy.
- Staff completed an induction upon commencement of their employment. New staff shadowed senior staff until they were deemed competent and felt confident to support people.
- In respect to training, a member of staff told us, "We always have training scheduled, you have to keep up to date."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People received support to maintain their health. Staff worked closely with health professionals for the benefit of people in the service. A visiting healthcare professional told us, "Staff are raising health concerns at the right time, I am assured that they are recognising when people need professional input."
- Care plans documented people's healthcare requirements and clearly identified any involvement with healthcare services.
- The communal and kitchen areas were spacious. People had choice of how to decorate their bedroom and had access to the gardens.

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

- People's nutrition and hydration needs were met. People were offered healthy and nutritious food that they enjoyed. We saw examples of people's favourite foods being prepared for them, such as oysters.
- People who required special diets were catered for and the chef provided vegetarian and culturally appropriate foods.
- Any specific eating requirements were followed to keep people safe, for example providing people with pureed or fork mashable diets.
- Some people at the service could not eat orally and were fed through percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.
- Staff were well trained on using PEGs and people's nutrition and weights were monitored closely.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who knew their needs and cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well and being attentive to people's needs.
- People told us they were well treated and supported. We observed that they enjoyed being in the company of staff.
- People told us staff were caring and attentive. One person told us, "I like the staff, they have a laugh, we get along."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences. One member of staff said, "We respect everybody as individuals. Individuals of who they are and what their choices are. They respect us too."
- The provider and staff supported people's privacy and dignity and promoted independence. We saw how staff ensured they did not discuss anything of a personal nature in front of other people. People were also encouraged to carry out day to day tasks for themselves. A member of staff told us, "We always encourage independence, that is one of the main things we do here."

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

- People were encouraged to be involved in their care and to make decisions about how they spent their time. Staff ensured that people, families and professionals were involved in order to guide them on the best way to care for and support people.
- Throughout our inspection, we saw how staff attended to people when they sought their attention and interacted with them in the way best suited to their individual communication needs.
- People's communication needs were detailed in their care plans and a member of staff told us, "We are patient with people, we allow them time to express what they want."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's support plans were person-centred and comprehensive providing information and guidance about people's health and care needs, and how best to support them.
- Staff told us how goals were developed with the person. These were set within each person's level of achievement and rehabilitation. They included a diverse range for example, from basic personal care tasks to people being rehabilitated to leave the service and move to their own homes.
- The service focused on rehabilitation from an ABI and had specific staff deployed to assess and assist people to rehabilitate.
- Specific rehabilitation rooms, physiotherapy, communication and exercise activities were available. Some people lived in self-contained 'flats' in the service, which enabled them to develop their day to day living skills.
- We saw examples whereby through rehabilitation work, people now mobilised independently, accesses the local community and were in the process of leaving the service in order to move home with their family. A member of staff told us, "We are proud of the work we do with people. They often make so much progress and can do things they used to do before their injury."

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.

- Management and staff understood people's communication needs and preferences. Information was available in a variety of formats to meet people's communication needs. These included easy read and pictures.
- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

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

- People engaged with activities which included trips out to local attractions. There was also musical entertainment in the service and specific events planned, such as church services.
- People were also supported to engage in hobbies and interests that were important to them, such as making models, music therapy and baking.

Improving care quality in response to complaints or concerns; End of life care and support

- The service had a complaints procedure which was given to people, relatives and next of kin. It was displayed for people's reference and was also available in an easy read format.
- At the time of our inspection no one using the service required end of life support. The provider had an end of life care planning policy and procedure in place and had experience of supporting people at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality assurance systems were effective, and we saw a number of audits, checks and monitoring systems including, the environment, medicines, training and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Records were detailed, accessible and provided staff with the information they needed to provide person centred care and drive improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff told us about the positive impact the service had on people's lives and how much they enjoyed working there. One member of staff told us, "I really enjoy working here. We are like a big dysfunctional family, but in a positive way. We are all different, but we all learn from each other." This was echoed by the deputy manager who told us, "We involve everyone in this service, the residents, their families and the staff. We are here to provide good care to them and we are proud of what we do. We have all worked very hard to get here."
- The culture of the service was positive and inclusive. We saw that there was a positive atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic.
- We received positive feedback in relation to how the service was run, and our own observations supported this. One person said, "I'm very happy here. I'd like to be back at home, but I need to be here and they help me."
- The service liaised with organisations within the local community. For example, local charities, the Local Authority and the Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.
- People were involved in the running of the service, for example they assisted in the recruitment of new staff. People had opportunities to give feedback and make suggestions through regular meetings and reviews of care.

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

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation

that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.