

# Swanton Care & Community (Autism North) Limited

## Eastcliffe

### Inspection report

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### Ratings

Overall rating for this service

Good 

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?

**Good**



# Summary of findings

## Overall summary

This inspection took place on 3 and 17 July 2018 and was announced. The inspection was announced to ensure people who used the service would be present.

Eastcliffe 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.

Eastcliffe accommodates ten people. At the time of inspection the service was providing support and care for ten people.

The manager had started their application to become the registered manager for Eastcliffe and the adjacent service Park Lodge. At the time of the inspection the manager was on annual leave and we were supported by the deputy manager. Following the inspection we spoke with the manager on their return from annual leave.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection, the service was rated as requires improvement. At this inspection we found the service had improved to good.

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.

Risks to people's safety in the event of a fire had not been managed effectively. The deputy manager took immediate action following our findings ensuring this matter was addressed.

People were involved and consulted about their needs and preferences in regard to all aspects of their lives.

Staff understood what constituted abuse and what actions they should take to ensure people remained safe. Safeguarding concerns were fully investigated. The provider recorded, collated and analysed safeguarding concerns and accidents and incidents to identify any patterns or trends for lessons learnt.

Identified risks were assessed and managed to minimise the risk to people who used the service and others. Medicines were managed safely.

An effective recruitment process was in place. Suitably trained staff were readily available to support people. Staff received regular supervisions and an annual appraisal.

People's independence and choice was enabled by staff who knew them well. Staff treated people with dignity and respect.

People were supported to engage in activities and interests of their choice. People were promoted and supported in maintaining a healthy diet.

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.

The provider ensured people received care and support from healthcare professionals including GPs and community nurses. People were supported in maintaining a healthy and balanced diet.

Comprehensive care plans were available to staff. These were personalised and described how people preferred to be supported.

Relatives were aware of how to make a complaint. The provider had an effective quality assurance process in place.

The manager and deputy manager were supportive to the staff team and were both passionate about their role in ensuring people lived fulfilled lives.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Risks to people's safety in the event of a fire had not been managed effectively.

Identified risks were assessed and managed.

Medicines were managed safely.

A robust recruitment process was in place.

### Is the service effective?

**Good** 

The service was effective.

The provider adhered to the Mental Capacity Act 2005, Code of Practice.

Staff had received appropriate training and support to enable them to fulfil their role.

People were promoted and supported in maintaining a healthy diet.

### Is the service caring?

**Good** 

The service was caring.

Staff were kind, caring and compassionate towards the people they supported.

Relatives we spoke with told us staff were always respectful.

Staff were knowledgeable about the people they supported.

### Is the service responsive?

**Good** 

The service was responsive.

Care plans were individualised and contained personalised information about the person and their preferences.

People enjoyed a range of activities.

The provider had a complaints and concerns process in place.

**Is the service well-led?**

**Good** ●

The service was well-led

Communication with families had improved.

Staff told us they enjoyed working at the home and they felt supported by the manager and deputy manager.

The provider had effective quality assurance processes to monitor the quality and safety of the service provided.

# Eastcliffe

## 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 was planned to check 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.

An adult social care inspector attended the home on 3 July 2018 and telephoned relatives and staff members on 17 July 2018. The inspection was announced to ensure people who used the service would be present.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

We looked at care records for two people who used the service. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

Some people who lived at the home had complex needs which meant they did not all express their views about the service. We spoke to two people who used the service, two relatives, the manager, the deputy manager, a team leader, chef and three staff members.

We undertook general observations of how staff interacted with people as they went about their work. We looked around the home, visited people's bedrooms with their permission and spent time with people in the communal areas.

# Is the service safe?

## Our findings

Risks to people's safety in the event of a fire had not been managed effectively. We noted the fire risk assessment carried out in January 2018 identified areas of work. The provider had completed one action as it had been identified as priority. However, the provider had not put a schedule of work in place detailing when the other issues were to be completed. The provider's policy reported, 'All staff must participate in at least four fire drills per year.' Records showed that no fire drills had been conducted in the last year. We also found directions for staff to follow in an emergency situation displayed in the foyer were different to the information within the provider's fire policy. This meant staff had conflicting information. The deputy manager took immediate action and a schedule of work was produced for the issues reported on the fire risk assessment and fire drills were organised to take place.

Records relating to the maintenance of the building were up to date and monthly health and safety checks were regularly completed by a maintenance team.

Relatives told us they felt their family members were safe living at Eastcliffe. One relative told us, "[Family member] recognises Eastcliffe as their home and feels safe there." Another relative said, "[Family member] would let me know if they were not happy." Another relative commented, "I feel comfortable knowing my son is happy, well cared for and safe."

The home had a well-established staff team. We observed staff were visible throughout the home and readily available to support people. The deputy manager told us staffing levels were set by the needs of the people using the service. Detailed plans outlined morning, afternoon and evening activities and which staff were supporting each person. Routine was important to several people and we observed one person consult their plan for the day ahead.

Safeguarding concerns were investigated and reported to the relevant safeguarding authority. This information was recorded on the provider's central computer system and analysed to identify themes and trends. Lessons learnt were then cascaded to all the provider's services. Information from accidents and incidents was also utilised in the same manner. Staff had completed safeguarding training and were knowledgeable about the actions to take if they had any concerns. All staff we spoke with were confident that people were safe.

Identified risks were assessed and managed. Risk assessments were introduced with guidance for staff to follow to reduce any risk, whilst supporting the person to maintain as much choice and independence as possible. General risk assessments for the environment and premises were in place.

People had a Lalemand Behaviour Scale tool in place to inform staff how best to support people in defusing situations if people experienced behaviours that challenged others or the service. Some people with a learning disability might behave in a way that other people find difficult or upsetting (called behaviour that 'challenges'). The behaviour is often a way for someone to let people know what they want or how they feel, or to try to control what is going on around them. The Lalemand Behaviour Scale is a secondary prevention

strategy used to recognise and diffuse episodes of behaviour that challenges.

Medicines were managed safely. The provider had processes in place to receive, store, administer, and dispose of medicines. Medicines records we viewed were up to date and accurate. Regular audits were carried out. Staff completed medicines training and received regular competency reviews.

The home was clean and tidy. Staff supported people to keep their rooms and communal areas clean. Staff had training in infection control and food hygiene. Infection control audits were regularly carried out.

The provider continued to ensure a thorough recruitment process was in place. Pre-employment checks were conducted including obtaining full employment history, references from previous employers and Disclosure and Barring Service (DBS) checks prior to staff commencing work. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.



# Is the service effective?

## Our findings

At the last inspection we found the provider did not complete Mental Capacity Act 2005 assessments in line with the Code of Practice. We found the provider had addressed this matter and appropriate mental capacity assessments and best interest decisions were in place.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 authorisations to deprive a person of their liberty were being met.

We found the service was working within the principles of the MCA and applications to deprive a person of their liberty had been appropriately submitted to the local authority. Staff had been trained in the mental capacity act and where required, mental capacity assessments and best interest decisions were in place.

Staff encouraged and supported people to make decisions about their everyday care. We observed staff supporting people, information was broken down in a way people could understand. Staff did not rush people for decisions.

People had their own rooms, shared communal areas and access to a kitchen with support. One person had a self-contained living area in an annex outside the main building and this allowed the person greater independence. People were consulted with their choice of colour of décor and furnished their room to their choosing, demonstrating their individuality.

The deputy manager told us how the team had worked together in supporting one person move room. A staff member had painted murals of the person's favourite characters on the walls. The person was introduced to the room and the move was at the person's pace and took place over a six month period and only happened when the person was fully comfortable. The person's relative told us that initially they thought the move would not happen and praised the patience and understanding of staff.

People and staff enjoyed their meals together. People chatted and joked with staff, the atmosphere was relaxed and felt like a family meal time. Meals were planned to take into account people's preferences. The home had a dedicated chef who prepared meals for people. Meals were homemade from fresh ingredients. People were supported to choose their food and drink, and were assisted to consider a balanced diet.

People were encouraged to be active and supported to go on walks, go swimming and to the gym.

The manager advised that they had recently had a workshop with the chef and staff regarding a whole approach for people's nutritional needs. Discussions involved healthy eating choices, supporting people with pictorial choices, monitoring food and fluid intake and exercise.

Training and development was up to date. Mandatory training including subjects such as safeguarding, equality and diversity, health and safety, fire awareness and British Institute of Learning Disabilities (BILD) positive behaviour support training and restrictive intervention. Staff had also completed specialist training specific to the people they supported. Staff received regular supervisions and appraisals. The deputy manager told us, "Team leaders monitor and carry out supervisions for their team." One staff member told us, "The training is really good."

People were supported to maintain their health. Records showed that people were supported with appointments with health and social care professionals when they needed to, including GPs, dentists, neurologist and social workers. The home supported people to be involved in reviews and care records were developed in partnership with people and produced in accessible formats for people to have an understanding of their care and support.

# Is the service caring?

## Our findings

Relatives we spoke with were positive about the support staff gave to their family members. One relative said, "Staff are incredible." Another relative told us, "The staff could not do more. Staff understand [person]'s needs. Another relative said, "I've seen the way they care for [family member], so caring, brilliant."

People told us they were happy living at Eastcliffe. One person proudly showed us their flat and They told us, "They [staff] are good." Another person told us about their travels abroad on holidays and said they were happy living at Eastcliffe.

An established staff team was important to a number of people living at the home. One relative told us, "We now have stability." Some staff had worked at the home for many years and had developed good relationships with people and their families.

Staff we spoke with clearly knew people well. When we asked staff to tell us about people they spoke fondly and were able to discuss people's likes and dislikes and support needs. People were relaxed in the company of the staff and seamless support was given.

The home had utilised the services of Speech and Language services and guidance was adopted into people's care plans. People were supported in developing person centred pictorial care plans outlining how the person wished to be supported. People also had pictorial day to day and activity planners in place. The service held regular reviews with people and people important to the person. We observed some people used gestures or key words to make their needs known. The deputy manager told us, "Communication care plans were continually added to." Staff were able to offer choices to people through the use of technology or pictures.

The home worked with people, relatives and people important to the person to gather as much information about the person to ensure care plans reflected their current needs. Relatives told us they were continually updated on their family member's welfare.

Staff treated people with respect and dignity. We observed staff were polite when supporting people and respected if the person wanted private time.

People were supported to be as independent as possible. Staff encouraged people to do as much as they could and be involved in completing day to day tasks. People maintained the cleanliness of their own rooms and were offered the opportunity to prepare meals if they wished. One person had the goal of independent living in the community. Their social care professional told us, "The staff have always been supportive of progressing this gentlemen to be more independent."

The provider ensured people's confidential information was held securely. The home used an electronic care record system. The system was password protected and was only accessible by staff members who required the information to perform their role.

People had access to advocacy services when required. Information was available for people should they wish to use an advocate. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

## Is the service responsive?

### Our findings

People had lived at Eastcliffe for many years and no new people had come to live there since the last inspection. Care records contained extensive detailed social histories and information about the person. Support plans incorporated a holistic approach and included areas such as understanding me, health care, finance, maximise independence, enablement, and positive behavioural approaches. These contained comprehensive information on how best to support the person to achieve outcomes and clearly described how the person wished to be supported. For example, within the nutrition and hydration section it described the person's outcome was to prepare a simple meal. The manager told us the support plans were a living document and were continually reviewed and adapted.

People were supported to be as involved as much as possible in the development of their support plans. Support plans were designed within a multidisciplinary approach involving all health care professionals involved in the person's care. Relatives we spoke with also confirmed they were involved in discussions around their family member's support.

Key workers worked with each person to develop interests and choices with regards to accessing the community. People had the opportunity to take part in both group and individual activities. Activities included participating in community activities such as swimming and attending social functions community discos and social events. A number of people worked as part of 'The Green Team'. This work involved people working at other services and the wider community carrying out gardening and maintenance work.

People told us about the activities they took part in. One person told us they enjoyed listening to music. Another person enjoyed travelling. We saw one person had been on a number of cruise trips and another person had been on numerous holidays abroad.

The deputy manager told us how staff are constantly searching for activities for people. They said, "Even when staff are off they are gathering ideas of what they think people might like doing." One staff member recalled the time when as a part time emergency service operative they took part in a radio interview. They told us, "I knew [person] would really enjoy the radio studio so we arranged for them to attend. They really enjoyed it. I'm hoping to see if they can do it again."

The service had an equality and diversity policy and clear systems in place to support people and employees. The deputy manager told us, "We support the lads (People) to be individuals."

The provider had a complaints process in place which was available in a format accessible to people living at the home. Relatives told us they were aware of how to raise a concern but all said they had no complaints about the service. The service had also developed accessible information formats for people within care plans and activity planners. The manager told us they were keen to ensure the home was as inclusive as possible.

## Is the service well-led?

### Our findings

At the last inspection we found the provider breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager did not communicate effectively with relatives and was not visible in the home. Also quality audits were not always effective in identifying issues.

A new manager had been employed since the last inspection. Relatives we spoke with were positive about the improvements. One relative told us, "They keep me up to date regularly." Another relative said, "Communication is much better."

The manager had reviewed the previous CQC report and prioritised the issues identified. The home had introduced 'Family & Carers' meetings to gather feedback and address any issues or concerns regarding the service. The deputy manager and manager developed relationships by attending all reviews and professional meetings and making themselves available, as and when required to families.

The manager had started their application to become a registered manager for Eastcliffe and the adjacent home Park Lodge. Relatives we spoke with were complimentary about the management team. One relative told us, "[The deputy manager] has always done a great job. The new manager has made improvements, they get things done." Another relative told us, "Since [manager] had been appointed it's much more positive. We have stability and they are open. It doesn't feel like them and us, we are working together."

The home had a positive culture which was open and inclusive. Staff were encouraged to be involved in driving the quality of the home. The provider had recently introduced a new ethos and staff members had attended workshops to gain a greater understanding. Regular team meetings were held. Team leaders were empowered to undertake additional duties such as conducting supervisions and completing the continuous service improvement plan.

Staff we spoke with were complimentary about the management team. One staff member told us, "I can ask [Manager] anything. They always ask how we are doing." Staff we spoke with told us they enjoyed working at Eastcliffe. The manager told us, "[The deputy manager] is an asset to the organisation. They continually aim to get the best outcomes for people."

The home continued to carry out regular audits on the quality of the service. The management team completed a service report weekly which included areas such as safeguarding, medicines accidents and incidents, staffing levels and health and safety. Infection control and bedroom audits were completed monthly. A continuous service improvement plan captured any actions identified from the completed audits. We noted that the manager did not have an oversight of the fire safety risks we identified as this task was completed by the provider's maintenance team. The manager told us they intended to discuss this with the provider.

The manager was passionate about ensuring people had input into all areas of running the home and had started discussions with families to make this happen. They told us, "Things have to be done in the right

way. Any changes to people's lives, any future developments have to be actioned sensitively and in a caring manner which involves people and their families."

The manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. The service worked in partnership with a number of agencies, including the local authority safeguarding team, behavioural team, epilepsy nurse and multidisciplinary teams, to ensure people received joined up care.

People had access to the local community and were supported to utilise local shops, parks, pubs and sport facilities. The provider also organised social events which involved all its services.