

Swanton Care & Community (Autism North) Limited

Swanton Care Supported Living Office

Inspection report

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13 August 2018
16 August 2018
24 August 2018

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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

The inspection took place from 13, 16 and 24 August 2018. The visit to the provider's office took place on 13 August 2018 and was unannounced. Further inspection activity included a visit to meet people who used the service and telephone calls to staff and relatives.

At the last inspection in September 2017 we found the provider had breached Regulation 19 Fit and Proper Person. The provider did not have robust checks in place in relation to the recruitment suitability of prospective staff members. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well led to at least good.

We found improvements had been made to the recruitment processes to meet the relevant regulation.

This service provides care and support to people living in the community and in a 'supported living' setting, 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. The service was supporting three people at the time of the inspection. Two people who shared one property and another in their own home.

The property was a three-bedroom house which had been adapted so each person had their own lounge area and bedroom with private bathroom facilities. The property had a communal dining and kitchen area. As people required staff to be available over a 24 hour period one bedroom was utilised as a sleepover room.

"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."

The service had a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The provider had policies and procedures in place to keep people safe. Staff were trained in safeguarding.

The registered manager maintained a log of all incidents and ensured lessons learnt were disseminated to staff. People had access to easy read information about how to recognise and report abuse.

Risks to people were assessed with control measures in place for staff support and guidance. The

environment was checked for safety. Electrical and gas safety certificates were in place. Fire detection systems were monitored regularly.

Medicines were managed safely by trained staff whose competency to administer medicines was checked regularly.

The provider ensured staffing levels met the needs of people who used the service. Staff were appropriately trained and received regular supervisions and appraisals.

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 supported people with their nutritional needs to maintain a healthy and varied diet. People had access to health care professionals when necessary.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Staff supported people with privacy.

Care records were written in a person-centred way. People's individual wishes, needs and choices were considered. People's care and support was reviewed on a regular basis.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. People had a weekly activity planner which they helped develop.

The provider had an effective complaints procedure in place and people who used the service and relatives were aware of how to make a complaint.

The provider provided information in an easy read format for people.

The registered manager and staff worked with other stakeholders. Community links were maintained with people accessing local amenities.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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 is safe.

The provider had addressed the shortfalls in recruitment practices. We found all necessary checks were carried out prior to staff commencing employment.

Policies and procedures were in place to protect people from abuse. Staff were trained in safeguarding adults.

Medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were trained to meet their needs. Staff were supported by regular supervision and annual appraisals.

Staff supported people to access health care when necessary.

The provider worked in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good 

The service is caring.

Staff demonstrated a caring and supportive approach with people. People's privacy and dignity were respected.

Relatives felt the service was caring.

People were supported with their communication needs to ensure they were involved in their care and support.

Is the service responsive?

Good 

The service was responsive.

Support plans were personalised and reviewed on a regular

basis.

Activities were tailored to people's individual needs. Staff supported people to access the community.

The provider had policies and procedures in place to manage complaints. People had access to easy read information regarding complaints.

Is the service well-led?

The service was well led.

Systems and processes were in place to monitor the quality of all aspects of the service.

The provider submitted statutory notifications in line with registration requirements.

People, relatives and staff made positive comments about the management of the service.

Good ●

Swanton Care Supported Living Office

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.

Inspection activity took place on 13,16 and 24 August 2018. This included a visit to the provider's office where we reviewed records, policies and procedures, and spoke with the registered manager, deputy manager and HR manager. We also visited the home of two of the people being supported to spend time with one person who used the service and their support staff. People who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service. To obtain additional feedback, we spoke with family members and support staff by telephone on 16 and 24 August 2018.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG).

During the inspection we spoke with one person who used the service and two relatives. We met with the registered manager, deputy manager, HR manager and one member of staff. We contacted two staff members by telephone.

We looked at two people's support records and records relating to the management of the service including

recruitment records of three staff.

Is the service safe?

Our findings

At our inspection in September 2017 we rated this domain as "Requires Improvement." We found the provider did not have robust checks in place in relation to the recruitment suitability of prospective staff members.

At this inspection we found the provider had made improvements and recruitment checks were in place. We examined the recruitment records of three staff members who had commenced employment over the last 12 months and found all necessary checks had been completed. We found the provider carried out checks with the Disclosure and Barring Service (DBS) to make sure perspective employees could work with vulnerable adults and that they could do so without restriction. Where staff had commenced employment without two references, a risk assessment was on file to demonstrate that staff did not work in the community and only attended training. Only when the second reference was back and verified could staff begin their full induction. The HR manager told us, "We are working on all aspects relating to recruitment, induction and training for staff. It is one of our priorities for the company."

The person we spent time with indicated through facial expressions and gestures that they felt safe. Relatives felt the service was safe for their family members. One relative told us, "Oh yes, absolutely. They are the best we've had."

We looked at the systems and processes the provider had in place to keep people safe. For example, safeguarding policies. These were available for staff for support and guidance. Staff had received training in safeguarding which was refreshed on a regular basis. Staff were confident the registered manager and/or deputy manager would act on any concerns or issues. Staff were clear about what constituted abuse and how they could recognise if someone was being abused. One staff member told us, "It is not just physical, you could see changes in behaviour as well." Another told us, "We have a whistleblowing policy as well so we could use that if we had to."

The registered manager provided us with folders which had been put together for each person to provide information about safeguarding and general safety. The file contained an easy read guide for understanding and reporting abuse. Whistleblowing telephone contact numbers were available. As well as pictorial information about their tenancy agreement, it also sets out what they must do and what the landlord must do as well to have a successful tenancy. Health and safety advice was also included in the booklet with pictures and text to aid understanding. Key workers had worked through the booklet with both people to ensure they were aware of the important information. This showed the provider acknowledged the Accessible Information Standard.

The registered manager held a log of all safeguarding incidents. Investigation records were available with outcomes. Where lessons had been learnt these had been discussed with staff during team meetings or supervisions.

People were supported by appropriate levels of staff in line with their assessed needs.

We found appropriate risk assessments were in place. These were reviewed regularly and contained a clear level of detail for staff to provide control measures to reduce the risk. For example, how behaviours that may challenge could be managed by staff and what steps staff needed to take to ensure people could access the community safely.

Environmental risks were assessed to ensure safe working practices for staff. For example, kitchen safety. These were reviewed on a regular basis and were available for staff support and guidance.

A health and safety file was available for staff which contained several pieces of information such as, a full emergency evacuation plan and information for staff on fire policies and procedures. People had personal emergency evacuation plans in place that were available to staff.

The provider maintained a record of gas safety and electrical installations safety. Water temperatures were checked and recorded along with carbon monoxide checks. The landlord was responsible for the general upkeep of the property. The registered manager confirmed that any concerns and issues were dealt with in a timely manner.

Medicines were managed in a safe manner. Staff were trained in safe handling of medicines and were subject to competency checks. Medicine administration records (MARs) were completed with no gaps or anomalies. People were supported to have their medicines at the prescribed times. Where 'as and when' medicines were prescribed protocols were in place for staff guidance. Temperatures of the medicine room were recorded daily.

The house was clean with a schedule of cleaning in place. Infection control policies and procedures were in place. Staff received infection control training and were provided with personal protective equipment (PPE).

Records pertaining to people's support were accurate, up-to-date and stored securely.

Is the service effective?

Our findings

At our inspection in September 2017 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's records contained assessments to cover physical, mental health and social needs. We found the provider considered current legislation and national guidance when completing assessments to achieve positive outcomes for people. For example, they had referred to guidance from the National Institute of Clinical Excellence (NICE) for medicine management in the community.

We asked relatives if they felt staff were appropriately trained to care for their family member. One relative told us, "They are spot on, [Name] can be challenging at times, they [staff] do not get stressed by this at all." Another told us, "Oh yes, they are, they look after [Name] well."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision on a regular basis. Supervisions covered personal development opportunities. Appraisals were carried out with staff on an annual basis to review performance and to plan for future objectives.

Prior to supporting people, new staff members completed a full induction. This included commencing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff then went on to have probationary review meetings to discuss their progress and development. Shadowing shifts formed part of the provider's induction process to ensure the people receiving the service were introduced to new staff members and got to know them prior to them delivering support.

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us and records confirmed, that they received mandatory training and other training specific to their role.

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 Act.

We found the service was working within the principles of the MCA. The registered manager had a good understanding of mental capacity, and staff had been trained in the MCA and deprivation of liberty safeguards (DoLS). Where the person had a lasting power of attorney (LPA) in place, copies of the legal documentation were held on their care file. Details of the LPA and their contact details were available for staff.

People were supported to have a healthy varied diet. Both people were involved in planning the menu for the week ahead. Likes, dislikes and preferences regarding food were acknowledged by staff. People assisted with the food shopping and were involved in meal preparation as much as possible. We observed one person with a member of staff getting their lunch ready, it was clear that the person was given choices and the option to be as involved as they wanted to be. We found support plans detailed nutritional needs along with control measures to ensure dietary intake was balanced.

We found records to demonstrate people were supported to access healthcare services when necessary with visits to dentists, hospital appointments and regular health checks. Staff contacted the doctor or community services for advice and support if someone was unwell.

The property we visited had been adapted to meet the needs of the two people living there. Personal space had been created so each person had a sitting area to spend time with relatives or to be alone if they wished. Both areas were decorated to their personal choice and contained personal items. The garden was accessible for people. The kitchen was set out with facilities for people to assist with their own laundry.

Is the service caring?

Our findings

At our inspection in September 2017 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The two people living in the house had previously shared accommodation Staff had taken photographs of how the previous house was set out to make sure the new property was laid out as close to the old one as possible. This was done to prevent distress to one of the people. This caring approach enabled the move to go smoothly for the person.

The person we spent time with looked comfortable in the presence of staff. We observed a caring approach with the staff member speaking in a calm and compassionate manner. Humour was evident as part of the relationship the person had with staff. We observed how they interacted with the registered manager, this relationship was open and friendly. The registered manager visited the service regularly with the deputy manager.

We observed how staff supported the person. Everything was discussed with them and options and alternatives offered whether it be about food or activities. One staff member told us, "Structure is important, but [Name] is an individual so has the right to be treated the same as anyone else. I treat [Name] as I would want to be treated."

Relatives told us staff were caring and respected their family member's privacy and dignity. One relative told us, "They are all great with [Name] they are doing more now." Staff asked the person if we could look at their room. With their agreement staff supported the person to take us up to their room and ensured the person opened the door themselves.

Support plans were detailed in how best to communicate with a person. Where communication was a barrier we saw that this was included in support plans. Staff used a range of techniques to engage with people to ensure their involvement in their care and support. For example, speaking clearly, using pictures or Makaton. Makaton is a method of using signs and pictures to communicate. We spent some time with one staff member whilst they were supporting one person and observed how they had specific ways of using positive language, facial expressions and gestures to encourage independence.

We saw good evidence of people's history and backgrounds in their care records. When speaking with staff it was clear they had a good understanding of the person and how to support them. Staff told us how they supported people in maintaining contact with family members and those close to them.

Records showed that people were supported to be as independent as possible. Support plans set out what people could do for themselves to promote their independence and where they needed support from staff. For example, how they needed prompting with personal hygiene needs. During our time in the house we observed staff enabling people with their laundry and crockery removed from the table and put in the sink.

This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People had their own bedrooms which were extremely personalised. One person showed us their bedroom which contained several items and pictures which they were very proud of. They showed us around and told us the names of all their cuddly toys, laughing and showing genuine pleasure at being in their room. This was their own private and personal space which they had chosen to decorate in their favourite colour.

Both people were supported by family members and legal documentation was in place to demonstrate this. The provider had pictorial information to sign post people if they needed advocacy. The registered manager told us, "This would be discussed with social workers if necessary."

Staff understood the importance of providing information to relatives and were in regular contact with them. We found staff were aware of the legal authority relatives had for people. One staff member told us, "If there are decisions to be made then we always contact family, we have to."

Is the service responsive?

Our findings

At our inspection in September 2017 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People had been involved in developing their support plans. We found plans were extremely detailed and personalised. Information from relatives, health and social care professionals had been used in the development of people's plans. Where people had specific sayings, these were recorded so staff knew their favourite phrases and what they meant.

Support plans were personalised. One person's support plans gave details of how to assist them with personal hygiene, the support plans stated, "It is important for [Name] to have routine, likes to be left alone in bathroom (acknowledging privacy and independence) and needs verbal prompts choice of two items of clothing." Another person's support plan set out how to help the person with their nutritional needs and detailed what support they needed in the kitchen to be more independent and safe. This level of information was maintained throughout support plans, ensuring staff were furnished with detail on how to meet the needs of people using the service. Records showed that support plans were reviewed on a regular basis. People had "My Care Passports" these documents contained detailed information in case of a hospital admission or attendance.

Staff maintained records of what support the person had required, any changes in support or behaviours. Records also included any health care intervention. Staff completed daily handover records, which included updates on each person who used the service. Records we saw were up-to-date. One staff member told us, "I like to complete them as we go along so I don't forget things."

The support plans we reviewed showed a theme of the service being responsive to people's need with people being supported to live an ordinary life. We found the provider protected people from social isolation with each person having a weekly planner. We heard how activities played a large part in people's day-to-day lives. One staff member told us, "[Name] absolutely loves going out. They have a really good social life." Support plans set out what people liked to do and any hobbies or interests they may have. People accessed the local swimming baths, disco and cafes.

We found staff supported people to try new things, such as trampolining. Following the activity a discussion took place to see how the person felt the activity went, if they enjoyed it and what the benefits were.

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people who used the service. Relatives were also aware of how to raise any concerns or complaints. One relative told us, "I know how to complain and would do, but I have no need, they are great." At the time of the inspection no complaints had been made to the service.

Is the service well-led?

Our findings

At our inspection in September 2017 we rated this domain as "Requires Improvement." The provider's quality assurance process had not identified the concerns we found regarding recruitment checks.

At this inspection we found the provider had put systems in place to ensure the quality assurance process covered recruitment more robustly.

People were involved with interviewing staff. Prospective staff accompany other staff and [Name] when they are out and about. Staff then feedback to the registered manager on how they have interacted with [Name] and whether the person was engaged by applicant. To involve another person staff encouraged them to sit in on the interview. Whilst the interview was ongoing both the registered manager and deputy manager observed if the applicant engaged [Name] The registered manager advised, "I am interested in whether they can keep [Name's] attention, that gives me an insight into whether they have they would be the right staff member." We saw photographic evidence of [Name] being involved in the selection process.

Relatives we spoke with felt the registered manager was approachable. We observed the registered manager with staff and it was evident they had an open and honest approach with staff.

We found the registered manager had been recognised by the provider for going 'above and beyond'. This recognition in the form of a letter and financial gesture, was due to the leadership the registered manager had demonstrated since they commenced employment. Staff told us how supportive the registered manager was. One staff member told us, "I can go to [registered manager and deputy manager] with anything, they visit often and are always ready to help." Another told us, "They are great, always happy to speak at any time."

The registered manager was supportive of the team and took their responsibilities in supporting staff seriously. They ensured staff were supervised, training was organised and staffing rotas managed appropriately. The registered manager told us, "It is important we have the right team, making sure staff get on with [Names] is better for all involved."

The provider had a clear vision for people to achieve their outcomes with the support of staff. People were supported and encouraged to have an ordinary life. Staff were trained to meet the needs of the service. Support was given on a regular basis with supervision and monitoring visits.

Regular meetings were held with staff. These were recorded and made available for those who could not attend. Staff told us the meetings were also attended by the people who used the service so they were included and involved as much as possible. The registered manager stated, "The attendance for team meetings has gone up, which is positive."

The provider had an effective quality assurance process in place. This included audits of the service, including care records and finances. Records we saw were up- to- date. Team leaders sent weekly reports to

the registered manager and deputy manager. These were then reviewed and any actions needed were added and given to team leaders. The actions are reviewed at the following week's submission and signed off as completed. Financial transition sheets were also audited as part of the quality assurance.

The registered manager told us, "We also use an independent auditor to complete quality assurance checks and we have visits from the Council, so we use other ways of checking." People and relatives had the opportunity to provide views and opinions via meetings and surveys. The provider had a plan in place to improve the service, and work had already commenced on the HR part of the service.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.