Swanton Care and Community Limited

Baylis Place

Inspection report

61 Wawne Road,
Sutton on Hull
Hull.
HU7 4FE
Tel: 01482 877011

Date of inspection visit: 14 July 2014
Date of publication: 21/11/2014

Ratings

Overall rating for this service	**Outstanding** ☆
Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Overall summary

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, this was also part of a pilot for a new inspection process being introduced by the Care Quality Commission and to provide a rating for the service under the Care Act 2014. This was an unannounced inspection.

Baylis Place provides accommodation for persons who require nursing or personal care for people with learning disabilities or autistic spectrum disorder. There were 11 people living at the home when we visited. The purpose-built accommodation is provided in single bedrooms all with ensuite facilities. The accommodation is split over two floors and there are several communal areas, a dining area, a kitchen, and a laundry. There is a large, secure garden to the rear of the building. The home is in a heavily occupied area with good access to local amenities and public transport.

Summary of findings

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us they were happy with the care provided at the home and their care and social needs were being met. From our observations, and from speaking with staff, people who lived at the home and relatives, we found staff knew people well and were aware of people' preferences and care and support needs. People enjoyed freedom within the home and were supported to access the local community whenever possible following robust assessments of any associated risks.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves.

The provider had robust recruitment processes in place which protected people from unsuitable or unsafe staff.

The home was meeting people's nutritional needs; people were supported to ensure they had enough to eat and drink. People told us the food at the home was good and they had a choice. People were supported to do their own shopping and choose the foods they liked.

Staff involved people in choices about their daily living and treated them with compassion, kindness, and respect. People were supported by staff to maintain their privacy, dignity and independence. Everyone looked clean and well-cared for. People had access to activities and relatives and friends were able to visit the home at any time. People were supported to stay with relatives whenever possible.

People told us there were enough staff to give them the support they needed. Our observations confirmed this. The local authority told us they had confidence that staff had the appropriate skills to meet people's needs. The majority of staff had received training considered mandatory and had also received specialist training, on the use of restraint for example.

We observed care was centred on people's needs and preferences. There was a wide variety of activities available for both individuals and groups. People were encouraged and supported to access the local community.

People we spoke with knew how to make a complaint and we noted the home openly discussed issues so that any lessons could be learned. People felt they were able to express their views at any time and that they were listened to and acted on.

Leadership and management of the home was good. There were systems in place to effectively monitor the quality of the service and drive a culture of continuous improvement.

Summary of findings

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. People said they felt safe. Risks to people and others were managed effectively.

People were involved in decision making as much as possible. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and knew how to ensure the rights of people with limited mental capacity to make decisions were respected. The service understood the Deprivation of Liberty Safeguards (DoLS) and worked with the local authority to make applications when appropriate.

There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse.

Is the service effective?

Good

The service was effective. Staff had received up-to-date training, induction and support. This meant people at risk were protected from members of staff who did not have the skills or knowledge to meet their needs.

People were involved in decisions about what to eat. People told us they liked the food. People expressed positive views about the food at regular 'house meetings'.

People had access to healthcare professionals as required. We saw appropriate and timely referrals to external agencies had been made when required.

Is the service caring?

Good

The service was caring. People told us the staff spent time talking and listening to them. People felt staff treated them with kindness and as an individual. Everyone we spoke with told us they were happy in the home.

People enjoyed good relationships with the staff who often initiated or responded to conversation. People were encouraged to interact with the staff.

People were able to express their views at 'house meetings' or by chatting to the staff or management. During our visit people often entered the manager's office to talk about issues that were bothering them at that time.

People's privacy and dignity was respected. Each person had their own ensuite facilities. Staff respected people's own space and always asked permission to enter their rooms.

Is the service responsive?

Outstanding

The service was responsive to people's needs. Care plans contained up-to-date information on people's needs, preferences and risks to their care. Members of staff told us they were always made aware of any changes in people's needs.

People were aware of how to make a complaint and this information was made available to them according to their needs, for example in an easy to read format using pictures.

Summary of findings

People enjoyed a variety of activities throughout the day including cooking and arts and crafts. Activities were made available to people on both an individual and group basis. People were encouraged and supported to access the local community, to go shopping for their meals for example.

Is the service well-led?

Outstanding 

The service was well-led. There were systems in place to monitor the quality of the service and to promote continuous improvement.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

Complaints were fully investigated and responded to appropriately. Issues identified in complaints were openly discussed at monthly staff meetings.

The manager promoted a fair and open culture where staff felt they were well-led and supported. Staff told us they felt able to make suggestions about improvements which were acted on.

Baylis Place

Detailed findings

Background to this inspection

The inspection team consisted of one inspector and an expert by experience who was accompanied by their support worker. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service. Prior to the inspection the provider completed a Provider Information Return (PIR). The PIR is a document completed by the provider about the performance of the service. The local authority safeguarding and quality teams and the local Healthwatch organisation were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns.

We used a number of different methods to help us understand the experiences of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI) in the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with seven people who lived in the home, four care staff, the deputy manager and the registered manager.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the kitchen and outside areas. Four people's care records were used to track their care. Management records were also looked at, including: four staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts in people's bedrooms.

The registered manager told us there were 11 people living at the home on the day of our visit.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

The service was safe. People we spoke with told us they felt safe around staff and within the home itself. One person said, "I do feel safe in the home but sometimes when people get upset I don't because the staff make me feel safe."

The registered manager told us some of the people living in the home displayed behaviour that challenged the service. During our inspection we observed members of staff effectively managing behaviour that challenged on two occasions. We saw the staff dealt with these situations in a calm and patient manner, giving the person space and time to calm down whilst reassuring them so they felt safe and cared for. One person told us, "I myself will sometimes get angry but staff give me my space but watch me to make sure I don't hurt myself. I am going to anger management classes now and I feel a lot better for it."

One member of staff told us that since the new registered manager had taken over people living at the home were encouraged to participate in the day-to-day routines of the home. They told us, "In the past residents had everything done for them but now we encourage them as much as possible to get involved. They have responded really well to this and difficult behaviours have reduced a lot since we've been doing this." Throughout the day of our inspection we saw people hanging out the washing, helping to cook food, and assisting with the food shopping at the local convenience store.

Records within care files showed each person's mental capacity had been assessed regularly. We saw a behaviour support plan for each person had been developed from these assessments which gave clear information to staff about each person's ability to make every day decisions and what levels of support were required to do so. We also looked at records of best interests meetings held with relatives and external health professionals. For example, a best interest meeting was held to decide whether a routine examination at a GP surgery would be too invasive and cause too much stress for a person living at the home.

Members of staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005. Staff training records showed all of the staff at the home had received training in the requirements of the Mental Capacity Act.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards provide a legal framework to ensure that people are only deprived of their liberty when there is no other way to care for them or safely provide treatment. The registered manager told us no one who lived at the home had a DoLS authorisation in place although the home used a 'DoLS Screening Tool' to assess each person to determine whether an application may be necessary. We saw documents which showed us the home had made applications to the local authority to deprive someone of their liberty which had been declined. This showed us the home was aware of their responsibilities to protect people using this legislation.

We talked to staff about their understanding of what constituted abuse and what action they would take if abuse was suspected. The three members of staff we spoke with demonstrated a thorough understanding of safeguarding issues and how to report them. One member of staff said, "This home is excellent at this. I think the whole staff team would have no hesitation in reporting anything at all, no matter how small. We all know the manager would react straight away." Training records showed staff had received appropriate training and had access to copies of relevant policies and contact information from local authorities. This meant staff were kept informed of current practice and guidance in order to safeguard people effectively.

We looked at four people's care plans which showed individual health care needs were addressed. Each care plan we viewed had been signed by the person or a member of their family. This confirmed their involvement in their care.

Each person had a set of risk assessments which identified hazards people who used the service may face and provided guidance for staff to manage any risk of harm. Care plans and risk assessments were reviewed monthly to ensure they were current and relevant to the needs of the person. We saw reviews were meaningful and informative. Members of staff told us they were kept informed of any changes to care plans so that appropriate care could be provided at all times.

We asked the registered manager about the use of restraint. They told us physical restraint was not something the home advocated the use of, although the home used soft restraint methods such as passive hand holding.

Good

Is the service safe?

Training records showed all staff had received regular specialist training in non-abusive psychological and physical intervention from an accredited provider. One member of staff told us, "I have not seen full physical restraint being used here; we use all the other techniques available to ensure we don't need to." This showed interventions undertaken with people who used the service were the least restrictive and formed part of the person's care plan to manage their needs and risks.

People told us there were enough staff to meet people's needs. One person said, "There's always someone around if I need them or want to talk to them." One person's relative who was at the home on the day of our visit commented, "I feel there are enough staff, they are always around and are able spend quality time with each of the residents." The staff rotas showed a total of five care staff were on duty during the day and three at night. In addition, the home had a cook who was also actively involved in encouraging people to participate in shopping and cooking activities. People and relatives told us the registered manager and their deputy, whilst supernumerary to the rota, were always supporting staff and people. We suggested to the registered manager that they could improve in this area by reviewing each person's dependency more regularly so that staff rotas could be altered should people's dependency levels change.

We looked at the recruitment records for five members of staff. We found recruitment practices were safe and relevant checks had been completed before staff worked unsupervised at the home. This showed us the provider had taken steps to protect people who lived at the home from staff who were known to be unsuitable to work in a care environment. Members of staff confirmed they had not been allowed to start work until all references and disclosure and barring service (DBS) checks had been received.

In the medication storage room we noticed that whilst the temperature of the room had been recorded each day it was consistently high at around the maximum level of 25-26°C. This meant there was a risk of some medications being stored above their recommended temperatures. The registered manager acted immediately to rectify this situation.

We reviewed the medication administration records for controlled drugs and conventional medications. In both cases the records were maintained accurately. We checked the expiry dates of medication and how the ordering and stock rotation systems worked. We found all medication was within its expiry date and an effective ordering system was in place. However, we made the registered manager aware that not all open bottles of liquid medication had the opening date recorded on the bottle. This could mean people received medication that was past the recommended date following the opening of the bottle. The registered manager assured us this would be rectified straight away.

Good

Is the service effective?

Our findings

The service was effective. We looked at the registered provider's training policy and training matrix which was used to record the dates and training courses staff had undertaken. Training records showed the approximately 80% of care staff had received regular and relevant training. This included safeguarding, infection control, health and safety, moving and handling and fire safety. The registered manager told us 80% of staff had received training in positive behaviour support and 91% had training in malnutrition care and providing assistance with eating. Members of staff told us they all had a personal development plan which was discussed at annual appraisals and six-weekly supervision meetings. This meant the home had taken positive action to safeguard people who lived at the home against the risk of unsafe care and support. We asked a staff member if they felt supported in their role; they told us, "I feel very supported. The level of support from the manager is excellent. The training I've had means I think I can carry out my role safely and effectively."

We spoke with a member of staff who had been working at the home for a relatively short time. They told us they had received a six-week induction training programme which was followed by three weeks of 'shadowing' a senior member of staff. Records showed 22 of the 26 staff had completed the Skills for Care common induction standards. Ten members of staff had gained a nationally recognised qualification in care. The registered manager told us more staff would shortly be enrolling for similar qualifications. Staff members told us they had received specialist training in caring for people with learning disabilities and autism.

We asked a visiting healthcare professional whether they felt the staff had appropriate skills and knowledge to meet the needs of the people who lived at the home and keep them safe. They told us, "There's no doubt the staff know what they are doing, people are kept as safe as they can be."

People told us the food was good. Comments included, "I like what we get to eat," "We are asked what we would like each day" and "I love the food." We talked to the cook who described how the menu was put together each day. They told us there was no set menu. They said, "We show people pictures of various meals we could do and ask them to choose; they choose what they want."

During our visit we saw that some people were encouraged to help prepare meals and also undertake the shopping with the cook. One person said, "I love helping to do the shopping." The cook showed us records of a wide variety of meals prepared over the last two weeks. Members of staff told us the meals were healthy. One commented, "The meals are good and nutritious. The residents are always asking for more pizza and cheese but the cook tries to maintain a good balance of meal types." One person living at the home said, "I like everything, I'm happy with what they give us."

People told us they were able to take their meals in their rooms or in the communal dining area. We observed the lunchtime experience was unrushed, relaxed and social in nature. Where people needed assistance with eating and cutting up food, this was done sensitively.

One person told us they would like to lose weight; members of care staff and the cook were able to describe how they were supporting this person to lose weight in a structured manner. People's weights were monitored regularly. When people's weight had decreased, appropriate risk assessments had been put in place and people were weighed more frequently. This helped to ensure people maintained a healthy weight. We saw when necessary, appropriate referrals had been made to dieticians.

People were able to ask for drinks or prepare them themselves throughout the day. On the day we visited the home it was particularly hot and we saw staff prompting people to drink regularly.

Care records showed people had accessed health care professionals when they needed them. These included dieticians, speech and language therapists, physiotherapists, occupational therapists and social workers. This showed us people using the service received appropriate additional support when required for meeting their care and treatment needs. The registered manager told us about one person's referral to a specialist learning disability service known as the 'assertive outreach programme' which had helped to stabilise their behaviour to the point that the service was no longer challenged by the person's behaviour on a regular basis.

Records of people's hospital, GP, and dental appointments showed people attended their appointments regularly. Risk assessments and best interests meetings had been carried

Good

Is the service effective?

out for attending these appointments. Any action as a result of seeing a health professional, a change in medication for example, was clearly recorded in the care file. This showed people's care was personalised and had their interests to the fore.

Good

Is the service caring?

Our findings

Throughout our visit all members of the inspection team saw staff interacted with people well and had developed good relationships. Members of Staff took every opportunity to sit and talk with people and engage them in meaningful activity. This was confirmed by our use of the Short Observational Framework for Inspection (SOFI) for 30 minutes. One person told us, "I feel the staff have time for me and listen to me."

We observed members of staff were consistently kind, supportive and reassuring to people who lived at the home. One member of staff told us, "The people matter to us; we all treat the residents as individuals."

Our SOFI observation confirmed staff spent time watching people's body language and facial expressions to understand how they were feeling. One member of staff told us, "We know people's facial expressions and we know when they are not happy about something." The members of staff we spoke with were all able to explain in detail what the needs of people who used the service were and behaviours including their facial expressions if they were in pain. One person's relative told us, "The staff spend quite a bit of time just being around each resident, they just seem to be there when someone wants to talk to them. I didn't use to feel like that but in the last six months I have seen a big improvement with this."

People living in the home told us they knew they had a care plan and a health action plan. Most people told us they were involved in the monthly review of their care plan. One person said, "I have a PCP (personal care plan) and I can read it anytime I want." Where possible people had signed care plans to say they agreed with them. The home used an information sheet with pictures called 'making decisions and consent' which gave people living in the home information about what the words meant. This allowed people to give informed consent to care where possible. One person's relative told us they felt they had significant input into their relative's care and how it was planned.

The registered manager described how people were supported to make their views and opinions on the home known. We looked at the records of the monthly 'house meetings' which showed people were able to talk freely about the activities they would like to do, the food and drink they would like, and any equipment they would like to be provided. Members of staff told us each person in the meeting was asked about their likes and dislikes, activities, and whether they felt happy and safe. We noted people had commented, "Very happy", "I would like to stay at Baylis for a long time" and "I would like a swimming pool in the garden!" People had access to independent advocacy services and information was displayed throughout the home about this. Relatives were also made aware of this.

People's privacy and dignity were maintained and promoted. We saw staff knocked on people's doors before entering rooms. People had their own keys to their rooms and appeared well dressed and well looked after. People told us the staff were respectful to them. Each person's room had ensuite facilities which afforded them privacy and dignity. People's rooms were personalised and each person had their own storage cupboard (to which they had the key) adjacent to their room to store other personal items. People told us this made it more like their own home. One person's relative told us they were free to visit at any time and were welcomed by the staff. They explained the home facilitated taking their relative home with them for short periods of time whenever possible.

Outstanding ☆

Is the service responsive?

Our findings

Care plans contained detailed information on people's health needs and about their preferences and personal history. We asked staff about how well they knew the people who lived at Baylis Place. The four members of staff we spoke with were able to describe in some detail people's life histories, preferences and quirks in personality. The inspection team felt the staff had a thorough knowledge of each person.

We saw staff provided meaningful activities throughout the day and that people were encouraged to keep their rooms clean and tidy as well as helping around the home and enjoy the large garden area. One member of staff told us, "The residents do a lot of things here; they get out a lot too. Some go to the shops, some go horse riding, one goes to College, and some prefer to stay here where we do a lot of crafts and singing. One person told us they had been moved several times between various homes where they didn't take them out much but here staff, "Are giving me lots of choices to go to new places and see new things. I like to go to the supermarket and the youth club." A member staff went on to explain that whilst the person could only go short distances at the moment they were building up to go further in the near future.

When we asked other people living at the home about what they did each day, comments included, "I have a very busy life; I like to go on the bus [the minibus] to the seaside such as Cleethorpes", "I go to the hairdressers in the town to have my hair done", "I go into town on my own and sometimes to the seaside", "I go out shopping to the town centre and the staff take me to Bridlington to see my mum; I enjoy going to the promenades" and "Staff take me to places I enjoy like flower arranging classes." A member of staff told us, "Tonight I'm taking the residents swimming, on a Thursday we go to a local social club to have a disco and play bingo. Once a month we go to the college and have another disco. Everyone gets on really well and the residents aren't left at home, we try and get them out as much as we possibly can."

The seven people we spoke with told us they would know how to make a complaint if necessary. They all said the registered manager and the staff were very approachable and always available. Information about how to make a complaint was produced in an easy to read format using pictures.

The complaints file showed people's comments and complaints were investigated and responded to appropriately. We noted there had been two complaints received since our last inspection visit. There was evidence to show us what actions had been taken and that the person who made the complaint had been responded to within the timescales set out in the home's complaints policy. The actions had been written up and the outcomes and learning were recorded. This showed the complaints system at the home was effective.

The registered manager told us that every four to six weeks the home was inspected by a 'quality expert', a person appointed by the registered provider who has or is a carer for someone with learning disabilities. The registered provider regards them as experts on how care should be delivered since they have first-hand experience of registered care. Comments from their reports on personalised care at Baylis Place included, "Residents and cares [care staff] have a lot of time for one another and get on well", "Food snacks and drinks are available whenever they were asked for and there is a kitchen for residents to use", "Residents get out in to the community on a regular basis" and "The office door was open all the time and residents freely went in to chat to senior members of staff."

Records from monthly staff meetings showed people's individual care was discussed. Any incidents of behaviour that challenged the service were discussed and learning from them took place. We saw the most recent meeting had discussed the appointment of a positive behaviour coach and how this would benefit people living at the home. In addition, we saw discussions about people being encouraged and supported to do things for themselves to maintain their independence.

The Care Quality Commission had received anonymous information of concern in June 2014 which had been investigated and shared with the home. We noted the June staff meeting had discussed this information in depth in a positive way, to look at any improvements that could be made and to learn from the experience.

Outstanding ☆

Is the service well-led?

Our findings

The service was well-led. There were effective systems in place to monitor the quality of the service and drive continuous improvement. The home was well organised which provided a foundation upon which staff could respond to people's needs in a proactive and planned way.

We questioned staff about their responsibilities and whether they felt well supported by the registered manager. The four members of staff we spoke with all felt the home was well-led and that their views and suggestions were taken into consideration. Staff told us they felt the management promoted an open and fair culture in which they felt empowered and supported to question practice.

The home had a clear set of values in place centred around promoting people's independence, empowering them, and to treat them as individuals. Members of staff were able to talk about these values and how they were embedded in people's everyday care.

Following conversations with members of staff and people who lived at the home, we felt there was an open and inclusive atmosphere which engaged people to be involved in developing the service. We observed staff talking positively and enthusiastically to the registered manager about issues and how to resolve them. We also saw people who lived at Baylis Place openly and freely approached staff and the management about things that concerned them at that moment in time; these were often quickly addressed.

The registered manager told us the registered provider required them to complete a self-assessment document every three months. We saw action plans had been created when inadequacies had been identified; the registered manager's progress towards completing these actions was monitored by regional management. For example, one self-assessment had identified poor staff attendance at health and safety meetings. We saw actions had been taken to address this.

We saw records of monthly audits of care plans were detailed and noted gaps and omissions of information that needed to be shared with other members of staff, for example people's behavioural patterns. We were shown monthly medication audits which identified gaps and omissions on the medication administration records (MARs) and also audits of levels of stock. Where inadequacies had been identified there were action plans put in place to investigate and prevent mistakes from re-occurring.

We reviewed the records of accidents and incidents. The registered manager told us how these were reviewed and evaluated on a monthly basis so that the risk of repeated incidents were minimised and any lessons could be learned.

The registered manager told us the home was involved in the 'driving up quality in learning disability services' standard. This is a code of practice for providers and commissioners to drive up quality in services beyond minimum standards and to promote a culture of openness and honesty within organisations. The registered manager explained that since the home had signed up to the code they had been able to share good practice with other organisations in order to provide personalised care.