

Swanton Care & Community (Autism North) Limited

The Cedars

Inspection report

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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

This inspection took place on 22 August 2018 and was announced. We telephoned and spoke with relatives on 3 and 6 September 2018. The inspection was announced to ensure people who lived at the home would be present.

The Cedars is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Cedars is registered to provide residential care and support for up to six adults with a learning disability or autistic spectrum disorder. At the time of our inspection five people were living at the home.

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." Registering the Right Support CQC policy.

A registered manager was in place. 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 home was rated overall Good with Requires Improvement in Effective. This was because the registered manager had not always taken appropriate action to ensure people had authorisations in place prior to being deprived of their liberty.

At this inspection, we found the home remained Good in Safe, Caring, Responsive, Well-led and improvements had been made in Effective. The monitoring of deprivation of liberty (DoLS) applications had improved ensuring people were not deprived of their liberty unlawfully. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

The provider had systems in place to protect people from abuse. Risks were identified, assessed and managed to minimise the potential risk to people who lived at the home. Where incidents took place, there was evidence that lessons had been learned. Sufficient staff members were deployed to meet people's needs.

Relevant checks were completed to ensure staff had appropriate skills and were suitable to work with vulnerable adults. Staff completed specific training which equipped them to support people living at the home. Supervisions and appraisals were regularly held.

Medicines continued to be managed safely. Medicines records we viewed were accurate and up to date. The

home supported people to access health professionals when required, including opticians, dentists, GPs and nurses. When guidance was given this was incorporated into people's care plans.

The home carried out monthly health and safety checks including fire safety to ensure people lived in a safe environment. Systems were in place to ensure people would remain safe in the event of an emergency including a continuity plan to ensure people would continue to receive care following an emergency.

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.

People were supported to make healthy and balanced choices at meal times and people's likes and dislikes influenced the planning of menus. People were supported to be as independent as possible. The home worked with people to identify goals to work towards and supported people to achieve these. People had regular involvement with health professionals.

Relatives told us staff were kind and caring. Staff we spoke with were knowledgeable about the people living at The Cedars and were able to describe people's likes and dislikes. Dignity was maintained and respected. People were involved in planning their own care.

Activity programmes were designed around people's likes and dislikes and involvement from people's families. People were supported in learning new life skills and to access the community in a range of activities.

Care plans were personalised and contained detail on how best to support people in their preferred way. The home offered a range of accessible information tools enabling people to understand their care and express themselves.

The provider had effective quality assurance processes to monitor the quality and safety of the service provided. A good team was in place, who were supported by the registered manager. The registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service improved to good.

The provider had introduced effective systems to ensure people were not deprived of their liberty unlawfully.

Training and development was up to date.

People were supported to have a health and balanced diet.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

The Cedars

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.

This inspection took place on 22 August 2018 with telephone calls to relatives on 3 and 6 September 2018. The inspection was announced to ensure that the registered manager or appropriate person would be available to assist with the inspection. An adult social care inspector conducted the inspection.

We reviewed other information we held about the home, 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 reviewed three people's care plans. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

People who living at the home were not always able to verbally communicate with us. Therefore, we spoke with their relatives to gain their views on the home. We spoke with one person who lived at the home, two relatives, the registered manager, a team leader, the cook and two staff members.

We carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook general observations of how staff interacted with people as they went about their work. We

looked around the home and visited people's bedrooms with their permission.

Is the service safe?

Our findings

Relatives we spoke with told us their family member was safe at the Cedars. One relative told us, "I have complete confidence that [family member] is safe." The provider had systems in place to ensure people had a safe environment. Health and safety records were up to date including fire equipment, electrical safety, water temperatures and gas safety. A business continuity plan was in place which ensured people would receive continued care in the event of an emergency. Each person had a personal emergency evacuation plan (PEEP) which detailed the type of assistance required for a safe evacuation.

Identified risks were managed effectively. Risk assessments for the environment and people's individual needs outlined the main hazard, who was at risk and the control measure to mitigate the risk. We saw these were reviewed every six months.

Safeguarding concerns were investigated and referred to the relevant authorities. Staff had completed safeguarding training and were confident on the action to take if they had concerns. The provider analysed safeguarding concerns and accidents and incidents and any lessons learnt were cascaded to all its services.

The registered manager told us staffing levels were determined by people's needs. We saw this was reflected in the staffing rotas. When people were taking part in activities in the community we noted staffing levels increased. Relatives we spoke with told us they had no concerns about staffing levels.

Medicines continued to be managed safely. Medicines were stored securely in a locked medicine cabinet attached to a wall in the main office. Medicines records were up to date and accurate. We reviewed medicines administration records (MAR). The MARs we viewed showed no gaps or discrepancies. Medicines audit were regularly completed.

The provider continued to operate an effective recruitment process. Pre-employment checks were carried out before staff started work at the home including obtaining references and a Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

The home was clean and tidy. The home had dedicated staff to maintain the cleanliness of the building. Infection prevention and control quality improvement audits were completed which included management of equipment and waste management, hand hygiene and food hygiene.

Is the service effective?

Our findings

At our inspection in February 2016 we rated this domain as "Requires improvement." At this inspection we found the home had made improvements.

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 home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection we found one person had been deprived of their liberty without the required DoLS authorisation being in place. During this inspection we found the service had ensured systems to monitor people's DoLS applications were robust and effective ensuring no one was deprived of their liberty unlawfully. The registered manager had a sound understanding of the main principles of the legislation. We noted during a team meeting, MCA was the main subject for discussion with staff being involved in role play to gain a greater understanding. Staff we spoke with described how they encouraged people to make daily decisions and choices. We observed this practise throughout our inspection.

Staff had completed the relevant training to enable them to support and care for the people living at the home. Supervisions and appraisals were up to date. One staff member told us, "I feel supported and the training is good."

People were involved in all discussions around their move to the home. This included visiting the home and meeting staff to support people in making their decision. The premises were adapted to meet the needs of the people living at the home. Sensory and quiet areas were available for people. Specialist swings had been sourced to support people to relax in the garden. People had cultivated plants and vegetables in the large raised garden beds which were consumed at the home.

Staff supported people to meet their nutritional needs. Meal time was relaxed with people choosing to have their lunch at different times. Staff joined people to have their meal and supported people with gentle prompts. People were involved in the planning of the menu and going shopping for the items. A cook prepared the main meals for people and people were supported to make breakfast and supper.

The home continued to support people to access healthcare professionals. Care records showed people had regular visits to GPs, dentists, optician chiropodists.

Is the service caring?

Our findings

Most of the people living at the home were unable to tell us about their experiences of living at the Cedars. One person told us, "It's great," and that they were happy living at the Cedars. Staff recalled how during assessment the person had described the setting they wished to live at, with wide roads and trees. The person was overjoyed when staff showed pictures of the Cedars which matched completely.

Relatives we spoke with told us their family members were happy living at The Cedars. One relative said, "I know when [family member] isn't happy." Another relative told us, "[Family member] is always keen to return after a weekend."

We observed positive and friendly interactions between staff and people living at the home. Staff and people knew each other well and they appeared comfortable in each other's company. Staff were readily available to support but at a distance to allow people their own personal space. The atmosphere was relaxed and calm. Staff recognised situations which might distress people and responded quickly to reassure and to support people when they became anxious.

People were involved in decision making throughout the day and were encouraged to express their views as much as they were able. Staff had extensive knowledge of people's preferred methods of communication including signs, gestures, short replies or offering options.

People were supported to maintain relationships important to them. When relatives could not visit due to distance, people were supported to have face time conversations on an iPad. Staff supported people on holidays and visits to relatives. One relative told us, "Staff let me know what's happening. I receive a written update from them." The home supported people to visit their relatives and organised social events which family members were invited to attend.

Relatives told us staff were respectful and treated their family member with dignity. Care plans were extremely detailed to ensure people's personal care needs were met in line with their wishes and supported appropriately with the correct level of involvement.

People's confidential information was held securely in the office and the electronic care record system was password protected with only people who required access to perform their role.

For most people, relatives advocated on their behalf. When people had no families or friends the registered manager told us that they would support people to access advocacy services.

Is the service responsive?

Our findings

The home continued to provide comprehensive care records. Care plans were detailed and were well written. These were personalised, outlined how the person wished to be supported and contained information about the person including emergency contact details, people and things that were important to the person, and their medical history.

An 'Understand Me' section described briefly how best to support a person in certain situations. For example, 'What should people do when I'm stressed?' 'How do I communicate?' And, 'What and who is important to me?' These were written in a personalised way. For example, within one person's 'What should people do when I'm stressed?' section, it reported, 'Staff need to give [Person] verbal reassurance that everything is ok.'

Care plans outlined a task, people's ability, how best to support the person to achieve the task and what the expected outcome was. For example, one person's personal care plan outcome reported, '[Person] to maintain a high standard of personal hygiene and promote personal independence skills.'

People worked with their key workers in identifying future goals and creating a plan of action to set about achieving the correct outcome.

Activities were designed and tailored to people's individual choices and interests. Relatives told us they were involved in discussions about their family members support and development. One relative told us, "They are always looking for new things for [family member] to do."

People were encouraged to take part in meaningful activities. One person had just enrolled on a cookery and arts and craft course at a local college. People were supported to access the local community including going to the cinema, bowling, theatre, swimming, the gym and trampolining. One person loved horses and was supported to attend a local farm and undertook a range of tasks around the yard including feeding and caring for the horse. Another person had recently raised money for the Great North Air Ambulance for completing a sponsored dog walk. Staff told us how they had supported the person over a number of weeks working with dogs, building up to the event. The home encouraged people to be involved in as many activities in the community as possible to build confidence and tolerance.

The provider ensured it complied with the Accessible Information Standard. There was clear accessible information available and displayed throughout the home including the human rights information, how to raise concerns or complaints, daily routines, care plans and menu choices. The provider had an equality and diversity policy and clear systems in place to support staff and people.

Relatives we spoke with told us they had no concerns and were aware of the provider's complaints procedure. One complaint had been received since the last inspection. The register manager had followed the providers process and the matter had been addressed.

Is the service well-led?

Our findings

Relatives we spoke with told us the home continued to be well-led. One relative told us, "In my opinion they are excellent." The home had a positive culture which was open and inclusive. Staff we spoke with told us they were happy in their role, felt supported by the management team and they enjoyed working at the Cedars.

At the time of our inspection there was a registered manager in place. Staff comradery was strong. On staff member told us, "We work well together." Another staff member said, "I love it here the people and the staff, it's a home from home."

The provider had introduced a new Swanton Ethos 'PRIDE' - potential, responsibility, integrity, diversity and empathy. Staff members had been involved in working groups to gain an understanding of the ethos. One staff member told us, "The ethos underpins all we do."

The registered manager was creative with team meetings. Minutes showed meetings were interactive involving role-plays and discussions around the support and care of people. One staff member told us, "I normally dread meetings but these are good." The registered manager had also been asked to deliver training to other services and mentored a new manager at another service. The home had developed an in-house newsletter 'Cedar Times' which reported on people's success stories. This received recognition from the provider.

The home continued to have effective systems in place to monitor the quality of the service. The provider had a range of audits including bedroom audits, health and safety, medication, infection prevention and control and fire safety. The registered manager also conducted out of hours inspections.

The home regularly sought feedback from relatives and people who lived at the home. One staff member told us, "We are constantly asking [people who lived at the home] for feedback. We watch for their reactions to activities or new foods." One relative commented, "How delighted I am how [family member] is progressing in new activities all the time. The Cedars have been so good for them and the staff look after them so well."

The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We saw the home worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support.