

High Quality Lifestyles Limited

Swerford House

Inspection report

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Dover
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Swerford House is a care home providing accommodation and personal care to seven people with a range of learning disabilities at the time of the inspection. Some people were living with autism and everyone required support with behaviours that challenged. The service can support up to seven people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered manager and staff were exceptionally responsive and worked continuously to make improvements to the service and provide people with high quality care. Since our last inspection staff had worked with people to enhance their communication in innovative ways which enabled them to support people to reduce any behaviours which could have challenged. As a result, people were communicating for the first time, and learning new skills, such as counting.

People were living fulfilled lives and had been able to achieve things for the first time including life skills, taking part in activities and going on holiday for the first time. Relatives told us of the significant improvements in people's quality of life as a result of the support provided by the staff at Swerford house.

People had been supported to reduce the incidents of behaviour that could challenge, and as a result reduce the physical interventions staff used when supporting them. Some people had previously displayed very high levels of behaviour which could challenge, which had reduced significantly, and on some months, people did not display any of these behaviours.

People's care centred around their needs and preferences. Staff treated each person with compassion and kindness, and continuously used feedback either verbally or based on how people presented to improve the service.

A relative told us they were involved in their loved one's support, and feedback was positive in relation to the difference and the positive impact staff and the managers had on people's lives.

People were safe living at Swerford house; accidents and incidents were minimal, and staff worked to reduce the likelihood of issues re-occurring. People had been supported to reduce the amount of medicine they took, which improved their quality of life, and allowed them to be more active.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 15 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our safe findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.
Details are in our safe findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.
Details are in our safe findings below.

Good ●

Swerford House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Swerford House 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. The provider was given notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people about their experience of the care provided. We observed staff interactions with people and observed care and support in communal areas. We spoke with five members of staff including the registered manager, positive behaviour support lead, senior care worker and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives of people living at Swerford House.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with understood the types of abuse people could be at risk of and were able to describe how they would raise concerns if they had any. One staff member told us, "I would look for a change of behaviour, any bruises, if they were verbal they could tell me otherwise I would look for a change in demeanour or personality."
- A relative told us they felt their family member was safe at the service, and we observed people to look relaxed and happy, comfortable in the presence of staff.
- The registered manager understood their responsibility to raise safeguarding concerns with the local authority safeguarding team and had appropriately notified them of safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and there were comprehensive risk assessments for staff to follow. All aspects of people's life had been assessed including accessing the community, reducing self harming behaviours, taking part in activities and taking positive risks. People had been supported to take part in activities which were previously considered too high risk. For example, one person was supported to attend a trampoline park, whilst another person was supported to go tobogganing.
- Staff we spoke with had a good understanding of the potential risks to people and how to mitigate them. For example, one person was known not to like to travel in the car with others who were loud or could be excitable, and therefore staff ensured they travelled with others who were not excitable.
- Staff and the registered manager completed regular checks on the environment to ensure it was safe for people, staff and visitors. These included checks on hot water systems to ensure that people were not at risk of scalding. The registered manager and provider completed a legionella risk assessment to prevent people from being at risk of contracting legionella's disease.

Staffing and recruitment

- We observed there were enough staff to meet people's needs and keep them safe. People were supported by a consistent staff team, and therefore had been able to form strong relationships with staff. One member of staff told us, "We have lots of staff, it enables us to get people out." Another staff member told us, "100% there is enough staff, I have never been in a place where we have enough staff to fulfil people's needs, this is brilliant."
- Rotas demonstrated the assessed number of staff were on duty at all times. People were supported by regular staff members, and we observed people not having to wait for support, or to go on activities.
- Staff recruitment files confirmed the provider followed safe recruitment processes. Files contained the required checks such as suitable references, identity checks, a full work history and Disclosure and Baring Service (DBS) background checks. DBS checks help employers to make safer recruitment decisions.

Using medicines safely

- People were supported to take, store and order their medicines in a safe way. Medicine administration records were clear and had been fully completed by staff.
- People had easy read documentation relating to medicines to support their understanding of which medicines they were taking, and what they were for.
- Staff were able to evidence how they worked with STOMP to support people to reduce their medicines. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. For example, one person had been supported to stop a mood stabilising drug completely since living at Swerford house. Staff told us proudly that as well as this, the person had not been in distress to the point of needing 'as and when' (PRN) medicine, which previously they were taking every four hours. The registered manager told us, "They have totally changed, we are so proud as a home to see how much they have changed."
- Staff continued to have the skills to support people with their medicines. Competency checks were completed on staff regularly and all staff we spoke with told us they were confident supporting people with their medicines.

Preventing and controlling infection

- Staff had received training in preventing the spread of infection and were aware of the need to use protective equipment such as gloves or aprons when supporting people.
- The service was clean and well maintained. During the inspection we observed people being involved in the cleaning of the service; for example, two people were washing and putting away kitchen items used during the preparation of lunch. Another person was supported to change their bed linen by staff, who knew what the person needed support with, and what the person was able to do on their own.

Learning lessons when things go wrong

- Staff were proactive in reporting and acting on any accidents or incidents that occurred within the service. All accidents and incidents were reviewed by the registered manager for trends or patterns and action taken to reduce the likelihood of the event reoccurring. For example, after one person entered another person's bedroom, people were offered the opportunity to have a key to lock their bedrooms so others could not access them.
- Incidents of behaviour that challenged had reduced since our last inspection. One staff member told us, "We work really closely together. It's a totally different atmosphere. It's homely. We have built strong relationships with people, which you have to do to be able to reduce behaviours." We checked incidents records, which supported this statement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the service, a comprehensive assessment was completed to ensure the provider could meet the person's needs. The assessment considered people's physical and mental needs, as well as looking at their protected characteristics under the Equalities Act 2010 such as their cultural or religious needs.
- Information gathered from the assessment was then used to create a person-centred support plan, which was updated as and when people's needs changed. A relative told us, "Staff went the extra mile to make sure the move was as good as possible. There was a lot of background work, all the staff went to (my loved ones) previous placement to get to know (name), and to get to know how to support him to transition to the service."

Staff support: induction, training, skills and experience

- Staff continued to receive the training and support to enable them to effectively support people. Staff told us that in response to one person who began to have seizures, they completed epilepsy training. The staff member told us, "I would be 100% confident to support them."
- Staff had training in subjects specific to their role, for example supporting people with autism and learning disabilities. All observations between staff and people demonstrated staff understood how to support people in line with their needs, for example using positive behaviour support (PBS). Positive behaviour support (PBS) is a person-centred approach to people with a learning disability and or autistic people, who display or at risk of displaying behaviours which challenge.
- Staff received regular support from managers in the form of supervision, during which they were encouraged to share any ideas to enhance the lives of the people they were supporting, and also offered training, guidance and personal support when needed.
- Staff told us the induction programme was thorough and supported them to be effective in their roles. One staff member told us, "Without a doubt the induction helped me understand the role. Without that people would not be confident in you. During the induction I worked with people to shadow and understand how best to support people."

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

- People were supported to maintain a healthy balanced diet. People decided during weekly meetings the food they wanted to eat. People were supported to make food choices through the use of picture cards.
- People were supported to prepare their meals, and take positive risks including cooking, and we observed people making drinks during our inspection.
- Where possible staff encouraged people to make healthy options in relation to food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was a strong ethos of providing positive behaviour support (PBS) to people to improve their lives. Staff, the registered manager and PBS lead participated in PBS workshops where all data collated from incidents or activities were analysed to look for trends and patterns. For example, it was identified that one person had escalating behaviours a certain month of the year. Staff told us they were now able to plan for this increase in behaviour and provide additional support to the person.
- Staff were alert to any changes in people and acted quickly to ensure they received support from the relevant healthcare professionals. For example, on the day of our inspection staff noted that one person was not themselves. They were slower in their movement and staff described them as pale. Staff organised for the person to see the GP the same day, and for them to have blood tests the following day.
- Through consistent support, people had been supported to reduce their compulsive routines. For example, one person previously needed staff to work through a series of prompts before getting up or doing any activity. However, with the support of staff, we observed the compulsive tendencies had reduced, which reduced the person's anxieties.
- People had hospital passports with information about their healthcare needs, and how they communicated should they have needed to go into hospital.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet the needs of the people living there. Since our last inspection, two flats had been built, allowing people to have their own space, but still access the main house. Staff and relatives told us this was important for the people living there, as it allowed them a quiet area to de-escalate or relax whilst enabling them to spend time socialising with their peers.
- The service was very homely, with photographs portraits of the people living at the service proudly displayed on the walls. People's rooms were individual and demonstrated their personalities, likes and interests.
- People's rooms had equipment to support their sensory needs, including lights and interactive blocks to stand on.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff we spoke with had a good understanding of the MCA and how to apply it. One staff member told us, "They make all the decisions themselves. They decide where they are going, what time they get up, if they want a bath or a shower, everything." Staff told us they would do all they could to support the person in all decision making, and where this was not possible or it did not work, they organised best interest meetings to support the decision making.
- During our inspection we observed staff asking people for consent and encouraging them to make decisions.

- The registered manager had applied for DoLS authorisations when required. They were aware of any conditions and had a system which to remind them when a new application was due.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff had formed relationships based on trust and respect. Staff spoke with and about people in a kind, compassionate way that demonstrated this. Staff told us, "We are just caring, we are fun. It's a great place to work. It's safe for the guys. They are happy. We are a good team, a good service" and "I can't express how good it is to work here."
- Relatives told us their loved ones were happy living at Swerford. One relative told us, "They managed to turn (my loved one) around in a short time. You can see it in their face, they are the happiest they have been for a long time."
- Staff told us it was important to them to see people develop and progress. One staff member told us, "The guys are changing every day, progressing every day. It's a brilliant place, the staff team get on well, we know the people inside out, I genuinely love it here."
- People lived fulfilling lives at Swerford house, staff members told us, "They have a better social life than me these guys, which is great."
- We observed numerous kind and caring interactions between staff and people. This included supporting people in a positive way when they were anxious and laughing and sharing jokes with people.

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

- People had regular keyworker meetings with staff where they were supported to express their opinions on their care and support. When people were not able to express themselves verbally staff supported them with picture cards or gauged their response from how they presented. Notes of the meeting were made in an accessible format to ensure the person was able to review them as and when they wished.
- Where possible people were supported to take part in their care reviews. People were supported in their reviews by their family members, or advocates. An advocate is a person who represents another person's interests.
- People had been supported to develop their communication skills. For example, one person had been supported to learn to count for the first time.
- People were at the heart of all decisions made at Swerford House. This included the activities they took part in, and who supported them day to day. For example, one person would say the name of the staff they wanted to support them on the day, whilst another person who did not communicate verbally would point or take the hand of the chosen staff member.

Respecting and promoting people's privacy, dignity and independence

- Since our last inspection people had been supported to increase their independence and develop life

skills. For example, one person was previously unable to make themselves a hot drink, had been supported to gain these skills and was able to independently make a hot drink. Staff were able to describe the positive impact being able to make the drink independently had on the person.

- People had been supported to move to supported living accommodation, which staff felt would be more suited to their needs.
- Staff were aware of how to uphold people's privacy and dignity, for example one staff member told us, "We are paid guests in their house." We observed staff knocking before entering people's rooms and allowing them private space when people indicated they wanted it.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual person-centred care plans that were specific to their needs and written in an accessible format that was meaningful for people. Staff had thought creatively about getting people involved as much as possible. People were supported to review their care plans and take active roles in making any changes. For example, since the last inspection people talked through their needs with staff and additional care plans were implemented advising staff on how people specifically wanted to be supported hour by hour to ensure they received consistent support. When these were then presented to people in an accessible format with pictures, people were engaged and showed where they wanted information to change, or where they liked the content.
- Staff had specific guidance to enable them to support people in a person-centred way. For example, where people lived with autism, there were specific care plans in place to inform staff how this could affect the person and provide staff with positive behaviour strategies to support the person in the best way. The consistent support allowed people to develop and progress positively.
- People had Positive Behaviour Support (PBS) plans tailored to their individual needs. Due to the positive support people received, their lives had improved. For example, one person moved into the service, and had physical interventions written into their care plan, due to the high levels of behaviour they previously displayed. Staff were able to evidence that with the support of a PBS lead, this physical intervention was removed from the person's care plan and replaced with a much less restrictive intervention. For example, instead of being physically restrained by four staff members, the person was supported by two members of staff to escort and divert them during situations they found difficult. The one-person escort had been used on one occasion in two years, and staff were reviewing removing this intervention completely. Restrictive physical intervention (RPI) should only be used as a last resort when assessed and agreed as necessary due to the risk of injury. People were being supported to have good days so the need for RPI was reducing. As a result, the person was visibly much happier, and able to participate in many activities.
- The PBS lead commented "It is such a pleasure to witness proactive work that is supporting people to maximise their skills and opportunities and minimise the need to present with behaviour of concern / behaviour that can challenge." A relative told us, "They are always looking for any possible trigger that may have caused the behaviour and reflect as a team on how they can make things better for that person always including the parents view, which is important to me."
- People were supported to live meaningful lives, reaching and exceeding goals they chose for themselves and were previously not accessible due to high levels of behaviour that challenged. For example, one person who loved theme parks was working towards going to stay at a theme park for the first time. Staff had supported the person to transition towards this goal, by taking them to a theme park for the day, working up

to an overnight stay, which was booked for later in the year. A staff member told us, "We get job satisfaction working here. We get the reward when they achieve their goals."

- A relative had fed back to the service about the difference it had made to their loved one. They wrote, "I want to express my gratitude for all your teams hard work in turning around (name) quality of life in such a short time right from the first day. It's a million miles from the dark days of the previous service."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in a way that was meaningful for them. For example, one person was supported with social stories to introduce them to new activities in the most positive way. Social stories are used to support people with autistic spectrum disorders to praise, educate and detail what to expect in a situation and why. These were used alongside transitional processes, such as visiting the car park of a zoo on the first outing, then progressing to having a picnic in the car park, entering the shop until the person was able to transition to enter the zoo.

- Staff told us that people were supported to achieve milestones that previously were not attainable for them including supporting people to express themselves. For example, one person had learnt to use a small number of words for the first time and was being taught Makaton by a staff member. Makaton is a language programme using signs and symbols to help people to communicate. This had made a huge difference to the person, who was able to better communicate their needs therefore having more control.

- Another person had an electronic tablet which staff were using to support them to form sentences for the first time in their lives. Staff told us this was a work in progress, but that with continued support the person was progressing daily.

- A relative told us their loved one communicated with staff through Makaton and a series of picture cards. They told us it was important to the person to always know what was happening next in relation to outings or activities to reduce the person's anxieties, and staff always supported this. They told us "Quite simply, it's an exceptional service."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to live full, active busy lives, taking part in a range of activities they chose for themselves. During the inspection, most people were in and out of the house, having chosen specific activities they wanted to take part in during the day. A relative told us, "The staff all work so hard for their residents to make their lives as full filling as they can for each individual." Another relative told us "It is all simply about the quality of life they (people) have there."

- People were part of their community, and known locally at shops, cafes, restaurants and pubs. One person was a part of their local football club, and regularly attended matches and was known within the football community. One staff member told us, "Everyone knows him on the bus, they say hello and he gives them the thumbs up."

- People were supported to take part in meaningful activities of their choice. Since our last inspection people had progressed to being able to visit busy environments including supermarkets, where they were able to make their own choices around food, DVDs or games. Previously this was unachievable for people due to the distress and anxiety this would cause them.

- Staff told us proudly that with consistent support one person had been supported to increase their activities from going out walking, to regularly swimming, and attending trampoline parks. The staff member told us, "There's a lot less behaviours from them, because they are fulfilling his needs."

- People had been supported to achieve things for the first time, for example, one person had progressed to going on their first holiday, which staff told us they loved. We saw photographs of the person on their holiday, smiling and looking happy. A relative told us, "Their face is so much happier, there is no tension that used to be there previously. We can genuinely see it in their face that he is relaxed in the company of staff. Their quality of life has improved, he likes to be out, he goes out every day he likes to be active."
- People were supported to maintain relationships with those most important to them. For example, when relatives were unable to visit one person for a period of time they were supported to learn to use an electronic tablet to video call their loved ones to ensure consistency in communication. This enabled the person to see their relatives and chat with them.
- Staff supported people's relationships with their families by facilitating telephone conversations or taking people to see their relatives. People with relatives living locally, were supported to visit them regularly. A relative told us, "I cannot speak highly enough of staff. It has been a godsend to us knowing the staff are good, it has helped us tremendously."
- A relative told us staff went "over and above" supporting their loved one to attend a family wedding, with the support of staff. This was incredibly important to the person and their family, and the person was visibly happy during the event.
- People were very sociable and involved in a range of clubs and groups. These relationships were supported and encouraged by staff. For example, one person made a friend at a disco they attended, who was then invited to attend parties and events held at Swerford house.

Improving care quality in response to complaints or concerns

- Since our last inspection, there had been one complaint, which had been dealt with appropriately by the registered manager, in line with the provider's complaints policy. A relative told us staff were always responsive to people's needs, they told us "I would speak with the registered manager, or deputy manager, I would always be honest with them. I have never needed to though, as they are always one step ahead looking into any issues and sorting them out."
- Each person had a support plan to guide staff on how to support people to raise complaints or concerns. People had 'your voice' meetings where they were supported to share any concerns with staff they were comfortable with.
- Not everyone at the service was able to verbally communicate, so staff regularly assessed their body language and demeanour to determine if they had any concerns or complaints to raise. One staff member told us, "You can tell if there is something not right. I would always help them write a complaint if there was an issue."
- People's body language was assessed to support their decision making around activities. For example, if someone appeared anxious, or unhappy during an activity staff would document this within their care plan. People would then offer the activity again in a few months, so that people were supported to try new things and their decision making was still supported when people could not verbally communicate it.

End of life care and support

- Staff were not supporting anyone at the end stages of their lives.
- People and their relatives had been asked about end of life wishes, and these had been documented within people's care plans. This information included if people had specific religious beliefs and where they wanted to be cared for if they became unwell.
- People had social stories prepared to share with them to support their understanding of bereavement, and the registered manager had links with community nurses who would support with bereavement when the time came.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had inspired a positive culture, built around supporting people to achieve the best outcomes possible. One staff member told us, "Yeah, we are definitely a good team. The communication since (registered manager) has come is excellent. She is really organised and spot on with everything." The registered manager told us, "There's a good core staff team. When I walk out I never worry, I know staff can handle it."
- One staff member told us, "I genuinely can honestly say (name) is the best manager ever. They are so approachable, so caring. You can tell they love the guys and wants the best for the guys. They come out and always step in. They're always there at the end of the phone to support you."
- A relative told us, "They are a close-knit team. That's the sign of a good establishment, that there is little staff movement. It's never the case that they need agency staff, it's a sign of good leadership." Another relative told us, "Swerford House has a warm friendly relaxed atmosphere. The staff are all highly professional and are never phased by what is thrown at them!"
- The registered manager demonstrated that they knew people well and had the skills and experience to lead the service. During the inspection, people freely accessed the office to speak with the registered manager. For example, one person liked to be in the office with the registered manager, so they would organise some admin tasks for them to help with or put some videos on the computer for the person to watch. The person's face lit up when they watched the videos, and they made happy vocalisations.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager showed a good understanding of their responsibility in line with the duty of candour.
- The provider had a policy in place to ensure they were open and honest when things went wrong. When things did go wrong, the provider ensured lessons were learnt and shared across their services. For example, in response to issues with culture identified within other organisations the provider had organised culture roadshows where staff discussed expectations and shared experiences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was passionate about their role, and demonstrated how they met their regulatory responsibilities, including ensuring their most recent CQC rating was displayed.

- The registered manager and provider completed a series of checks and audits to assess the quality of the service people were receiving. When issues were identified, action was quickly taken to address them and ensure improvements were implemented. For example, when the provider had an external medicines audit, an action plan was completed with all identified issues resolved in a short timeframe.
- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, like a serious injury.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had collated feedback from relatives regarding the care their loved one received. We reviewed feedback which was positive, and included feedback that staffing was 100% sufficient. A relative told us, "I could not fault the service, or think of one thing they need to improve on."
- Feedback from people was gathered through key worker or your voice meetings, and from the registered manager, and deputy manager's observations. For example, one person asked for their bedroom to be decorated specific colours to suit their preferences and this had been done. Another person requested for a wider selection of picture cards to be made available to support meal planning, which was actioned by staff.
- Staff were engaged in the service and felt empowered to support the improvements within the service. Staff were involved in regular staff meetings, and had completed an engagement survey, which produced positive results. These included 100% of staff stating they were proud to work at the service and would recommend the service to a relative.
- When staff made suggestions for improvements for people or to the running of the service, these were implemented. For example, staff identified that one person was making a sign for football. Staff spoke with the person's relative and established that they had previously been a supporter of a team. The person was asked if they wanted to sign up to support a team once more and was supported to do so.
- Since our last inspection, people had been supported to be more involved in the community. People were well known within the local community and had formed good relationships with their neighbours.

Continuous learning and improving care; Working in partnership with others

- The registered manager was a part of numerous forums and groups to discuss and share best practice. This included with local authority and external organisations to enable the registered manager to network with others and to share and receive information and news about good practice and innovation. This information had been used to better support people, for example implementing equality and diversity care plans for people.
- The provider held regular managers meeting where they discussed any learning from incidents from other healthcare providers. The registered manager told us, "We network within the management with the (provider) but I also enjoy stepping out and getting fresh ideas."
- Staff worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes. For example, subtle changes had been made to meet people's changing needs. Staff were knowledgeable about people's behaviour and sounds and knew when people were acting in their normal manner and reviewed what might be happening for the person. Staff worked with each other to review what might be happening and sought views of others such as relatives, staff working in other parts of the organisation as well as the PBS lead so that people had the right support.