

Swanton Care & Community (Autism North) Limited

Seaham View

Inspection report

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Date of inspection visit:
13 April 2017
19 April 2017

Date of publication:
02 June 2017

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 13 and 19 April 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Seaham View provides care and accommodation for up to 12 people with a learning disability. On the day of our inspection there were 10 people using the service.

The service had a registered manager 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.

We last inspected the service in February 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

Risk assessments were in place when required and accidents and incidents were appropriately recorded and analysed.

Appropriate arrangements were in place for the administration and storage of medicines.

Staff received regular supervisions and appraisals. The majority of staff mandatory training was up to date and where gaps had been identified, training was planned.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

Healthcare professionals had been consulted and staff were appropriately trained to ensure people were protected from the risk of poor nutrition.

People who used the service and family members were complimentary about the standard of care at

Seaham View.

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

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People who used the service were consulted about activities and interests, and activities were arranged based on people's likes and interests and to help meet their social needs.

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

The service had good links with the local community and local organisations.

Staff felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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 remains Good.

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.

Seaham View

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 registered 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 13 and 19 April 2017 and was unannounced. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with two people who used the service and three family members. We also spoke with the registered manager and four members of staff.

We looked at the care records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Is the service safe?

Our findings

People felt safe at Seaham View. Family members told us, "Safe? Definitely that" and "Absolutely safe".

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service. Staff and people who used the service did not raise any concerns regarding staffing levels at the home. A family member told us, "The staff are absolutely brilliant" and "They let me know if there are any staff changes and I get introduced to new staff".

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

Behaviour guidelines were in place for people who used the service, which described the type of behaviours that people may exhibit, what the triggers and signs of these behaviours were and what staff should do to minimise the risks. For example, if one person became agitated, staff were to give the person an alternative or divert their attention to something they enjoyed. Staff received training in positive behaviour support and we saw the majority of this training was up to date. Where there were gaps, it was mainly for new staff and we saw the training was planned.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate checks and records were in place to protect people in the event of a fire.

We found appropriate arrangements were in place for the administration and storage of medicines.

Medicines were appropriately stored in a locked room. Temperature checks were carried out to ensure medicines were stored at the correct temperature and administration records were complete and up to date. Staff received annual competency checks and staff training in the administration of medicines was up to date.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "We are quite happy", "He gets on well with all the staff", "I can't even express how happy I am with what they do there" and "It's the best decision I ever made for him".

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The majority of staff mandatory training was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely. Where gaps in training had been identified, we saw the training was planned. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

People had nutrition care plans in place. One person was identified as being at risk of choking and required food to be of a soft consistency and cut up into small pieces. The person had been referred to a speech and language therapist (SALT). We saw the SALT recommendations were included in the person's care plan and a risk assessment was in place. Each person had a 'Client nutrition profile' completed, which recorded dietary needs, allergies and any cultural preferences. All the records we saw were regularly reviewed and up to date. This meant people were supported with their dietary needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. DoLS applications had been appropriately submitted and the registered manager was aware of their responsibilities.

Care records included communication plans so staff were aware of how people communicated and what their preferred methods of communication were. For example, one person did not communicate verbally but made different vocal sounds to inform staff of what they needed or wanted to do.

People who used the service had 'Hospital passports' in place and had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. Care records contained evidence of visits to and from external specialists including GPs, dentist, chiropodist, optician, psychologist and SALT.

Is the service caring?

Our findings

People we saw were well presented and looked comfortable with staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff. Family members told us staff were caring. For example, "[Staff member] is fantastic", "Very caring" and "They care. [Name] is definitely happy there".

We observed people being offered choices about what they wanted to do or where they wanted to go. Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. The décor in communal areas was decided by the people who used the service at house meetings. People who used the service were also given choices regarding the care staff who looked after them and were able to express a preference regarding male or female staff.

Care records described people's individual preferences and the choices they had made. Care records also provided important information about what people liked or what may upset them. For example, "Staff to be aware of weather as I don't like going out for walks if it is windy" and "Staff to be aware I don't like loud noises".

Staff treated people with dignity and respect. We saw staff knocking on bedroom doors and asking permission before entering people's rooms.

Care records described how people were supported to maintain their independence. For example, "[Name] will bring his laundry down and will fill the washing machine", "[Name] will clean his own bedroom and change his own bed but requires support from staff to ensure this is done" and "[Name] is to be given as much choice as possible, he is capable of selecting his own clothes". We observed a person who used the service vacuuming the corridor and they told us they also enjoyed cleaning the service's minibus. The person had also recently started helping with the weekly grocery shopping. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates.

People' end of life wishes had been considered. Care plans were in place and forms had recently been sent to family members to record end of life wishes. The registered manager told us once the forms were returned, care plans would be updated with this information.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were reviewed and evaluated every three months and a full review took place annually.

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they moved into Seaham View.

Each person's care record included important information about the person including their family history, likes and interests, and communication skills. An 'All about me' document recorded what was important to the person, how best to support the person and what other people liked and admired about the person.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Care plans were in place and included communication, daily living skills, emotional wellbeing, maximising independence, nutrition, medication, personal care, safeguarding and social wellbeing.

Care plans described the person's ability with a particular task, what support they required and what the expected outcome was. For example, one person could walk independently but required support from staff crossing the road. The care plan described actions staff were to take to keep the person safe whilst maintaining the person's independence as much as possible.

Daily records were maintained for each person who used the service, including nutrition and hydration, continence, communication and interests, personal care, hobbies and interests, and daily living skills.

A monthly evaluation form was completed for each person who used the service. This included a review of activities and any new activities tried, details of home or family visits, reviews of care plans, whether any incidents had occurred, and whether there had been any changes to health or medicines.

We found the registered provider protected people from social isolation. People had individual activity planners in place, which described activities people enjoyed carrying out and whether any goals had been set. One person's activity planner described how the person had sat down with staff and chose the activities they wanted to do. Another person enjoyed walks on the beach, using the sensory pool, relaxation and music. The activity planners also described alternative activities the person may want to do if they did not want to do their planned activity.

The registered provider had an effective complaints policy and procedure in place. The service user guide included an easy to read copy of the registered provider's complaints procedure. This described the procedure for making a complaint and how long the complainant would expect to wait for a response. There had been no formal complaints recorded at the service within the previous 12 months. Family members we spoke with were aware of how to make a complaint but did not have any complaints to make.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with told us they were happy in their role and felt supported by the management team. Family members told us they had confidence in the management and were kept up to date. They told us, "They always keep us up to date", "I know everything going on all the time" and "They put my mind at rest".

Staff were regularly consulted and kept up to date with information about the home and the registered provider. Staff meetings took place regularly. An annual staff questionnaire took place and we saw from the most recent survey in 2016 that most of the responses were positive and comments included, "Staff and management work well as a team" and "Good team and support from one another". However, some staff commented that the registered manager was, "Too busy and needs an assistant" and "[Registered manager] is always busy". We saw that issues raised in the staff survey had been collated by the registered provider and an action plan had been put in place.

Staff we spoke with told us they were well supported by the registered manager and team leaders and they enjoyed working at Seaham View.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered provider carried out a 'Governance and quality' visit to the home on a regular basis. This provided a report on the quality of care at the service and was based on discussions with staff and a review of documentation.

The registered manager completed a monthly home audit, which was based on five key areas; general information, staying safe, enjoy and achieve, contribute to my own wellbeing, and be part of my chosen community. The completed audit was submitted to the registered provider on a monthly basis. In addition to the monthly home audit, additional audits were carried out and included staff files, medication, safeguarding, service user involvement, finances, and food and nutrition.

Monthly infection control audits were carried out and included a different theme each month. All the audits we saw were up to date and actions for any identified issues formed the service's 'Continuous service improvement plan', which was monitored by the registered provider.

An annual 'Friends and family survey' took place. We looked at the results from the 2016 survey and saw

most of the responses were very positive about Seaham View. For example, "The care is excellent" and "They listen to ideas and plans". House meetings took place regularly and people who used the service were able to contribute and make choices regarding menus and activities.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The service had good links with the local community and local organisations. People who used the service accessed local shops and leisure facilities. For example, a sensory pool, library and cafés.

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