

## Swanton Care & Community (Autism North) Limited

# Swanton Care Supported Living Office

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Swanton Care Supported Living Office is a supported living service providing personal care to people in their own homes. The service provides support to younger adults with a learning disability, mental health need or autism spectrum disorder. At the time of our inspection there were 12 people using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

Systems were in place to ensure the right culture was being promoted that people's human rights were respected and their opinions were listened to and valued.

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.

There were sufficient staff to support people safely. Where there were staff vacancies the provider had a contingency plan in place to ensure people were safely and effectively supported, with minimum disruption to their lives.

People were supported to make choices and achieve their aspirations. One person told us, "Staff spend a lot of time with me and do things I like to do, cinema and that. I got a new puppy, a 3-month-old Labrador. Swanton staff support really well with the puppy as I've never had a puppy before, they knew it would help me, so they encouraged it."

Staff followed the provider's ethos to provide person-centred care that enabled individuals to develop skills and behaviours to live more independent lives. A relative commented, "Staff are very good with [Name], try different things and set goals with them, [Name]'s communication is improving, more sounds coming out, staff are inventive."

People were provided with a variety of opportunities to be part of the community. A relative commented, "Staff look at activities [Name] would benefit from, suggest to [Name] different things, gradually they make

their own mind up about it. They try various activities I hadn't thought of."

Records gave guidance to staff, so people received care that was completely centred and tailored to each individual.

#### Right Care

People were supported over a 24-hour period in their own homes. People lived individually or in small groups of no more than 2 people in houses in the community.

Care was person-centred and promoted people's dignity, privacy and human rights. A person commented, "Staff base the support around me, and don't push me too hard. They don't bring males in to support me, even if short staffed, always someone from my team."

People and most relatives were complimentary about the care provided by staff. They said staff were kind, caring and supportive of people and their families. A relative told us, "[Name] gets all their needs seen to, well cared for, staff understand [Name], they like the staff, which is really good, gets to do things and go places. I really am happy with the care" and "In so many ways [Name] has a life they wouldn't have with me."

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

#### Right Culture

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. A relative commented, "Staff do treat [Name] as an adult. I'm always amazed, how good staff are, I need to recognise what potential [Name] has and what they can do."

Staff spoke positively about working at the service and the people they cared for. Staff said the management team was very approachable and they were supported in their role.

Relatives were involved in decision making about their relative's care but some commented there could be improvements to communication from some households to keep them up-to-date about any changes in their relative's needs.

A governance system was in place to monitor the quality of the service through audits and feedback received from people, their relatives, staff and external agencies. A person told us, "Recently I had to do a video to say what I liked and didn't like about the service and what they do well. They asked me questions I loved doing it."

Processes were in place to manage and respond to complaints and concerns. Relatives said any concerns were addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good published (15 August 2018)

### Why we inspected

We received concerns in relation to staffing and people's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swanton Care Supported Living Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Swanton Care Supported Living Office

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and 1 Expert-by-Experience. An Expert-by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to 12 people in 8 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started remotely off site on 28 September 2022 and ended on 20 October 2022. We visited the location's office on 4 October 2022.

#### What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people and 8 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission, or a best interest decision was made on their behalf to consent for us to speak with their relative. We spoke with 9 members of staff including the registered manager, 2 service managers, assistant manager, team leader and 4 support workers. We received feedback from 2 health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and 2 medicine records. We looked at 4 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including training information, policies and procedures and quality assurance documents were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check concerns we had received about staffing levels and some aspects of people's care.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff were trained on how to safeguard people.
- People and relatives said people were kept safe. A person commented, "I definitely feel safe. The staff team base support around me and if I don't like something happening, they work hard to change it."

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate the risk of avoidable harm.
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge. A relative told us, "Staff follow the guidance and they use techniques to help calm down, breathing, and sensory things talk to [Name] and get them to rock."
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well.
- The service monitored and reported the use of restrictive practices.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.
- People received safe care because staff learned from safety alerts and incidents. A professional commented, "Swanton management have been very open, honest and proactive and took the necessary steps to safeguard without delay."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- There were sufficient staff to support people safely.
- The provider was affected, by recruitment shortages experienced across the social care sector. They had contingency measures in place to ensure sufficient staffing levels, so people received safe care and support, whilst they continued to recruit permanent staff. A relative told us, "[Name]'s got amazing staff now make [Name] happy" and "[Name]'s got some nice staff in there, I'm optimistic it will go from strength to strength if they don't leave."
- Systems were in place to ensure any temporary staff received a detailed induction and guidance about people's support needs and guidance was in place to keep staff safe. All staff spoken with said they felt "safe" working at the service.
- Some people had complex needs and received individual support from 1, 2 or 3 staff members. A staff team was formed to support each person to ensure consistent care and continuity to reduce their anxieties. A relative commented, "Yes it's great, got right people for the right job" and "Staff are looking after [Name] as well as we could do."
- Systems were in place to ensure only suitable people were employed.

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People received supported from staff to make their own decisions about medicines wherever possible.
- Medicines risk assessments and associated care plans were in place to ensure staff understood how to provide this support in a safe and person-centred way.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- There were good arrangements for keeping household premises clean and hygienic.
- Staff had received training in infection control practices and used personal protective equipment (PPE) effectively and safely.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 provider and registered manager worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- People were provided with support which was constantly analysed and evaluated to improve their well-being. Staff followed guidance to help the person achieve an improved and enhanced quality of life, whatever the level of need, working at the pace of the person, respecting the individual's wishes. A relative commented, "I let staff get on with it, they're doing a grand job."

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

- The registered manager promoted an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making.
- People were involved in decisions about their care. They were encouraged to be involved in the running of their lives and the service.
- Staff and relatives told us communication was usually effective to ensure they were kept up-to date about people's changing needs. We discussed with the registered manager the comments from some relatives about improvements to communication to ensure they were kept informed.
- Staff said they were well-supported. They were very positive about the management team and said they were "very approachable."

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

- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Regular internal checks and audits were completed to monitor service provision, and systems were in place to check the effectiveness of the audits carried out internally and to observe staff practice.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- There was a clear, recorded purpose for the use of surveillance, in the one house where it was used, supported by relevant assessment.

Working in partnership with others; Continuous learning and improving care

- The service worked well in partnership with other health and social care organisations, to help improve the well-being of people who used the service.
- There was a focus on learning and improvement. Staff were encouraged to develop their skills through training and personal development.
- The management team took on board people's opinions and views to make improvements. A relative told us, "Staff take on board as much as they can, they listen to what I have to say, I have input."