

Swanton Care & Community Limited

Swanton House Care Centre

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

About the service

Swanton House Care Centre is residential care home and was providing personal and nursing care to 29 people living with a mental health condition and/or learning disability at the time of the inspection.

The care home is registered to accommodate 49 people for residential and nursing care. People may have a mental health need, a learning disability, a physical disability or a dual diagnosis. Some people are living with dementia. The service accommodates people both over and under 65 years old. People currently live in in two separate houses called Holly and Bluebell. The houses are set in large grounds and are single storey and purpose built with some self-contained accommodation. The third house, Birch is a converted period building. There was a plan to refurbish and modernise the accommodation in this building. At the time of inspection, it was only used for office space and some communal activities. Four downstairs rooms were being refurbished in order to take emergency placements.

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

People told us they felt safe at the service. There had been an improvement in staffing levels across the service to ensure that there were enough staff to support people. Staff were knowledgeable about how to keep people safe and manage risks to promote their independence. There were systems in place to monitor incidents and ensure that action was taken to prevent things going wrong in the future.

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. A competency framework for staff ensured they had the skills and knowledge they needed to support people and meet people's needs. People told us the food was excellent and all staff were aware of people's preferences as well special requirements in relation to their diet. The premises continued to be improved and people were consulted on how it could be adapted to meet their needs.

We observed positive relationships between staff and people living at the service. People told us staff spent time with them having a chat or providing support. Staff were very aware of promoting privacy, dignity and confidentiality and people were involved in their care and supported to be as independent as possible.

Care plans were regularly reviewed in line with people's changing care needs. There was an active programme of activities that engaged people both within the home as well as encouraging people to be engage with the local community. Additional provision had been made since the last inspection to ensure that those people who stayed mainly in their rooms, or who didn't like being in groups were able to engage in activities. Consideration for people's wishes at the end of their life was recorded sensitively in a care plan called, 'Hopes and concerns for the future.'

There was a positive, person-centred culture across the service. Staff morale was good, and staff worked well as a team. Staff told us management were open and approachable and they felt supported in their

roles. Auditing processes had been considerably improved since the last inspection resulting in improvements to care and the registered manager continued to identify new areas to work on. The service worked well in partnership with other organisations and professionals to improve the health and wellbeing of people using the service.

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

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 8 August 2019) and there were multiple breaches of regulations. Following this inspection, we met with the provider to discuss how they will make changes to ensure they improve the rating to at least Good. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swanton House Care Centre on our website at www.cqc.org.uk.

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 effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Swanton House Care Centre

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.

The inspection

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Inspection team

The inspection was carried out by an inspector and a specialist advisor in nursing and an 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

Swanton House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection-

We spoke with 11 people who used the service about their experiences of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, lead nurse, team leaders, support workers and the head of hospitality and head of maintenance.

We reviewed a range of records. This included seven people's care records and seven 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 continued to seek clarification from the provider to validate evidence found. We gained feedback from three professionals who regularly visit the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last four inspections we found the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us they felt safe at Swanton House. One person told us, "The carers and the home make me feel safe." In response to a discussion about whether people were concerned about other people going into their rooms, another person told us, "Only carers go into my bedroom, no-one else,"
- There were individual risk assessments relating to people's care, including falls, risk of pressure ulcers, moving and handling as well as daily living activities including going out in the community, smoking and distressed behaviour. Risk assessments were personalised and were designed to promote people's independence.
- Staff understood the risk assessments and we observed staff following them when they were supporting people. For example, by ensuring that people were supervised appropriately or ensuring a diabetic person was supported not eat too many sugary foods.
- Staff had a good understanding of how to identify signs of abuse and knew how to report any concerns.
- Incidents and accidents were recorded, and managers reviewed these to ensure that action was taken to prevent things going wrong in the future. Any concerns or changes to people's care as a result of incidents were communicated at handover meetings, between shifts as well as in team meetings.
- Action was taken following incidents. For example, one person had a fall outside on some steps in the dark, and additional lighting had been put in place as well as signage to ensure a gate was secured.

Staffing and recruitment

At our last four inspections we found the provider had failed ensure there were sufficient numbers of staff to support people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Most people told us there were enough staff to support them. We observed staff spending time with people and chatting in both houses. Staff responded to call bells promptly in a calm and collected manner. The manager told us they also put on extra staff if people were supported to attend hospital appointment which might require staff to be away from the service for a long period of time.
- Staff told us staffing levels had improved and they felt there were enough staff to support people.
- Recruitment processes ensured that the service employed staff who were suitable to work in a care home.

Using medicines safely

- People told us staff helped them with their medicines and they get their medicines on time.
- Medicine systems were organised and ensured people received their medicines as prescribed.
- There were protocols to provide guidance for people who had medicines as and when they were required (PRN). A pain measurement tool was used for those people who were unable to say if they needed medicines to help them manage pain.
- Records relating to the management of medicines for people with diabetes had improved. We observed that all staff including those who did not administer medicines were aware of the dietary restrictions for people on insulin and ensured that these were followed.

Preventing and controlling infection

- People told us, and we observed that the houses were kept clean. One person told us, "My room is always clean, cleaners come every day" and another person said, "The house is in immaculate condition."
- There were detailed cleaning schedules in place to ensure that all communal areas as well as people's rooms were cleaned thoroughly.
- Staff understood how to prevent and control the spread of infection and we observed staff using personal protective equipment such as aprons and gloves.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we found systems and processes did not support people to consent to their care. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Individual mental capacity assessments were carried out relating to different aspects of people's care, for example medicines, where someone lives, or regarding any restrictive practice such as the use of bedrails. Where people were found not to have capacity, records showed decisions had been made in their best interests.
- Where friends or family had legal status such as power of attorney this was clearly recorded, and these people were involved in the person's care to support decision making. We saw evidence that Independent Mental Capacity Advocates (IMCAs) were appointed if people did not have any friends or relatives to represent them.
- Staff had good knowledge of the MCA and understood how to support people to make their own decisions

where possible. One person told us staff always asked their permission before doing anything with them.

- Where DoLS authorisations were in place, the registered manager ensured they reviewed them according to the conditions in place. Where on review it was felt there was no longer a need for a DoLS restriction the renewal of the application had been withdrawn.

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

- People's needs were holistically assessed. Initial assessments were based on assessments by other professionals as well as an assessment by the lead nurse carried out in the person's home prior to moving to Swanton House. One person told us, "Before I came they asked me what I like to do and eat."
- Care plans were detailed and included people's history and interests as well as information about their physical and mental wellbeing. For example, there were separate care plans for communication, medicines, mental health, cultural, spiritual and social values, personal care, mobility, and sleeping.

Staff support: induction, training, skills and experience

- Staff were very positive about the training they received and told us they felt it gave them the skills and knowledge they required to support people. One person told us, "The staff are well trained and know what I need, because I need help getting dressed."
- Training was a combination of on-line training as well as face to face. It included mandatory areas of care and support such as fire safety, moving and handling, fluids and nutrition, first aid, equality and diversity, safeguarding as well as specialist areas such as mental health and positive behavioural support.
- Staff completed a competency framework aligned to the skills required for their role which involved a combination of formal training as well learning 'on the job' and observation by a manager to ensure competence in all areas of their role. Staff who had been promoted from support workers to team leaders told us the competency framework had helped them to understand the responsibilities of their new role.

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

- There was a varied, healthy menu available, which was put together based on people's preferences expressed at resident meetings. Several people told us the food was 'excellent.' One person told us, "I had a brilliant, excellent meal. I ate every bit it was beautiful." Another person told us, "If you don't like the menu, you can ask for something else and they will oblige."
- The head of hospitality was knowledgeable about people's dietary requirements including likes and dislikes as well as allergies or if people needed food prepared in a special way because they were at risk of choking. One person told us they mash their food up for them and told us before coming to the service their weight had got too low, but they had put on weight since moving to the service.
- People could choose where they wanted to eat, either in their room or in a communal dining space. In one of the houses a separate quieter communal dining space had been created for those that didn't like the noisy environment of the main dining area.

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

- People told us they were supported to see healthcare professionals. The GP and an optician visited the houses and people were supported to go out to the dentist. One person told us their relative used to support them to go and see the specialist at a hospital but as they were no longer able to do this the staff supported them instead.
- We saw records in people's files of healthcare appointments detailing outcomes and advice, and care plans were updated where necessary.
- We had very positive feedback from professionals who work with the service who said the service was skilled at supporting people that other services found difficult to support. One professional said, "Swanton House have been fantastic in their support of sometimes the most complex patient... They respond quickly,

and communication is second to none."

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

- Since the last inspection there had been refurbishment within the communal space at Bluebell House, creating a large living/dining/kitchen communal area, as well as a smaller quiet dining area. The rooms had a homely feel and walls were decorated with pictures including photos of people doing different activities.
- The environment continued to be improved and redecorated. The service was following best practice advice in the decoration of homes for people living with dementia. Colours along with visual signage on doors were being introduced to help people orientate themselves around the home. People had been consulted on the colours used and told us they liked the new decoration.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- Staff told us they got to know people by talking to them. We could see that staff knew people well. There was light hearted banter and humour used between people and the staff. One member of staff told us how they approached each person in a different way according to their needs and preferences, saying one person liked to tell them stories so they listened, another person liked to listen to stories, other people liked musicals and singing.
- People told us they were happy with the care they received. People told us, "Staff are so good with you. If you need anything they do it," "We are well looked after" and another person said, "If I have a problem they'll [staff] sit down and listen to you."
- We saw staff supporting people to gently reassure them, or with another person they helped them re-orientate themselves and find the living room when they became confused.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We observed staff promoting people's privacy and dignity, closing blinds and doors when delivering personal care. One person told us, "Staff knock before coming into my bedroom."
- Staff ensured that if people wanted to talk to them about personal matters they took them to a separate room for a chat.
- One person told us they felt involved in their care because staff ask before doing things with them. "One member of staff said "(The) most important thing is to explain what is going on and why. Always get consent before delivering support. You can't take that dignity away from them."
- People told us examples of how the staff encouraged them to be as independent as possible by encouraging them to dress themselves. Other people were supported to go into the community as independently as possible to do the things they wanted to do like shopping, going to a café or going to the hairdressers.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Care was very personalised to people's needs. Care plans provided detail about people's preferences, likes and dislikes in all aspects of their lives.
- Keyworkers ensured that care plans were reviewed monthly and we saw that changes were made to care plans. For example, if people's behaviour changed or if mobility changed following a fall.
- People's preferences were met in relation to gender. One person told us they preferred a female to help them with their shower. They said, "A lady helps me to get a shower, wash my hair and back what I can't reach."

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.

- Visual signage had been introduced for example to show which rooms were bathrooms or toilets. The maintenance person told us that once the decorating was complete they would be reviewing all visual signage across the houses.
- The activities calendar displayed in communal areas throughout the service, included pictures of the activities to help people understand what was happening.
- Some people had a visual scrap book which included photos of activities they had taken part in to help them remember and to provide a conversation prompt for staff or friends and relatives.

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

- There was an active programme of activities both within the houses as well as taking people out in the community. This included trips out for lunch or to local attractions such as the coast. The activities worker told us some people like to go out just for a drive.
- Some people were taken out on a one to one basis if they preferred, for hair appointments or to go shopping. One person had been taken on a drive to see where they used to live and visit the pubs they used to go to.
- The activities worker told us they were trying to get people more involved in the community and had started taking people to local groups such as a coffee morning where people could meet other people in the community. They had also contacted a local dementia club.

- Activities on the site included entertainers as well as arts and crafts activities. Activities had been developed since the last inspection to include people who spent time in their rooms. People told us a singer came over sometimes and would sing to people on a one to one in their rooms. The activities workers had also created 10-minute activities with resources for all staff to use to do activities with people within their houses, for people who didn't attend group activities. On the day of inspection, we saw staff doing arts and craft activities or singing along to films.

Improving care quality in response to complaints or concerns

- Most people knew who to speak to if they had concerns. One person told us, "Staff would respond, but I've not had to complain."
- There was a robust system in place to manage complaints and concerns. We could see complaints had been dealt with in a timely way and the complainant had received a response on the actions taken as a result of their concerns.

End of life care and support

- Staff had attended training in end of life care.
- People had a "Hopes and concerns for the future" document, which contained some information about people wishes for care at the end of their life.
- The registered manager told us some people had family who would be involved at this stage of people's life, but felt it was an area they were working on to ensure they understood people's wishes and preferences. For example, whether they would want to stay at Swanton House and if so what their preferences would be if they were cared for in bed.
- In one care plan the registered manager had identified that a person required a mental capacity assessment and an end of life care plan made in their best interests.

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 Inadequate. At this inspection this key question has now improved to 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; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last four inspections there were a lack of systems in place to audit the quality of care and identify and manage risks resulting in a lack of learning from incidents to improve care and prevent mistakes happening in the future. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the registered manager, had worked hard with the staff team to bring about improvements to the service.
- There was a positive person-centred culture across the service. Staff morale was good, they worked well as a team and told us they felt supported in their roles.
- The new competency frameworks introduced, had helped staff understand their roles and responsibilities and all staff were contributing positively to ensuring care plans were person centred and regularly reviewed. The values and ethos of the organisation were also communicated through the competency framework which required staff to evidence how they demonstrated these behaviours in their work.
- Auditing systems had been reviewed and there were detailed audits of care plans by the registered manager highlighting when improvements needed to be made. For example, if there were inconsistencies in a plan or if information was missing from a file.
- Where issues arose or where things went wrong, 'Ten-minute meetings' were set up with either the deputy manager or the registered manager to discuss the issues with all staff on shift and encourage reflection on practice and to decide how improvements could be made. These were then followed up in team meetings.
- There was an action plan in place in order to continue to improve the service. We could see that a lot of the changes on the action plan had been implemented and resulted in positive change to the service. The registered manager told us they were continually looking at ways to improve. One thing they wanted to change was the information they had about people's social history as this was an area some people found hard to communicate. They planned to introduce a box so that if staff found out 'snippets' about people as

they were talking to them they could record it and put it in the box so that the information could then be collated and added to the care plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were regular resident meetings where the views of people were gathered on the service. Action was taken as a result of suggestions from these meetings. For example, the service was currently refurbishing an unused room to create a pub environment with a pool table and darts which had been requested by people. They were planning to refurbish a second room to create a beauty salon.
- The service had links with groups in the community including local charities running coffee mornings, a dementia club as well as local churches. The local church had recently approached the service about holding a fundraiser in the gardens of the home which they had agreed to and were planning for the summer.
- The service worked in partnership with professionals including GP, occupational therapists, mental health professionals and dieticians to improve people's wellbeing.