

# Swanton Care & Community (Autism North) Limited

## Tynedale

### 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

Tynedale provides residential care and support for up to four people with learning disabilities or autistic spectrum disorder. At the time of the inspection four people were living in the service.

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

People received a person-centred service where they were at the heart and focus of the support provided. Staff involved people and their relatives when planning support and activities. They also incorporated people's interests when planning activities to increase the likelihood of engagement and enjoyment.

People were kept safe. Arrangements were in place for the safe administration of medicines. Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. Staff were confident in protecting people from abuse. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs.

People's needs were assessed before they started using the service. Staff were suitably trained and received regular supervisions and annual appraisals. People were supported with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff were respectful towards people and supported them in a dignified way. People were encouraged to be as independent as possible and develop daily living skills. People received support from appropriate advocacy services, when needed.

Support plans were detailed and person-centred. People's communication needs were detailed within support plans and staff knew how to communicate with them effectively. For example, using short sentences and pictures. The provider had a complaints procedure in place that was available in suitable formats for people. There had been no complaints received since the last inspection. Relatives knew how to raise any concerns and felt confident doing so.

The service was well-led. An effective quality assurance process was in place. People, relatives and staff were regularly consulted about the quality of the service. Staff were involved in the ongoing development and

improvement of the service through regular meetings as well as daily communication. The registered manager was open and approachable to all.

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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 13 February 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection 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.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Tynedale

## 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

Tynedale 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### 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. 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

People were unable to communicate with us verbally about their experience of the care provided. We spoke

with two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, a team leader and two support workers. We also carried out observations in communal areas.

We reviewed a range of records. This included two people's care, medication and financial records. We looked at four 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 looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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.

### Using medicines safely

- Medicines were managed in a safe way.
- Staff administering medicines received ongoing training and regularly had their competencies checked to ensure they were fit and able to do so.
- Regular medicine checks and audits were carried out to identify errors. All subsequent action taken in relation to errors was recorded.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems and processes in place to keep people safe. Staff were fully aware of people's needs and people appeared happy and comfortable as staff supported them. One relative said, "Yes, [family member] is definitely safe. I'm quite happy."
- Staff received regular training how to safeguard people from abuse and were confident reporting any concerns. One staff member said, "I would go straight to [Registered manager] and if nothing happened with it, I would report it directly to safeguarding myself."
- Safeguarding alerts were sent to the local authority and/or police in a timely way, when required.
- Incidents, accidents and safeguarding concerns were managed. Any identified lessons learned were clearly recorded and communicated to staff. For example, more frequent staff training.

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were well managed. Assessments were regularly reviewed and strategies were in place to help minimise harm. For example, positive behaviour support.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out by the dedicated maintenance person and external professionals.

### Staffing and recruitment

- There were enough staff to meet people's needs. People received the correct levels of support as detailed in their support plans.
- Staff were recruited in a safe way. The provider had a safe recruitment policy in place. All appropriate checks were carried out prior to members of staff commencing work for the service.

### Preventing and controlling infection

- The premises were clean and tidy. Staff regularly checked people's apartments to ensure cleanliness was maintained.
- The provider had an infection control policy. Staff had received appropriate training and infection control measures were followed in the service to prevent cross contamination.

# 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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure effective systems were in place to maintain staff training. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- Staff were trained, skilled and experienced. The registered manager maintained a live system to monitor staff training to ensure they had the correct skills and knowledge to support people. Comments from staff included, "I really like the training. I think it's very insightful," and "We get more than enough training."
- New staff completed a comprehensive induction appropriate to their role.
- Staff felt very supported in their roles. They received regular supervision and appraisals were scheduled to take place in February 2020. One staff member said, "I get supervisions every couple of months. I can pretty much bring up anything in them and it'll get addressed."

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

- People's needs were assessed prior to moving into the service. The registered manager used the information to decide if staff could effectively support the person and fully meet their needs.
- People's choices were reflected in their assessments and associated support plans. These were regularly reviewed and updated by each person's dedicated key worker in partnership with each person and their relatives or advocates.

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

- People were supported with their nutritional needs. Comments from relatives included, "[Family member] is happy with the food that they have. They've got another cook now and [family member] helps out in the kitchen."
- People chose what they wanted to eat and drink. There were two choices for each mealtime, but alternative meals were made for people if they didn't want either option. Menus were designed around people's preferences and they were encouraged to help staff prepare meals.
- People had nutritional support plans in place. These were personalised to each individual and included their favourite foods and drinks. Other information detailed in support plans included any specific healthy



eating plans and how to manage any anxieties people had relating to food.

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

- People were supported to access a range of health professionals and maintain their health. Staff arranged health appointments when necessary and supported people to attend, or asked professionals to visit the service.
- Care records documented engagement with health professionals. Staff used specific strategies to try to reduce people's anxiety in relation to health appointments to encourage them to be seen by professionals.

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

- The service was appropriately designed and adapted for people living there. Communal areas were spacious and suitably decorated for the age range of people.
- There were quiet areas and sensory lighting for people to enjoy when they wanted to be alone. Two people had their own swing benches in the garden that also had some decorative lighting. One person spent a lot of time in the garden, on their bench, peacefully listening to music.

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.

- People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf, if they lacked capacity. Support plans detailed least restrictive practices to use in the first instance. Preventative strategies and de-escalation measures were also recorded for instances when people's anxiety and behaviours may become more heightened.
- People had DoLS authorisations in place. A new application for one person was submitted three days after the previous one had expired. The registered manager identified this error and had implemented a new monitoring system to mitigate the risk of a reoccurrence.
- Staff understood the principles of MCA, they had received up to date training and actively encouraged people to make decisions for themselves.

# 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 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

- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way. For example, people were supported to maintain meaningful relationships with their families
- Staff were caring and supportive with people. One relative said, "[Family member] loves it there. The staff are very nice and look after them well. I'm happy with [family member's] care.
- Staff treated people with kindness and warmth. One staff member said, "I think it's the best job I've ever had. I love it to be honest. I love the people I look after and I love the people I work with." Staff spoke fondly about people with a staff member describing one person as, "An absolute star."

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

- Staff supported people to be involved in and agree decisions about their care, where possible.
- People's communication needs were recorded in care plans. Staff knew people extremely well and understood how people communicated.
- Information was available for people in accessible formats. For example, easy read documents and pictures had been produced for people who could not understand written words.
- Some people received support from advocacy services. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to be independent where possible. Care plans clearly stated what people were able to do for themselves and what they required support with from staff.
- Staff supported people to develop and improve their independence by supporting them with daily living tasks such as cleaning their own apartments, doing laundry and cooking/baking.
- People were given privacy and time alone when they requested this. People had choice and control regarding when they wanted to socialise with staff and other people or spend time alone in their apartments.
- People's confidential information was kept safe and secure. Care files were stored in lockable filing cabinets and were only accessible to authorised staff. Staff had received training to protect people's confidential information.

# 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 remained the same. 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

- People received person-centred care and support.
- Assessments of people's needs were personalised and used to develop detailed support plans for each individual.

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.

- Information was provided in ways which people could understand, including easy read (where pictures were used to aid people's understanding), photographs and picture exchange communication systems.
- Staff understood how people communicated. They knew how people expressed themselves, so understood when people indicated their choices, were in pain or were becoming distressed. This included specific phrases people may use, that had a completely different meaning.

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 enjoy their hobbies and interests. Staff supported people to enjoy activities they wanted to take part in. One relative said, "They [staff] took them camping last year and they loved it. [Family member] had never been camping before."
- People's desired outcomes goals and progression were recorded, monitored and updated regularly. Staff planned mini tasks with people for them to complete so they could achieve their overall goals.
- People were supported to develop and maintain relationships important to them, such as with relatives. For example, staff supported one person to regularly visit their relatives at home.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was available in different formats, such as easy read. Relatives had no complaints but were aware of the correct procedure to follow should they have any concerns in future.
- The service had not received any complaints since the last inspection. One relative told us they had raised a minor issue and it was dealt with straight away.

End of life care and support

- People's last wishes were discussed with them and their relatives. Discussions were documented and included details of any funeral plans in place and relatives or solicitors to speak to in the event of someone's passing.

# 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 requires improvement. At this inspection this key question has 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.

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

At our last inspection the provider did not have effective systems to assess, monitor and improve the quality and safety of the services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- The registered manager and staff fully understood their roles and responsibilities.
- The registered manager monitored the quality of the service to make sure people received a high standard of care and support. This included the completion of regular audits and daily discussions with staff.
- Staff were kept updated about the service via regular meetings and daily communication with each other and the registered manager.

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

- The atmosphere in the service was positive and calm. Staff members took pride in their roles, were happy working at the service and felt fully informed.
- People were comfortable and at ease with the registered manager. Relatives told us the registered manager was approachable and they felt the service was well-managed. One relative said, "She seems alright and she's approachable. She's got some good ideas for the place."
- The registered manager was supportive of staff. One staff member told us, "Amazing, absolutely amazing. She's a great manager. I feel like I can speak to her about anything. She's there for the staff, she's there for the service users and I just think she's a really good manager."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives were asked for their views of the service through annual surveys. Staff supported people to complete an easy-read survey that included pictures.
- Staff were kept updated about the service and any improvements by attending regular meetings and through day to day discussions with the registered manager.

- The provider also sought staff views through annual surveys. Results were analysed and discussed during staff meetings.

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 operated in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as safeguarding concerns.

Working in partnership with others

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people.
- The service had developed links with the community such as sporting clubs and colleges. People regularly visited the local community for social and hobby type activities.