

Swallow Community Care

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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

We undertook an announced inspection on 17 February 2016.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection seven people received support with personal care.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People said they were well supported by the staff and the management team. They told us staff were caring and treated them with dignity and respect. People were supported to eat and drink well, when identified as part of their care planning. Relatives told us they were involved as part of the team to support their family member. People and their relatives told us staff would access health professionals as soon as they were needed. We saw there was effective communication with people, staff and health care professionals.

Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to peoples' needs. People were supported to receive their medicines by staff that were trained and knew about the risks associated with them. Staff really knew people well, and took people's preferences into account and respected them. The management team were adaptable to changes in peoples' needs and communicated changes to staff effectively.

Staff had up to date knowledge and training to support people. Staff always ensured people gave their consent to the support they received. The management team regularly reviewed how people were supported to make decisions. There were no applications to the court of protection to deprive people of their liberty.

People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken. Staff were involved in regular meetings, training and one to one's to share their views and concerns about the quality of the service. People and staff said the management team were accessible and supportive to them.

The management team monitored the quality of the service in an inclusive way. The registered manager ensured there was a culture of openness and inclusion for people using the service and staff. The

management team had systems in place to identify improvements and action them in a timely way.

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

People benefitted from support received from regular staff that knew their needs and managed their identified risks. People were supported by staff that knew how to support them in a safe way. People were supported with their medicines to ensure they had them as prescribed.

Is the service effective?

Good ●

The service was effective

People were supported by staff who knew how to meet their needs. Staff were knowledgeable about how to support people. People received support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People benefitted from caring, knowledgeable staff who provided support in an inclusive way. Staff respected peoples' dignity and spent time with people they supported.

Is the service responsive?

Good ●

The service was responsive

People were involved in their care and support, which was regularly reviewed. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team. The culture of the service was to focus on each person as an individual and to involve them with all aspects of their care.

Swallow Community Care

Detailed findings

Background to this inspection

This was an announced inspection which took place on 17 February 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We spoke with three people, and one relative. We spoke with three staff and the registered manager. We also spoke with a social worker that had supported people using this service.

We looked at the care records for four people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe because they had regular support from staff who knew them well. One person said about the staff, "They do a really good job, and know me well." Another person told us, "I feel safe; they (staff) are always there when I need them and I feel more confident with them (staff)." A relative said, "They (staff) have taken time to get to know (family member), it works really well."

Relatives told us their family member received care that supported their needs safely. They told us they were relieved that their family member was receiving support they needed. They said the service supported their family member's well-being.

The management team explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. This was also discussed in team meetings to support staff knowledge.

People told us the management team had discussed their care needs with them. This included identified risks to their safety and welfare, for example supporting with administering medicines, and supporting people to mobilise. Staff gave examples of how they managed risks to people while maintaining people's independence as much as possible. For example, one person needed a frame to mobilise and it was clearly documented on their care plan. Staff we spoke with said they read people's care plans and looked at their daily notes so they were aware of what support the person needed and what support people received. One member of staff said, "I always read the daily notes before I start every call." Staff were aware of how to manage people's risks and how they were reflected in the risk assessments for each person.

People told us that staff arrived when they were meant to and always let them know if there were any delays. One person told us that if staff were delayed then one of the managers would come out and support them until the regular member of staff could get there. Staff and the registered manager said they had enough staff to meet the needs of people using the service. The management team said they regularly supported people. This ensured that they really knew people well which improved the delivery of safe care. People told us that consistently there were only one or two staff who supported them. The management team told us that staff were always introduced to people before they provided care. A member of staff said, "We are always introduced to new people. We would never knock the door as a stranger." This was confirmed by the people we spoke with, one person said, "I have always met new carers (staff) first." Staff told us they had regular calls and they provided continuity of care. They knew how important it was to people that they knew the staff coming to their home. One member of staff said, "People like to have familiar faces."

We saw records of checks completed by the registered manager to ensure staff were suitable to support people before they started work at the service. Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The registered manager checked with staff

members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people needed support with their medicines. The registered manager said this was discussed with people using the service and they were included in decisions about how they were supported. We saw people's plans guided staff in how to support people with their medicines. Staff told us that these plans were updated when needed and they were aware of any changes. Staff said they had received training about administering medicines and their competency was assessed. Staff told us they felt confident when administering medicines to people. The registered manager told us they regularly reviewed people's medicine records to ensure that they were completed correctly and that people received their medicines as prescribed. Some people managed their own medicines. We saw that this was reviewed regularly to ensure people were supported when needed.

Is the service effective?

Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They are well trained and know what they are doing to help me." A relative said, "Staff are suitably trained, they are very competent."

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing with experienced staff. Staff said they were well supported and confident with how they provided support for people using the service. Staff said they felt well prepared and had received training in all areas of care delivery. They were encouraged to complete training to improve their skills on a regular basis. Staff told us they felt well supported and had regular supervisions.

The management team told us they were reviewing their training supplier. They were now accessing training that was specific for staff supporting people in their own homes. For example they had recently attended training about safeguarding and this was geared towards concerns that may affect people in their own homes. Staff and the management team said this was really useful and relevant to their role. One member of staff told us, "This training is much more useful because it's about situations we actually work in." Another member of staff said, "The new training provides a base of learning that is applied to individual situations." The management team completed the training with staff as this supported best practice discussions and effective communication. The management team was arranging updates for the Mental Capacity Act 2005 (MCA) that was also bespoke for staff supporting people in their own homes

The 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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

People told us staff always checked that they were happy to be helped. One relative told us about staff, "They (staff) always wait for a yes or no before they do something." Staff we spoke with told us they were aware of a person's right to say no to their support. They had an understanding of the MCA, and had received relevant training about this. Staff told us they always ensured that people consented to their care. Staff were aware of who needed support with decision making and who would be included in any best interest decisions for people. The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, we saw that people were supported to make their own decisions where possible.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

Some people we spoke had help with shopping, cooking and meal preparation as part of their care needs. They told us they were offered choice and encouraged to maintain a healthy diet. One person told us, "I choose what I want to eat, I always have choice." One member of staff explained that with one person they needed to limit their choices otherwise they could become overwhelmed and distressed. The staff that supported this person were aware and ensured that they always checked what had been offered the day before to ensure there was some variety. This was clearly documented in the person's care plan. Staff knew what level of support each person needed.

People told us they received support with their all aspects of their health care when they needed it. One person said, "My carer (staff) come to the doctors with me, it's really helpful, they (the doctor) takes more notice." Staff had involved other health agencies as they were needed in response to the person's needs. For example, staff told us they supported one person with access to the podiatrist as advised by the district nurse team. Staff we spoke with said they had regular contact with the doctors and district nurses. One staff member said that the district nurses really trusted them and when they called they would always visit as soon as possible. We saw each person had their health care needs documented, and staff could describe how they met those needs.

Is the service caring?

Our findings

People and relatives were very positive about the staff and the management team. One person said about the staff, "Very grateful and pleased to be looked after by them, lovely people." Another person told us, "All girls are very caring and kind." A further person said about staff, "We are friends more than anything else." One relative told us, "Its working well, really excellent."

People said they were happy with the support they received. The management team told us they always checked to see if the people receiving the service were happy with the support from staff. They said that for each person two staff supported them so they always had someone they knew. If they needed to support someone at short notice then one of the management team would provide the support as they knew all the people really well. The management team understood that people needed to build relationships with staff.

People said staff supported them to make their own decisions about their daily lives. One person told us, "They always sort what I need and work around me." Another person told us how important it was for them to have support from the same staff member to increase their confidence. They said the registered manager listened to them they had the same staff member where possible. Relatives said they were involved with their family members care planning and they felt listened to. People and their relatives told us that staff went above and beyond what they were expected to do. For example, one person told us, "If the doctors are delayed and it takes longer they (staff) will stay over their time help me."

People told us they received support from regular staff who knew them and their needs well. People said they were supported by a small team of staff. This reassured people that staff knew their needs and were familiar to them. One relative told us their family member was supported by regular staff and they had built a good rapport with them. People benefited from regular staff that really knew them well. Staff told us they had the time to provide the support people needed. The management team told us that they did not provide visits for people that were less than half an hour. They explained that when someone new came to the service, one of the management team always provided the first visit so they could ensure that staff had enough time to support people effectively.

People said staff respected their dignity. One person told us, "I always have the same carers (staff) so I don't feel so self-conscious, they are really comfortable to be with." One relative told us about staff, "They (staff) always show good dignity and respect, and they always explain what they are going to do to reassure my (family member.)" Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible. One member of staff said, "We are always respectful, they are the most important. We support people to be as happy as possible." Another member of staff told us that one person prefers staff not to wear their uniforms when they go out into the community. They preferred staff to be casually dressed; staff complied with this to support the person's dignity. Another member of staff told us, "The people we support are individuals not a number on a time sheet."

Is the service responsive?

Our findings

People we spoke with said they were involved in decisions about their care. One person said, "I can ring up and change my times, increase my calls, they will listen and sort." Another person told us, "They will listen and help as much as possible." Relatives told us they had been involved in sharing information about their family member from the start. They also said that staff kept them involved and one relative told us that it felt like a, "Joint" effort between themselves and staff. People we spoke with said staff understood their needs and provided the support they needed.

Staff knew about each person's needs, they said they knew people really well and right from the beginning they were given all the information they needed to support people. They could describe what care people needed and we saw this was reflected in people's care plans. We looked at care records and could see people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed that their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. There were clear plans in place and staff could describe how they supported people.

Staff told us that communication was very important and they were always kept up to date with any changes in the support people needed. Staff also told us that plans were updated quickly if there were any changes. The registered manager told us that communication was really encouraged with staff and people using the service. People told us they could contact the management team at any time and they would listen and support them. One person told us how they had concerns about their property. They said that they spoke with the management team and they supported them in arranging a specialist to resolve the problem. The registered manager said that they supported people to attend exercise classes which helped with their condition. The person told us that their visits were arranged around them so they could attend the classes with confidence.

People we spoke with said they were supported by the same staff who always spent the correct amount of time with them. People told us they received support that was flexible to their needs. One person said, "I am finding things increasingly difficult, if I need help with anything I can speak with the managers." Staff told us they were flexible with how they supported people using the service. For example, one staff member explained how one person needed additional visits when they needed to take additional medicines. We saw these visits had been put in place and the person had their medicines as prescribed.

People we spoke with told us they had regular reviews of the care they received. People felt able to say if anything around the support they received needed changing or could be improved. One person said, "I am very satisfied, I can't think of anything I would change." All the people we spoke with felt that nothing needed improving.

People said they were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. We saw the results of these questionnaires for May 2015 were positive. For example one comment was, "You feel you can discuss your problems with them, and I look forward to their visits." We saw that staff were also asked to complete questionnaires and these responses

were positive too.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "I am happy to speak to the managers about any concerns, but I have none at this time." People explained they were confident to discuss any concerns about all aspects of their care provision with the management team. Relatives said they were confident to speak to the management team if they had any concerns. The registered manager kept a log of any concerns raised and actioned them appropriately. For example, we saw that one complaint was about staff rushing one person that used the service. We saw that this was investigated by a member of the management team. The member of the management team provided the support for this person so they could see where there were any potential concerns. They discovered that more time was needed to support this person. We saw that this was negotiated with the person and a resolution agreed. There were clear arrangements in place for recording complaints and any actions taken. There had been no recent complaints recorded at the time of our inspection.

Is the service well-led?

Our findings

People who used the service and their relatives felt the service was well managed. They said they could always speak with the management team at any time, and they would always take the appropriate action. One person said, "The managers are really good, they know what they are doing." Another person told us about the management team, "They are very easy to communicate with." One relative said, "It's well managed, they are a big help."

The management team knew all of the people who used the service and their relatives well. They were able to tell us about each individual and what their needs were. They both regularly supported people with their care needs. The registered manager said this helped them ensure that people received quality, safe support with their health and wellbeing. They told us it was important that the service supported each person as an individual. For example, the registered manager explained how they were supporting one person who worried about health professional visiting them. They had put in place additional support to reassure the person during a health professional's visit. The management team explained that the service was small and very personal. For example, all the people we spoke with knew the management team well and said they were very accessible.

The registered manager explained how they linked with the community police. This enabled them to be informed if there were any concerns about a particular area. They would then ensure that staff were aware and were extra vigilant. These links also generated discussions with people using the service around their safety within their home. For example, the registered manager told about one person who was upset by regular visits from a particular group of people. The registered manager contacted the community police and they were able to resolve the situation for the person.

The management team completed regular checks to ensure the quality of care. For example we could see that care plans were checked regularly. The management team had identified where improvements were necessary, and completed an action plan to ensure these improvements were completed in a timely way. We could see that the management team regularly reviewed their plan to ensure actions were completed. For example, we saw that a review of assessments and risk assessments had been completed last year.

Staff told us they always reported accidents and incidents. We saw that there was documentation available for staff to complete which included a body map to show areas of concern. The management team investigated the accidents to ensure any actions that were needed were made in a timely way. The registered manager explained how they would review through a practice discussion with staff and resolve any on going actions.

Staff said they were supported by the management team. One member of staff said about the management team, "They are always happy to share ideas, and really listen to us." Staff told us they had regular care assessment meetings to discuss how they supported people. The management team ensured confidentiality by only having the staff involved participating in care needs assessment meetings. Staff also said they attended training with the management team and they appreciated the opportunity for practice

discussions this afforded. Staff told us they had regular one to ones and they were able to share information and ideas, they said they felt well supported and listened to. For example, staff had discuss with the management team about the benefits of domiciliary care specific training. They told us how the management team had actioned these ideas and they were now benefiting from the specific training. Staff told us how any compliments were always passed on so they felt valued and appreciated. Another member of staff said, "It works well, we really communicate with each other with good results."

Staff said the management team were really supportive. Staff told us that if they phoned in unwell that one of the management team would cover the visits to ensure people had the care they needed. They told us that the management team were very, "Hands on" which helped them know what they were talking about. Staff felt this was really good and all the staff we spoke with said they were well supported.