

# Swanton Care & Community Limited

# Swanton Community

# Service Suffolk

## 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 Community Service Suffolk is a supported living service providing care for up to 8 adults, living with long term mental health conditions. Supported living is housing where people have individual tenancies and where support and/ or care services are provided to assist people to live as independently as possible. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating. At the time of the inspection 1 person received the regulated activity of personal care.

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

People were supported by kind and caring staff who respected their privacy and dignity. Risks to people had been assessed and were managed safely. Staff had a good knowledge of people's individual needs including any risks with their health and wellbeing.

People were supported by a care team who were safely recruited, received relevant training, and knew how to protect them from potential harm.

Staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

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.

Governance systems were in place to oversee the safety and quality of the service. There was an open culture of listening to people and positively learning from events so similar incidents were not repeated. The registered manager worked in partnership with other stakeholders to support continual development within the service and to raise awareness of the needs of people living with mental health conditions within the local community.

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 service was registered with us on 24 December 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### 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 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.

# Swanton Community Service Suffolk

## **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 an inspector.

#### Service and service type

This service provides care and support to people living 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 announced. We gave the service 24 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.

Inspection activity started on 22 June 2023 when we visited the service. It ended on the 3 July 2023 when we had a face to face meeting to give feedback via a video call with the registered manager.

#### What we did before the inspection

We reviewed our systems and information we held about the service. We sought feedback from the local authority and professionals who work with this service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service, the registered manager and 3 staff members.

We reviewed the care records for 1 person including their risk assessments and medication records. We looked at 3 staff recruitment records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were no quality care concerns reported about the service. 1 person shared examples of being safe and at ease when they received their care. They said about the staff, "They are kind to me, patient and we get on. They help keep me safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately. A member of staff said, "I feel supported by [the registered manager] and know that if I had any issues or concerns, with [suspected abuse or harm] for any of the service users, they would support me in dealing it with it straight away. All staff know how to report and escalate concerns if we need to."
- The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to identify any risks to people and these were reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Where required, people had a specific behaviour support plan in place. This was an agreed protocol that provided key information to staff regarding a person's initial signs of distress, frustration, and the actions to take to safely support them, mitigate risk and enable them to lead a more independent life.
- We found there were systems in place to monitor accidents and incidents for themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- There were sufficient staff deployed to keep people safe and for the level of support people required. This included one-to-one support for people to take part in activities and visits when they wanted.
- People had a consistent team of staff to support them which enabled continuity of care.
- Appropriate recruitment checks were carried out so suitable staff were employed. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. References were also sought from previous employers. This information helps employers make safer recruitment decisions.

Using medicines safely

- Staff made sure people received information about their medicines in a way they could understand.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Where applicable people's medicines were administered safely by staff who were trained to carry out the task and had their competency checked.
- People had individual medication administration records to ensure they received their medication as prescribed. These were regularly audited.
- There were PRN protocols (as required) medicine guidelines in place, with personalised details of the signs the person may show, indicating when they needed those medicines.

#### Preventing and controlling infection

- People were supported to live in a clean and hygienic environment. Food preparation areas were clean and there was sufficient soap and hand wash available to aid good hand hygiene.
- Staff had completed training in infection control prevention and had sufficient personal protective equipment (PPE).

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, before support plans and risk assessments were determined. People's agreed goals for care were delivered in line with recommended best practice guidance and current legislation.
- Care records were personalised and reflected how people wanted to be supported and were outcome focused to achieve agreed goals. They reflected people's diverse needs. For example, around people's heritage, beliefs, cultural requirements and lifestyle choices.
- People's care and support plans reflected their current needs, and promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of longer-term aspirations.

Staff support: induction, training, skills and experience

- Staff demonstrated an understanding of people's individual needs and how best to support them.
- Staff received their required training, and had the necessary skills, to carry out their roles. Several staff said they would like further training in mental health conditions and its impact on older people. We fed this back to the registered manager.
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that form part of a robust induction programme.
- Staff were encouraged and supported to professionally develop through ongoing training, continual supervision, appraisal and recognition of good practice. Opportunities to achieve further qualifications in care were made available.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received appropriate support with eating and drinking in line with their cultural preferences and beliefs.
- Staff encouraged people to eat a healthy and varied diet and promoted independent planning and cooking.
- The service worked in partnership with other professionals to ensure people's healthcare needs were understood and appropriate support was provided.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support



and treatment. One person told us how staff supported them with visits to the doctor and that provided them with reassurance.

- People were supported to attend annual health checks, screening and primary care service appointments. Multi-disciplinary professionals were involved in or were made aware of support plans to improve people's care and treatment experience.

#### 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 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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff supported people to make their own decisions about their care and support including how they like to have their personal care provided. One person shared examples of this telling us, "I determine what I want to do and when and then I will do it. Sometimes I need help and they [staff] support me with [healthcare] appointment and [personal care] but I am independent and do it mostly myself."
- Staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards.
- Where people were assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments which included best interest decisions where applicable.
- People's care records documented that staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Feedback about the staff was complimentary. One person described the staff as friendly, supportive, and caring towards them and we observed this during the inspection.
- Staff and the registered manager engaged well with people, their interactions were supportive and enabling. People were calm and at ease in the company of the staff. It was evident from people's body language and reactions such as smiling and laughing they enjoyed being with the staff and were relaxed.
- Staff received equality and diversity training supporting them to treat people equally and fairly whilst recognising and respecting their individuality. Staff treated people as adults and did not demean them, they treated people appropriately and language used was respectful.
- People's protected characteristics in relation to their equality and diversity needs such as age, disability and religion were considered as part of the ongoing assessment and care planning process and reflected in their care records.

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

- People shared examples with us of the positive and enabling approach of the staff towards them. They told us how the staff encouraged and supported them to make decisions about their health, care and support arrangements.
- People were respected and equal partners in their care arrangements. They were involved as much as they wanted to be in shaping their goals and outcomes.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff treated people with dignity and respected their privacy. People were given time to listen, process information and respond.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff supported people to maintain and increase their independence wherever possible.
- Staff were observed by the provider's management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, the management team made sure that people's independence, dignity, and privacy was promoted and respected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Assessments had been completed prior to people receiving care and support to ensure the service could meet people's needs. People's choices, preferences and what was important to them were reflected in their care records.
- People's care records contained information that identified people's abilities and the support required to maintain their independence.
- Staff maintained daily records which reflected the support provided and enabled them to monitor people's care. The records reflected people's wellbeing and mood as well as activities completed.
- Staff knew people well, which helped them recognise and adapt the support needed to accommodate changes in routines, needs and mood. For example, staff knew that healthcare appointments for 1 person could affect their mood and wellbeing so provided reassurance to minimise this.
- People's individual achievements were celebrated; they were supported to participate in their chosen social and leisure interests on a regular basis. There were photographs of people involved in various activities in the service and in the community.
- People were supported to maintain relationships and friendships that were important to them which reduced the risk of social isolation and becoming withdrawn.

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.

- People's care records contained information about their ways of communicating and their preferred methods. This included easy read signs and pictures to convey key information about their care arrangements and health needs.
- The registered manager was aware of their responsibilities under the AIS and told us that any information could be provided in other languages and/ or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- Information on how to make a complaint were available to people, including in different formats such as easy read and pictures to aid understanding. In addition there was a clear complaints policy and procedure

in place. People told us they knew how to voice their concerns and would talk to staff if needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were considered equal partners in their care and a person-centred culture was visible in the service. Led by the registered manager staff treated people as individuals, upholding their rights and encouraging and supporting them to live their life on their terms.
- People were supported by staff to have access to the appropriate care that they needed, taking into account their personal choices and preferences. People's decisions were respected and acted on.
- Feedback about the service was encouraged by the registered manager and where people, relatives and staff had shared their views, through satisfaction surveys, care reviews and tenancy meetings their comments were followed up, acted on accordingly and used to develop the service.
- Regular staff meetings took place. We looked at a sample of staff minutes and saw that they covered numerous topics relevant to the service for discussions and staff were free to express opinions.

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

- Staff understood their roles, responsibilities, and duties. Staff performance was monitored through one to one supervision and competency checks. This underpinned professional development, best practice, and well-being.
- Quality assurance processes were in place. The registered manager monitored the safety and quality of the service. This included regular checks and audits for example, care records, health and safety and accidents and complaints. In addition external auditing was carried out to provide further oversight of the service and strengthen governance arrangements.
- The registered manager understood when to notify CQC of significant events and incidents, in line with their legal requirements and responsibilities. They were aware of the duty of candour and their responsibilities to be open and honest with people and their relatives in the event of something going wrong or a near miss.

Continuous learning and improving care; Working in partnership with others

- Regular management meetings, action plans and audits of the service provided oversight which ensured any trends and patterns were identified and addressed.
- Staff and the registered manager worked in partnership with health and social care professionals to

ensure people had the care and support they needed to maintain their health and wellbeing.