

Vivo Support Limited

# Swan Care and Support - Colchester

## Inspection report

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24 December 2019

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## Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Swan Care and Support – Colchester is a domiciliary care agency. The service provides a range of services to both younger and older adults' enabling them to remain as independent as possible whilst living in their own home.

The service supported some people with long term care needs but specialised in providing short term care. The management team had worked in collaboration with local commissioning groups and hospitals to establish various pathways of care aimed at preventing prolonged or unnecessary hospital admissions by supporting people to remain living independently in their own homes. Staff supported people for a few of days or up to six weeks, depending on their needs. This meant the number of people using the service changed on a daily basis.

Not everyone using the service received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; this is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was dynamic and extremely innovative in their approach to care. This meant people received exceptional, individualised care and support that was responsive to their needs. The delivery of care was flexible and empowered people to make choices about how and where they received their care. We were told of occasions where the service had gone above and beyond what was expected of them. Professionals who worked closely with the service praised the service for its person-centred approach and the exceptional results it achieved for people.

People had confidence in the staff and felt safe in their care. Safeguarding practices were in place to protect from the risk of abuse. Staff took appropriate infection control measures and medicines were managed safely. There was an open and transparent culture in relation to accidents and incidents and appropriate action was taken to learn and lessen risks.

Staff were well supported by the provider and received enhanced training to develop the skills and knowledge required to meet people's needs. Where appropriate staff supported people at meal times and encouraged them to remain hydrated during the day. Staff provided holistic care and had developed exceptional relationships with local health and social care professionals which ensured people's health and well-being were prioritised.

People, relatives and professionals consistently described staff and the service as caring and kind. Staff knew people well and were committed to providing high-quality care. We heard examples of the positive impact the service had on people's lives by enabling them to remain in their homes and improve their independence. Everyone we spoke with told us they would happily recommend the service to others.

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.

The service responded to concerns or complaints and people and relatives were given the opportunity to feedback their experiences.

Staff felt valued and well supported by the registered manager and the provider. There was an open and transparent culture which empowered people and staff to voice their opinions and focused on continuous improvement.

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

This service was registered with us on 30/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 effective findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

# Swan Care and Support - Colchester

## **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 team consisted of two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means 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 a short period notice of the inspection because we needed to make sure the registered manager and staff would be in the office to support the inspection.

Inspection activity started on 10 December 2019 and finished on 24 December 2019. We visited the office location on 10 December to meet with the registered manager and review care records and policies and procedures. We made telephone calls to people using the service and their relatives on 18 and 24 December 2019 to gather feedback about the service.

#### What we did before the inspection

Before the inspection we looked at information, we held about the service. Including; details about incidents

the provider must notify us about, such as serious injury, events that stop the service running and safeguarding alerts. 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-

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the Nominated Individual (NI), Head of Care Services, registered manager, deputy manager, senior care workers, care workers and the recruitment and learning co-ordinator. The NI is responsible for supervising the management of the service on behalf of the provider.

To gather information, we looked at a variety of records, including care records relating to five people using the service and four staff files. To ensure the provider and registered manager had oversight of the service we also looked at other information relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from five professionals who regularly work with the service.

# 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

- Staff received training and understood their responsibilities to safeguard people and were aware of the provider's procedures.
- Staff gave examples of safeguarding concerns they had raised with the management team and the action taken to address the concerns.
- The registered manager was knowledgeable about the local safeguarding procedures, undertaking investigations and working with external agencies for the protection of people in their care.

Assessing risk, safety monitoring and management

- People felt safe and had confidence in staff. One person described how staff used a hoist to move them from bed to a chair. They said, "Oh they are very good. I always feel safe and they make sure I'm comfortable before they move me and afterwards." Another person told us, "Every time before they leave they say, 'Is there anything else that you need?' And that puts everything in place and reassures you."
- Care plans included assessments which identified potential risks and measures for staff to minimise them. These included risks associated with mobility, the use of oxygen, poor skin conditions and pressure care. One person used oxygen. Their care plan contained clear instructions for staff about how to store the oxygen safely, how to check the tubing and not to use potentially flammable oil-based emollients.
- Environmental risk assessments were completed, and recorded action taken when risks were identified.

Staffing and recruitment

- People told us there were enough staff available to meet their needs and there had been no missed calls. One person said, "I've never felt rushed." A staff member told us, "It's one of the only companies when I have never felt rushed. I have never been told to rush. A person wanted to stay in the bath and kept adding hot water, so I rang the office and asked them to get another carer to do my next person, so I could stay supporting the person in the bath."
- Due to the dynamic nature of the service the number of people using the service changed on a daily basis. The management team had a process to continuously monitor staffing levels and adjust them according to the needs of the people using the service.
- Safe staff recruitment processes were in place which included the completion of appropriate pre-employment checks such as references from previous employers and disclosure and barring service checks (DBS). This helps employers make safe recruitment choices.

Using medicines safely

- Medicines were managed safely.

- Care plans provided clear guidance for staff about the medicines people took and medicine administration records (MARs) recorded when staff had supported people to take their medicines.
- There were regular audits carried out of MARs. Where any errors had been identified, action was taken to help ensure the issues did not reoccur.
- Staff had received training in administering medicines to people. Checks on their competency had also been completed.
- The application of where and when topical creams were applied was not always clear. We discussed this with the registered manager and measures were immediately put in place to address this.

#### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as aprons and gloves and had completed training in infection control. They understood their responsibilities to prevent the spread of infection whilst working between people's homes.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Systems were in place to investigate incidents and accidents. We saw examples of when lessons had been learned for example, the outcome of medication audits was used to identify specific training needs for staff. If a medication error was found a supervision session was arranged and training completed to address the concern.
- The registered manager met regularly with the Head of Care Services and the NI to discuss the service and make improvements where needed.



# 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, and their choices recorded.
- Care plans were holistic taking into consideration people's physical, social and cultural needs.
- Daily notes demonstrated the care provided reflected people's expressed wishes.

Staff support: induction, training, skills and experience

- New staff completed an induction programme which introduced them to their new roles. This included working alongside more experienced staff and completion of the Care Certificate. The Care Certificate is a nationally recognised course in induction for care workers.
- Staff received specialist training, in areas such as the management of spinal braces and collars, to ensure the individual care and support needs of people were effectively met. One staff member said, "It's absolutely brilliant, the best I have ever had."
- Staff felt well supported in their role. Observations of practice, supervision and appraisals were completed to ensure staffs continued professional development.
- Feedback from professionals who worked alongside the service included, "Staff are professional and well trained," and, "[Staff are] knowledgeable and well trained especially with equipment use. They demonstrate good manual handling skills and are aware of cases that need escalation. They are able to identify emergency cases and how to assure patients while waiting for emergency care."
- Some staff had become 'champions' in areas of interest to them, such as dementia and end of life care. They had completed additional training which they shared with staff

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

- Where required, staff supported people at meal times and encouraged them to remain hydrated during the day.
- Staff understood the importance of supporting people with their meals, including those with specific dietary needs.

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

- The service was proactive in developing and maintaining relationships with health and social care professionals to ensure people received effective care and support.
- Staff referred to a variety of services and worked closely with health and social care professionals, including, district nurses, occupational therapists, physiotherapists and social workers to achieve good

outcomes for people and keep people well.

- Care plans contained information on specialist advice to ensure staff supported people to maximise their health and well-being.

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.

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.

- Staff consulted people about their care and supported them to make day to day decisions.
- Staff had received MCA training and understood the principles of the MCA. They were able to give examples of when this was used and of their responsibility to report if they had any concerns that a person may be lacking capacity.
- One professional told us, "[Staff] understand issues of mental capacity and when to escalate. They do understand that ultimately, it is person's choice and they are allowed to make unwise decisions."
- Whilst it was clear staff understood their role and knew people well, care plans did not clearly identify people's level of capacity. We discussed this with the management team during the inspection and measures were immediately taken to address this.

# 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; Respecting and promoting people's privacy, dignity and independence

- Without exception, everyone we spoke with was extremely positive about staff and the care they received. People told us they felt respected and valued within the relationships they had developed with staff. We were repeatedly told staff were exceptionally compassionate and kind. Comments included, "I've been looked after wonderfully. I've no concerns at all", and "I can't speak highly enough of them. They are just themselves and they are a really nice bunch of girls. Really kind to me and my husband."
- People told us staff took their time and did not rush them. A staff member said, "It's nice we are not timed and not rushing, it's down to us to prioritise needs." One person described how staff helped them with their laundry. If the washing cycle was not finished when the staff member left they would return later on in the day to hang it up for them because they knew the person would not be able to.
- Staff spoke passionately about their roles and were committed to empowering people and providing the best quality care possible. We heard multiple examples how staff supported people to increase their confidence and independence, many of whom had sustained significant injuries following an accident or health incident.
- Staff received equality and diversity training and knew people's needs well.
- People told us staff treated them with dignity and respect. For example, by covering them with a towel when providing personal care, knocking on bathroom doors and addressing them by their preferred name. Feedback included, "It was initially quite embarrassing to have someone help you to dress/undress and shower but not once did I feel at all uncomfortable."

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

- Staff asked people for consent before carrying out any tasks. This was recorded in the daily notes.
- One person told us, " [Staff} always ask me first thing in the morning what I want. This morning I'd had a bad night so wanted to rest in bed. They'll come back later and get me out in the chair and make my dinner."
- People's views and preferences about how they wanted their care to be provided were incorporated into person centred care plans.
- Professionals working with the service praised staff for the support and confidence they installed in people. Feedback included, "I am happy to confirm that on the observed visits there was evidence that people's needs were met and staff were allocated sufficient time to do so. The staff were kind and caring and had a good knowledge of the people they were supporting." And, "I have observed the kindness, thoughtfulness and the response to concerns. For example, a person was not managing their medication. This was quickly addressed with support from the office."

# 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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service was extremely innovative in their approach to care and as a result had achieved exceptional results for people. Without the support of staff many of the people using the service, such as those with spinal collars and braces, would have remained in hospital even though there was no medical need for them to be there.
- The service was outstandingly responsive to people's needs, for example initial assessments for the admission avoidance and hospital discharge service were completed within four hours of receiving the referral. Professionals who worked closely with the service praised its person-centred approach and the exceptional results it achieved for people, "We have always found Swan to be very responsive to requests for changes to the service specification when requested to enable patients to be discharged from hospital in a timely manner."
- People receiving short term care packages were not given specific timings for visits and did always receive care from the same staff members. Everyone we spoke with told us this was clearly discussed with them during the initial assessment and because the care was only for a short period of time it was not a problem. People were given an approximate time to expect staff and this worked well. One professional told us, "Despite [the service] being unable to provide the same carer for each person due to shift patterns, they excel in providing a smooth continuum of care."
- We spoke with people receiving both long and short- term care from the service. No-one expressed concerns about the timings of their calls.
- There had been no missed calls and if staff were running late this was usually due to traffic or an emergency situation and people said they were notified. One person told us that even when the area they lived in was flooded staff still arrived for every visit. This included the 'night owl' service which supported them during the night.
- Before accepting a new referral the management team reviewed their capacity to ensure they could meet the person's needs. The registered manager said, "We will not take on people if we do not have the staff or whose clinical and wellbeing needs we cannot meet." Everybody using the service had an initial assessment completed and a care plan detailing their needs and personal goals. One professional told us, "The initial assessments were always very detailed and people are supported to make choices about their care."
- People received personalised care, tailored to meet their needs and enhance their lives. Many of the people using the service had sustained serious and potentially life changing injuries. Both staff and people gave examples of how they were supported to achieve personal goals and improve their independence. One person told us, prior to receiving care they had been in hospital with a full length cast on their leg. They explained that without the support of staff they would have had to remain in hospital. The staff had

supported them to return home and progress with their mobility. They said, "I'd never had care before and honestly, they've been brilliant. I think I'd still be stuck in a hospital bed without them. They've given me confidence and helped me improve." Another person was initially bed bound following an accident but with the help of staff was able to increase their mobility and confidence and return to dance classes. Another person said, "The help [staff] have given me has been invaluable and has enabled me to pick up my life again after my accident."

- Staff spoke about the people they supported with compassion and respect. Staff knew about people's life histories and interests and built trusting and rewarding relationships with people,

#### 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 communication needs were assessed and recorded in care plans.

#### Improving care quality in response to complaints or concerns

- The service had a complaints process in place which recorded the nature of the complaint and included the steps taken to resolve the complaint and the outcome.
- We saw evidence of extremely thorough investigations into complaints. For example, we saw an in depth and timely response to a complex complaint involving multiple agencies.
- People and relatives were aware of the complaints process and felt confident to raise any concerns.

#### End of life care and support

- The service was dedicated to providing exemplary, person centred End of Life Care.
- Staff gave examples of how they worked alongside local hospitals and hospices to support people to return home if this was their preferred place of care at the end of their life.
- Feedback from relatives described how staff had gone above and beyond to ensure people and their families received the best care possible at the end of their life.
- Staff completed specialist training and there was a dedicated End of Life Champion in place to support and share best practice with staff.
- The local hospice had written to the service complementing them on the feedback received by them from people, relatives and professionals about the care provided by Swan Care staff, "The compassion, care and kindness [staff] demonstrated is a credit to the company, the staff and the management team."
- The service had also received an 'End of Life Care' award from the local authority, acknowledging the high standard of the end of life care provided by staff.
- Staff were offered the opportunity to talk through their experiences following the death of a person they were caring for.

## 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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved 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

- The service was driven by a strong and highly motivated management team. They were extremely innovative in their approach and continually strove to improve and deliver the best possible service for people. For example, a night owl service had been established to support people who had been discharged from hospital with overnight care. Despite there being no medical need to do so, traditionally people requiring overnight care such as turning or transferring to a bathroom would remain in hospital. This service not only enabled people to be more independent and cared for in their own home but also alleviated pressure on hospital resources. One person told us, "The night girls are wonderful. I'd still be in hospital if it wasn't for them all."
- Without exception feedback from people, staff and professionals was extremely positive about the management of the service. Comments from staff included, "So supportive, they have been brilliant, they treat us as individual's and actually care and support you to develop." And, "I do love working for Swan, the managers are really kind and if you have any issues they are there to support you."
- During the inspection the management team demonstrated they were familiar with the needs of the people the service supported and understood the skill set of the staff they employed.
- There was an honest and open culture embedded within the service which was driven from the top down. The provider actively engaged with staff and stakeholders of the service. Staff were highly motivated and proud of the service they provided.
- There were clear lines of responsibility and accountability within the service. Staff understood their role within the organisation and where to go to for advice and support. All the staff that we spoke with had confidence in the management team and were positive about the support and encouragement they provided.
- Systems and processes were in place to drive improvements. Audits were robust and ensured any patterns or trends were quickly addressed. This ensured people received safe care and treatment and the service achieved good outcomes for people.
- The dynamic nature of the care provided required the management team to have excellent oversight of the service. They continuously monitored the service and their service user and staffing levels. When they reached an agreed target they liaised with the CCG and hospital discharge teams to determine if additional staffing was required.

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

- The management team were extremely dynamic and continually reviewed the service and sought ways to improve the delivery of care. For example, two members of staff were based in the local hospital and worked alongside the hospital discharge team. This ensured continuity of care and demonstrated successful collaborative working between the provider and the local NHS Trust.
- We saw numerous examples of innovative collaborations between the service and other agencies. For example, the management had worked in collaboration with local CCG's, hospitals, hospice and other care agencies to establish pathways aimed at preventing unnecessary admissions and prolonged stays in hospital. This included people who had experienced significant injuries as a result of an accident or life changing event and required a spinal or neck brace or were unable to mobilise due full-length leg cast. Traditionally people with these needs would not have been given the choice to be cared for in their own home and would have either remained in hospital or been discharged to a care home whilst their injuries healed.
- The provider empowered staff and encouraged their professional development. Staff had the opportunity to progress within the organisation. The NI told us, "We support and empower our staff. They have the opportunity to develop different skills."
- Staff told us they felt valued within the organisation and were empowered by the management team to make decisions and to progress into new roles within the service.
- The NI and the management team understood that the recruitment and retention of competent, valued and supported staff was essential to delivering high-quality care and to building a skilled and competent workforce. Staff retention was very good. Staff were encouraged to voice their opinions and contribute to the development of the service. For example, the NI met with all staff members annually and the provider sought feedback through annual staff satisfaction surveys.
- The registered manager held regular staff meetings to support and update staff. These meetings were collaborative and staff were encouraged to voice their opinions and contribute to the development of the service.
- The registered manager was very well supported by the Head of Care Services and the NI, both of whom regularly visited the service and undertook quality monitoring audits. This ensured the provider had oversight of the service.
- A service improvement plan was in place to further develop the service and drive improvement.
- The registered manager met regularly with managers from other services to share best practice.