

Swanton Care & Community (Autism North) Limited

Seaham View

Inspection report

31-32 North Road
Seaham
County Durham
SR7 7AB

Tel: 01915819609
Website: www.swantoncare.com

Date of inspection visit:
17 December 2019
02 January 2020
06 January 2020

Date of publication:
27 February 2020

Ratings

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

Summary of findings

Overall summary

About the service

Seaham View is a care home and provides accommodation and support for up to 12 people living with a learning disability. There were 12 people living at the service when we visited.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People's experience of using this service

People and relatives spoke positively about the care and support provided.

Staffing levels were sufficient to allow staff to support people to meet their individual needs. New staff were recruited safely. The service had no records to confirm agency staff received an induction prior to supporting people.

Although mental capacity assessments and best interest decisions were mentioned in support plans these documents were not in place. Fire drills had not been completed in line with the provider's policy. Records for signing in and out of the building were inaccurate. The service addressed this matter during the inspection. Quality assurance systems were not always effective.

Systems were in place to ensure people were protected from the risk of abuse and harm. Staff had learnt lessons around how to support people to communicate concerns about staff practices. Staff completed safeguarding training and were confident any concerns would be investigated appropriately. A thorough recruitment process was in place and people were involved in the selection of staff.

Support plans were lengthy, provided generic information and at times did not specify exactly what staff were to do. Individual risks to people were not always managed effectively.

Health and safety checks were regularly conducted to make sure people had a safe environment. People received their medicines safely. Incidents and accidents were recorded and reviewed as individual incidents.

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. Information was provided in accessible formats, but this needed to be extended to people's care records.

Physical interventions were used at times and staff were working to consider how they could reduce these. The positive behavioural support plans set out how to understand people's emotional state and contained guidance for staff.

People and staff had developed positive relationships; we observed kind interactions between people and staff. Staff clearly knew people well and had extensive knowledge about their care needs. Relatives told us about positive outcomes. One relative said, "I am amazed at what [person] is achieving."

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

Rating at last inspection

The last rating for this service was good (published on 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified one breach of regulation regarding the effectiveness of the service's quality assurance processes during the inspection. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Seaham View

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Seaham View is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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 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 24 hours' notice of the inspection visit because it is small. We needed to be sure people and staff would be in.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted professionals in local authority commissioning teams and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care

provided. We spoke with nine members of staff including the registered manager, two deputy managers, the regional director and five support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of five people, a sample of medicines records and other records related to the management of the service.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had not always been identified and managed. Risks were discussed within support plans but were not fully explored to support staff to keep the person safe.
- Identified risks were not always well managed. One person had a specific hazard, whilst this had been recognised and a risk assessment had been created to support staff to assist the person to remain safe. The hazard was present in their room. The registered manager addressed the matter.
- Fire drills were not conducted in line with the provider's policy. Records relating to who was in the building were inaccurate. This posed a risk to people, staff and visitors in the event of a fire. The operations manager immediately addressed the issue and introduced new documentation to support safer practises.

We found no evidence that people had been harmed due to this shortfall. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had a safe environment. Regular health and safety checks were completed.
- A business continuity plan was in place to ensure people would continue to receive care following an emergency.

Staffing and recruitment

- Staffing levels were appropriate and determined by people's needs. Additional staff were made available when people were accessing the community. Shift times varied and fitted around people's lives.
- People were involved in the recruitment process and the selection of staff.
- Permanent staff were recruited safely. However, the service did not have any records of checks on agency staff. No evidence of an induction taking place to familiarise staff with building, safety measures and people was available. The registered manager assured us that appropriate checks were completed.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes to minimise the risk of abuse and harm.
- Safeguarding issues were investigated with referrals made to the appropriate authorities. Following an investigation of an allegation of abuse, the provider had reviewed how they oversee staff practices and support people with limited verbal communication skills to raise concerns. The speech and language therapy team had been asked to work with people to develop signs for 'like' and 'dislike.'
- Staff had completed safeguarding training and safeguarding was regularly discussed at team meetings and

supervisions. Staff were supported to reflect on lessons that could be learnt from incidents and allegations of abuse.

- The level of detail provided in the incident records needed to be enhanced. The registered manager agreed to address this matter.

Using medicines safely

- People received their medicines as prescribed. Systems were in place to ensure people received their medicines when they needed them, for example whilst out on activities.
- Staff had completed medication training and received regular observations of practise to ensure they remained at the appropriate standard.
- One person received their medication via a patch. This type of medicine requires a body map for staff to record the position of a patch on the person's body. This is to support the removal of the last patch and to stop the repeated placement on the same area which can cause side effects. No record was in place. The service addressed this matter by the second day of inspection.

Preventing and controlling infection

- The home was clean and tidy.
- Systems were in place to ensure people were protected from the risk of infection.

Learning lessons when things go wrong

- Safeguarding concerns and accidents and incidents were reviewed and analysed.
- Incidents where people may have become agitated or distressed and experienced behaviours that may challenge the staff were recorded and reviewed. Meetings took place to discuss the incident to learn how to support the person better in the future. This had led to the provider purchasing new supportive equipment.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Support plans referred to capacity assessments. However, no records of mental capacity assessment having taken place were available. There were no records to show 'Best interests' decisions meetings had taken place. Whilst the provider had recognised the lack of such records the matter had not been addressed. The service started to complete best interest decisions following the first day of inspection.
- There were no records to show restrictions such as having one-to-one support at all time and in the community, as well as limiting access to monies had been considered under the MCA.
- There was no information on file about who had appointed deputies, lasting power of attorneys and relevant person's representatives.

We found no evidence that people had been harmed due to this shortfall. However, systems were either not in place or robust enough to demonstrate consent to care and treatment was legally obtained. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Pre-assessments were conducted prior to people moving into the service. Information collected during pre-assessments was used to develop people's care plans.
- One-page profiles were used but these contained only positive information and the support plans were designed to look at single areas. Therefore, it was difficult to gain an overall understanding of how peoples'

lives were impacted by their learning disability.

- Some pertinent information, such as people having mental health needs was not recorded in any of the home's documents. This meant staff had not been aware of the need to consider developing support plans to outline actions they needed to put in place to support people with this aspect of their life.

Staff support: induction, training, skills and experience

- Training was designed around people's specific needs.
- Staff had received training in the use of physical intervention. The two deputy managers were qualified trainers and therefore could assist staff develop the correct techniques and look at the range of approaches they could adopt.
- Staff had the opportunity to discuss their individual work and development needs through supervision and appraisal. The registered manager had created a plan to ensure staff received supervisions in line with the provider's policy.

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

- People's nutritional and hydration needs were met by the service.
- Staff regularly consulted with people to gather their meal choices. The service provided a choice of food and drinks which met people's needs and preferences.
- People had access to a designated kitchen to develop their cookery skills.

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 with their oral healthcare needs and to access the dentist.
- Care records showed healthcare professionals were involved with and consulted to make sure people's needs were met. People were supported to attend medical appointments.

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

- The premises had been adapted to ensure it met people's individual needs.
- People had personalised their rooms to their own preferences.

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 has 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; equality and diversity

- Relatives were complimentary about staff. Comments included "I would give more than 10 out of 10, they are brilliant." And, "I love the fact they put [person] first."
- Staff were very knowledgeable about people's life histories, relationships, care and support needs, likes and dislikes.
- People appeared happy in the company of staff. Staff interacted with people in a friendly and respectful way. Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.

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

- People and relatives were involved in decisions about their care and support. One relative told us, "They [staff] keep us updated and I am also involved with meetings."
- Staff were aware of people's preferred communication and non-verbal signs of communication. People took the lead in conversations and were allowed time to express themselves.
- Staff encouraged and supported people to express their views and choices. Staff had created individualised communication passports to assist staff to understand the signs people used to voice their views.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People were promoted to be as independent as possible. Care plans described goals for staff to support people to achieve a successful outcome.
- Staff were attentive to people's needs and recognised when people wished to have privacy, supporting from a distance.
- People's confidential information was held securely and only accessible to staff who needed the information to perform their role.

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's needs were identified, including those related to equality, and care plans created were detailed and individualised. However, the provider had recognised that these needed to be improved and had commenced work to address the gaps.
- Support plans were extensive but often missed out key information and did not address the pertinent areas. For example, supporting people develop skills to better manage their emotions when in the community, alcohol use and forming relationships with new people.
- Staff did not use monthly evaluation processes to record whether their physical interventions were effective. The deputy manager demonstrated they did consider effectiveness of interventions, but there was no written evidence to support the explanation.

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

- Activities were designed around people's interests. Staff looked for new activities for people and new interesting places to visit. One relative told us about the positive changes for their family members.
- People were supported to access the local community, visit local shops and pubs. Staff promoted physical activities with people enjoying going to the gym, walking and swimming.
- Staff supported people to maintain relationships important to them.

Improving care quality in response to complaints or concerns.

- The provider had a complaints process to record, investigate and respond to the issue raised.
- Relatives told us they did not have any concerns and were confident any complaints would be dealt with appropriately.

End of life care and support.

- The service was not providing any end of life support at the time of our inspection.
- People had support plans in place around how they would like to be cared for at the end of their life. The registered manager was working with families to gather information about people's wishes and preferences regarding end of life care.

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.

- Easy read documents had been created to support people to understand the complaints procedure, their individual health conditions and medical procedures.
- Support plans were very lengthy and at times were not written in plain English. Some people had signed their support plans, but additional easy read documents were not available for them to refer to when going through these documents. The deputy manager discussed how they realised people may struggle to understand the plans and during the current review of the support plans was looking at how this could be improved.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the management of the service was inconsistent.

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

- Governance systems were not always effective. Whilst audits had identified issues such as lack of best interest records. These had not been addressed in line with the processed date recorded. Lack of fire drills and failure to keep accurate and complete records for the induction of agency staff and people in the premises had not been recognised.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the quality and safety of the services were either not in place or robust enough. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had made improvements during their three months at the service. The registered manager understood the legal requirement to notify the Commission of certain accidents, incidents and events.
- Staff spoke positively about the management team and the support they received. The provider had a clear ethos which it promoted amongst staff.
- The provider understood their responsibility regarding the duty of candour and there was an open culture at the service. The service demonstrated this openness following a safeguarding incident and working fully with the person and their family.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were encouraged to give feedback about the service.
- Staff had opportunities to express their opinions in supervisions and team meetings.

Working in partnership with others; Continuous learning and improving care.

- The service worked closely with health and social care professionals to ensure people received joined up care.
- Annual reviews took place and involved people and relatives.
- The manager and staff were responsive to suggestions and observations made during the inspection. Issues identified on the first day of inspection had been addressed where possible, when we returned to complete the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The service did not have effective systems to assess, monitor and improve the quality and safety of the service. 17(2)(a)