

Swiss House Care Home Limited

Swiss House

Inspection report

41-43 Brierley Hill Road,
Wordsley,
Stourbridge,
DY8 5SJ

Tel: 01384 573110

Website: www.selecthealthcaregroup.com

Date of inspection visit: 26 October 2015

Date of publication: 08/01/2016

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?

Requires improvement



Overall summary

This inspection took place on 26 October 2015 and was unannounced. The inspection was carried out by two inspectors.

Swiss House provides care and accommodation for up to ten younger adults with learning disabilities or autistic spectrum disorder and physical disabilities. At the time of the inspection there were seven people living at the home.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they 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.

Relatives of people living at the service told us they felt confident that the support provided to their relative was safe. Staff we spoke with had a clear understanding of how they would respond if they suspected abuse and knew how to whistleblow.

Summary of findings

Staff had the skills, experience and training needed to meet people's needs. Relatives told us they felt there were enough staff to meet their relative's needs.

People's ability to make decisions was considered in line with the Mental Capacity Act 2005 [MCA] and applications for Deprivation of Liberty Safeguards [DoLS] authorisations had been made when required.

People using the service had sufficient food and drink to maintain their health and well-being.

People were supported to access health care professionals when required to meet their health needs.

Staff knew people well and where people were not able to communicate, staff understood the facial expressions people used in order to gain consent to care and support.

Staff maintained people's privacy and dignity. People using the service were supported to access advocacy services.

Relatives told us they were involved in the planning for their family members care and staff knew and acted according to people's preferences.

The complaints procedure was made available in a variety of formats to ensure people were able to understand how to make a complaint. Relatives were kept up to date with developments in the service.

Relatives spoke positively about the registered manager and were confident in management's ability to deal with complaints or concerns. Staff received regular supervision to help them develop their skills and discuss any areas of concern.

Quality assurance audits were carried out by the registered manager but these were not always effective. Where issues were identified with medication, these were not acted upon to prevent the error happening again.

Surveys sent out to gain feedback on the service were being analysed by the service's head office and the registered manager was not able to view these which meant that areas for improvement could not be acted upon.

Notifications that the registered manager is required to send to the Care Quality Commission about incidents that have happened at the service had not been sent.

Summary of findings

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 safe.

Staff knew how to safeguard people and what actions to take if they suspect abuse.

Staff knew how to support people in ways that would keep them safe.

There were sufficient staff on duty with the skills and knowledge to meet people's needs.

Medicines were stored and administered in a safe way.

Good



Is the service effective?

The service was effective.

Staff received the appropriate training to support them in their role and had a good level of knowledge and skill.

Staff had a good knowledge of how to establish consent with people who could not verbally communicate. Deprivation of Liberty Safeguards authorisations were sought in line with the Mental capacity Act 2005.

People were given a choice at mealtimes and were supported to have enough food and drink.

People were supported to access healthcare professionals in order to meet their health needs.

Good



Is the service caring?

The service was caring.

Staff had a good knowledge of the people living at the service and interacted with them in a kind and friendly way.

Information about the service was provided in a variety of formats so that everyone had access to this information in a way they could understand.

We observed people being treated with dignity throughout the inspection.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in planning for their care.

Activities in the home were based on people's interests.

People knew how to make complaints and information was provided around the service to help people do this.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

Relatives and staff spoke positively about the registered manager and how the service is led.

The registered manager had quality assurance systems in place but there was no evidence of learning from the findings of the audits.

The registered manager had not met their legal obligation to inform us of any incidents that affect people living at the service.

Requires improvement



Swiss House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 October 2015 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection, we looked at the notifications the provider had sent to us. Notifications are reports that the provider is required to send to us about incidents that happen at the service. This can include serious injuries or accidents and incidents. We also spoke to representatives from the local authority to obtain their views about the care that the service provides.

We spoke with the registered manager, the deputy manager and one member of staff. We also spoke with a GP who was visiting the service. Due to their health needs, people using the service were unable to tell us their views about the care they receive and so we spent some time observing their experience of the care they received. To do this, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand people's experience of the service. Following our inspection we contacted three relatives of people living at the service to obtain their views on the care provided by the home.

We reviewed a range of documents and looked at the care records of three people living at the home. We also looked at medication records, activity records, two staff files, the staff training matrix and quality assurance audits, including complaint records.

Is the service safe?

Our findings

Relatives we spoke with told us they felt their family member was safe. One relative told us, “They do look after [relative]. They know [relative] ever so well”. A second relative said “They are safe, 100 per cent”. Staff spoken with told us how they kept people living at the service, safe. For example, staff were able to identify behaviours that put a person at risk when in the community and had knowledge of strategies in place to support the person to remain safe. One staff member, told us, “It’s also about just being there for them, it’s more than just keeping people safe from wires”.

Staff working at the service were able to explain how they would respond to any signs of abuse. One member of staff when asked what action they would take if they suspected abuse said, “I would go to my manager and call the safeguarding team”. The registered manager informed us that they had an ‘open door policy’ for staff to raise any concerns they may have. This was confirmed by members of staff. One member of staff told us, “If I raise anything, it gets actioned”.

Staff were able to describe the risks associated with caring for people living at the service. One member of staff told us, “We have risk assessments to help us manage risk. We have to let people do things [that they wish to] but in safe way.” We saw that where a person living at the service was at risk of ill health following a health procedure, staff were aware of the potential risks and had taken appropriate action to support the person. We saw records that showed risk assessments were in place and reviewed monthly. We saw accidents and incidents forms in place. Where these had been completed, the registered manager told us the actions they had taken to prevent the incident from happening again.

Most relatives of people living at the service felt there were enough staff to meet their family member’s needs. One relative told us, “There are enough staff to meet [relative’s] needs, but for the whole home they need more”. The relative explained that although there were enough staff to meet the care needs of people, extra staff would ensure more one to one time. Another relative said, “I think there are enough staff”. Staff we spoke with felt there were

enough staff to keep people safe. A staff member we spoke with told us “Sometimes we can be busy but we cope well”. The registered manager told us that staffing levels were determined by the funding provided for each person living at the service. The registered manager felt there were enough staff to meet people’s needs but noted that whilst people were supported to go out regularly and attend day trips, people would be able to attend activities outside of the service more often with additional funding. We observed that people were responded to in a timely manner when they required support. Staff did not appear rushed when supporting people. We looked at staff rotas and could see that one member of staff worked throughout the night. When asked about emergency procedures, the registered manager explained that during the night there was another member of staff on call if there was an emergency to support the one member of staff on duty. The registered manager told us that they had assessed this as being sufficient based on the level of support required by people during the night. Staff told us they were aware of what to do in an emergency and who to contact out of hours if they required support.

We looked at two staff files. We saw that the appropriate pre-employment checks had been made prior to staff commencing employment including two references and a check with the Disclosure and Barring Service (DBS) which provide information about people’s criminal records and whether they have been barred from working with vulnerable adults.

During the inspection we observed people being supported to take their medication. We saw that this was given as prescribed and in a safe way. Staff we spoke with knew the times each person required their medication and when to give PRN medication. PRN medication are medicines that are only to be given as and when required. Protocols were in place for any PRN medication advising staff on when these medications should be given. We saw that checks were carried out every six months by the registered manager to ensure staff remained competent to administer medication. We looked at medication records for five people. Records for each person contained details of what medicines they take and any side effects that may occur.

Is the service effective?

Our findings

Through our observations, we saw that staff had the skills and knowledge to support people. Staff knew people's care needs well and could explain confidently what they had learned from their training. Relatives we spoke with told us they felt staff had the skills needed to do their job and meet the needs of people living at the service. Staff told us they felt they had the right training to support them in their role. One staff member said, "We are always being offered training, [the manager] is brilliant". The registered manager told us, "Staff can ask if they would like extra training. If we have a new person with specific needs, we make sure staff are trained prior to the person's admission". Records showed that staff had received training in areas including moving and handling, safeguarding, first aid and learning disability awareness. The training included a mixture of face to face training and E-Learning, which is training via a computer. One member of staff told us that before they commenced working at the service, they were required to complete an induction and shadow another member of staff. This meant that new staff were supported to learn about the home, and how people would like their care delivered before starting work.

Staff told us and the registered manager confirmed that they receive supervisions every three months. This gave staff the opportunity to discuss any additional training needs they may have. Staff told us they felt supported in their role. One member of staff told us, "I feel very supported by my manager, it's the best job I have ever had".

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 legal authorised under the DoLS. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with told us they had received training in MCA and were able to demonstrate

their understanding of this. Two members of staff explained how they gained consent from people who did not communicate verbally. Staff were aware of how people communicated using facial expressions and so were able to gain consent by understanding what people's individual expressions meant. We saw staff asking people questions and looking for a facial expression, such as a smile, to confirm the person consented to what was being asked.

We observed that some people living at the service lacked capacity to make certain decisions. We checked to see that decisions made on their behalf had been done so in their best interests. We saw evidence that best interests meetings had been held where required and records kept of the decisions made and reasons for these. We saw that applications to deprive people of their liberty had been made appropriately. We saw that for some people, applications had been made and approved. Staff we spoke with were able to identify who had a DoLS authorisation, the restrictions that were in place and how this impacted the support they provide.

We observed that people were supported to eat their meals in a way that met their needs. We observed a relaxed atmosphere at lunchtime and people were smiling at staff whilst eating their lunch. The registered manager told us, "We don't like to rush people". Relatives spoken to told us they had no concerns regarding the food and drink offered. One relative told us, "I am always hungry once I have seen their food. Its very good quality". Another told us, "The meals are fine, it's all home cooking". Staff who were responsible for preparing meals could tell us people's dietary requirements and we saw details of people's allergies displayed clearly in the kitchen. The menu was displayed in the dining area and pictures were used to help people identify the choices available. We saw that people were offered drinks throughout the day. Records showed that where people were identified as having a specific need or were at risk with their eating or drinking, people were supported to access a dietician.

Staff we spoke with were able to tell us about the healthcare needs of people living at the service. Staff were able to explain what actions they would take if a person's health care needs changed. One member of staff told us, "If someone is unwell, we would call the GP". Another member of staff said, "Any changes in people's needs are put into their care plan, the handover book and the daily notes. The manager also hands over verbally". One relative told us

Is the service effective?

about their family member's ongoing health issue and said, "Staff know all about this and are quick to act". One health professional we spoke with told us, "We have full trust in the home. Staff are marvellous, they never waste time." Relatives told us they were always informed of any changes to their family members health. Records showed us that people were supported to access visits from healthcare

professionals. We saw evidence of people accessing opticians and dentists; including the date they last visited and date they should visit again. We saw evidence that people were supported to access annual health checks with their GP and that health checks were carried out in the home to ensure people remained comfortable.

Is the service caring?

Our findings

When asked about the staff, one relative told us, “They [the staff] treat them like family, the staff are out of this world.” A second relative commented, “Staff are brilliant, [relative’s] key worker is great” Staff spoke about people in caring way. One member of staff told us, “I treat people how I would want to be treated. They deserve the best in life”. Another staff member said, “We are one big family, it’s a home from home”. The registered manager spoke about people living at the service in a warm way. They told us, “I just want our service users to succeed and do well”. We saw that one person was being supported to run a market stall at the service’s Christmas fair as they had expressed their wish to do this.

We saw that people using the service took part in ‘Our Voice’ meetings. These were meetings chaired by a person using the service to discuss what people would like to see happen in the service. The chairperson would identify activities and show these to others. Staff would then use people’s facial expressions to identify if this was an suggestion they would like to see happen at the service. These meetings took place on a monthly basis. The details of the meeting were then provided in writing for people using the service to look through in a format that people using the service would be able to access and understand.

Relatives told us they had been consulted and involved in their family members care. One relative said, “I get copies of all paperwork and get invited to the meetings”. Information about people’s care was provided in easy read format to help people understand what is in their care plan. We saw that people had been supported to use advocacy services to help them make certain decisions about their care. Information on how to access an advocate was provided in pictorial form and available in people’s care plans. We saw evidence that some people living at the service had accessed advocates to assist them in making decisions.

Staff we spoke with could explain how they treat people with dignity and respected their privacy. One member of staff told us, “I allow people their own space and respect their wishes”. The registered manager told us that all staff receive training in Equality and Diversity. We saw people being treated with dignity. We saw that people were supported to access their private rooms when they wished and being referred to by their preferred name.

Relatives we spoke with told us they could visit at any time and described the atmosphere in the home as good. One relative told us, “The atmosphere is very good. They love our [relative]”.

Is the service responsive?

Our findings

We observed that people living at the service responded well to staff. People were smiling and laughing when staff spoke with them. Staff interactions with people demonstrated they knew people well. We saw one person had been given items that were significant to them to hold for comfort. The registered manager also told us how they had purchased a particular item of furniture to support a person to sit in the way they were comfortable and we observed the person using this.

Relatives told us they were involved in the planning of their family member's care when they were admitted to the service and at any subsequent reviews that took place. . One person told us, "If there are any meetings, we are always invited". Staff we spoke with had a good knowledge of people's needs and could tell us people's preferences about how they liked their care to be delivered. When asked to describe a person living at the service, one member of staff told us, "This person likes routine and we stick to this as it is their choice". The member of staff provided us with details of the person's routine and we observed staff followed this. Records kept reflected the knowledge staff held about people. Records contained details of people's likes and dislikes and how they would like their care delivered. This was also provided in an easy read pictorial format for the people using the service to access following their meetings about care planning.

We saw evidence that people were involved in the reviews of their care, even if they were unable to verbally communicate. We saw that reviews were planned at a time and place to make the person comfortable; including information regarding what food and drink they may like throughout the review. This meant that staff were responsive to people's individual needs in order to support them to take part in their care planning.

We saw people being supported to follow their interests, for example, We saw a person being person being supported to take part in activities that they enjoyed; including listening to music and watching sensory lights. The person showed their enjoyment of the activity by smiling to staff. Relatives told us the home offered activities that met their relative's needs. One relative told us that their family member enjoyed music and had been, "Walking around with staff singing". They also told us they had been supported to attend a pop concert. We saw that each person had an activity plan that detailed activities they like to participate in and included pictures of them taking part in these. We saw evidence that people had been to football matches for the team they support and taken on holidays. When asked about the activities going on at the service one staff member said, "They may have their [health] problems but they have a right to do things the same as everyone else". The registered manager told us, "I want people to be a part of the community and for people to miss them if they aren't around". Relatives of people living at the service were encouraged to maintain relationships with their family members. One person we spoke with told us they had recently received an invite to a 'cheese and wine' night at the service. A second person told us they had attended a concert with their family member with staff support.

We saw that staff understood how people communicated in ways other than verbally and so used this to assess whether people were happy with the care they received. One member of staff told us, "The longer you know people, it's easier. If you try it [asking them if there are any problems] you can tell if they are not happy". Relatives told us they had never had to complain but knew how to and were confident that any complaints would be dealt with by the registered manager. We saw information on how to make a complaint displayed around the service. This was made available in an easy-read format. The manager told us they had not received any complaints.

Is the service well-led?

Our findings

Relatives told us they knew who the registered manager was and were happy with the service provided. One family member told us, "[The manager] is great, I am more than happy and would not want [relative] moved.". A health professional we spoke with commented, "If all services run as well as this, my life would be much easier, I sing their praises no end".

Staff spoke highly of the registered manager and told us that staff morale was high. One staff member told us, "I feel very supported by the manager, it's the best job I have ever had". Another member of staff said, "I 100 per cent feel supported. There isn't anything the manager wouldn't do for staff.

The registered manager was visible throughout the day of the inspection and was observed supporting staff in delivering care. She told us, "I am not a manager who just sits in the office.". From our conversations with her, we saw that she had a good knowledge of people living at the service and spoke about them in a caring manner. We observed that she had developed a friendly relationship with people.

Staff were aware of the service's whistleblowing policy and how to raise concerns. They informed us that they had never had to raise a concern but if they did they were confident that the registered manager would act upon this. We saw evidence of an open culture with information displayed on how to whistleblow

The registered manager informed us about an incident that they reported to their local safeguarding authority previously. This incident should have been notified to the Care Quality Commission, but no notification had been received by us. This shows that the manager was unaware of their legal responsibilities and processes to inform us of events they are legally required to do so. The manager told us that the appropriate forms had been sent but could not provide evidence of this.

We saw that accidents and incidents were recorded and the registered manager could explain to us what action they had taken to minimise the risk of harm in future. However, the registered manager did not have a process for

recording the analysis of incidents or the actions taken in response to this. This showed that there were no clear systems in place to identify and put measures in place to reduce incidents.

We saw that quality assurance checks were completed by the registered manager to ensure they provide high quality care. This included staff competency checks in areas such as medication and moving and handling. The registered manager audited people's care plans on a regular basis to ensure care plans were up to date. However, audits completed on medication failed to identify where errors had occurred and so mistakes had not been identified or acted upon to prevent further errors. On three medication records, there were errors in the quantity of tablets recorded on the medication administration record (MARS). This meant that staff could not be sure if all tablets had been given or if a dosage had been missed. We spoke with staff who explained that the errors come from medicines being counted wrong when they first arrive at the service. We spoke with the registered manager about this who told us they had not been made aware of any medication errors by staff completing the audits but would be completing these themselves in future.

For one member of staff, there was no evidence of a DBS check having been done available at the service. The manager was unable to locate this information at the time but following the inspection sent us the details of the staff member's DBS check. This meant that the service did not have effective systems in place to ensure that information can be easily retrieved.

Staff we spoke with had a good understanding of their role and responsibilities. Staff meetings were held frequently so that staff had an opportunity to discuss the service and provide feedback to the management. The registered manager also attended meetings with other managers in the area to share information about updates in care or best practice guidance.

Families we spoke with told us they were asked for their feedback on the service. The service ran a coffee morning once a month that relatives were invited to attend. One relative told us, "I have been to meetings to discuss the service but if I can't attend, they always feed back to me what was discussed. The registered manager told us they had only received positive feedback from these meetings so far and so no action points had arisen.

Is the service well-led?

We were told by the registered manager that surveys were sent out to relatives and health professionals every six months but the feedback would then go to the providers head office for analysis. The registered manager had not seen any analysis of the survey's received and so could not

be sure if there were any actions from the feedback provided. We saw that there was a suggestions box in the dining area for people to make suggestions or give feedback on the service. The registered manager told us they had not yet received any suggestions.