

Raphael Medical Centre Limited (The) Swanborough Services

Inspection report

Admin Flat 16, Raphael Court
Hollenden Park, Coldharbour Lane
Hildenborough, Tonbridge
Kent
TN11 9LF

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Tel: 01732834409

Website: www.raphaelmedicalcentre.co.uk

Ratings

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

Summary of findings

Overall summary

We inspected Swanborough Services on the 17 January 2017. We previously carried out a comprehensive inspection at Swanborough Services on 18 September 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to people not receiving planned person centred care, people's consent to care and treatment not being sought, the assessment and management of risk not being robust, quality monitoring, a negative culture where staff were not supported and inadequate staffing levels. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 18 September 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches. We undertook this announced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found that improvements had been made and the overall rating for this service has been revised to good.

Swanborough Services is a domiciliary care agency providing personal care for a range of people living in supported living environments in the Brighton and area. People using the service may have neuro-disabilities or an acquired brain injury (ABI).

The inspection took place on the 17 January 2017 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The service had 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.

The service had changed significantly since the last inspection and was no longer providing a service to the general community. The service had moved office locations from Burgess Hill, West Sussex, to Tonbridge, Kent, and now only provided care to people living in supported living flats and houses. At the time of our inspection, the service was supporting 10 people and employed approximately 10 members of staff.

At the last inspection, we found the provider's audits were not taking place and that systems to gain feedback, recognise issues and drive improvement had not been implemented. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of people.

People told us that staff were friendly and caring. A relative said, "The care is outstanding". People were happy with the care they received, and said they saw regular consistent staff that knew them well and treated them with kindness. One person told us, "I get two [care staff] in the main. Very good".

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

Risks to people were assessed and monitored to ensure action was taken to avoid accidents and the deterioration of people's health. The service had recruited a sufficient number of suitably qualified staff to meet people's needs. Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff were skilled and felt fully supported by the provider to undertake their roles. They were given training updates, supervision and development opportunities. One member of staff told us "The induction went on for three weeks and the training was very good".

People and their relatives were given information on how to make a complaint. Feedback from people was asked for and responded to. One person told "I have no complaints or areas that need improvement".

People, relatives and health professionals were complimentary of the management of the service. A relative said, "The best in the country, all others should aspire to reach that level". Staff felt fully supported by the provider to undertake their roles. One member of staff told us, "[Registered manager] is very approachable. I can go to her at any time. She is very supportive and helpful".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe receiving care in their home. Detailed risk assessments were in place to ensure people were safe when they received care and support.

There were sufficient numbers of staff to provide safe care. Robust recruitment processes made sure only suitable staff with the right skills and knowledge were employed.

The provider had policies and procedures in place to make sure people were protected from abuse and harm. Staff demonstrated they could apply the training they received in how to recognise and report abuse.

Is the service effective?

Good ●

The service was effective.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their care plan.

Staff understood people's health needs and acted quickly when those needs changed.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a good awareness of how they should promote people's independence and ensure their privacy and dignity was maintained.

Staff had a good understanding of providing people with choice and control over their care. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responsive to people's individual needs and preferences.

People and their relatives were consulted about their care and involved in developing their care plans. Detailed care plans outlined people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

People told us that they knew how to make a complaint if they were unhappy with the service. Where complaints or concerns had arisen, a detailed investigation had taken place and action had been taken.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to monitor the quality of the service, drive improvement and obtain the views of people and continually improve the quality of care.

People spoke highly of management and staff were happy in their roles and felt well supported.

The provider ensured that they were aware of and up to date with legislation and developments within the sector.

Swanborough Services

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 was 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.

We previously carried out a comprehensive inspection at Swanborough Services on 18 September 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to people not receiving planned person centred care, people's consent to care and treatment not being sought, the assessment and management of risk not being robust, quality monitoring, a negative culture where staff were not supported and inadequate staffing levels. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches. We undertook this announced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements.

The inspection began with a visit to the services office which took place on 17 January 2017 and was announced. 72 hours' notice of the inspection was given to ensure that the people we needed to speak to were available. We then contacted people, relatives and staff by telephone in order to obtain their views and feedback.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was not requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is

required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with four people who used the service, five relatives, three care staff and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 18 September 2015, the provider was in breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that there were not always sufficient numbers of staff to safely support people's care needs, and the assessment and management of risk was not robust. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to staffing. Improvements had been made and the provider was now meeting the legal requirements of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they felt safe with the service that was being provided by Swanborough Services. One person told us, "I'm well looked after". In respect to safety, another person said, "Fine, not too bad". A further person said, "They phone and check on me". A relative added, "I've no concerns about safety".

At the last inspection Individual risk assessments for people were not current and contained gaps and omissions. Risk assessment for the service had not been developed, policy and procedural documentation were not current and did not reflect the service provided. The registered manager told us, "We have completely re-looked at the risk assessments. We have changed the way we work in order to assess risk. We assess the environment of the supported properties and carry out house audits for health and safety and fire. Client risk assessments are updated every three months or when needs change". At this inspection we saw that risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as environment, nutrition, falls and mobility. The service had developed business continuity plans in order to assess wider risk and respond to emergencies, such as extreme weather. We were told that the service operated an emergency on-call facility within the organisation, which people and staff could ring for any support and guidance needed.

At the last inspection, the service did not have enough care staff employed to support people safely in their home. The service had changed significantly since the last inspection and was no longer providing a service to the general community. The service now only provided care to people living in supported living flats and houses. At this inspection, we saw the service had skilled and experienced staff to ensure people were safe and cared for in their supported living accommodation. We looked at the staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. One member of staff told us, "We have enough staff. We have plenty of time to get the work done". Another member of staff said, "Swanborough Services has enough staff. The manager always makes sure we have enough. If anybody calls in sick we get agency staff". The registered manager added, "I am fully staffed in all the supported living homes. We are not using agency at the moment, but we can if we need to cover sickness". People and relatives we spoke with told us the staff were competent and had the skills required to support them safely. Staff told us they received a good level of training and that they felt confident to support people in a safe manner. This information was supported by training records that showed all staff were trained in important health and safety areas, such as moving and handling, infection control and first aid.

We were told that medicines were administered by staff and the system worked well. Assessments of need in this area were carried out which described the support a person needed, whether someone needed prompting to take their medicines or support with administering them. The provider had detailed policies and procedures in place for staff to ensure they were administering safely. Medication administration records (MAR) sheets were completed by staff. Staff received training to be able to carry out supporting people with medicine management. The medicine administration records (MAR) were audited on a monthly basis. The registered manager told us any errors were investigated and the member of staff spoken with to discuss the error and then invited to attend medication refresher training if required.

Staff had been recruited through a recruitment process that ensured they were safe to work with vulnerable people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Records also showed staff had completed an application form and interview and the provider had obtained written references from previous employers.

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. All the staff we spoke with told us that because they knew people and their needs in detail they would be able to identify any changes in behaviour or physical symptoms they might see that may indicate that a person was experiencing abuse which would enable them to gain support for the person as quickly as possible. Staff knew the process for referring safeguarding concerns to the local authority. There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Details of safeguarding and whistleblowing procedures to follow were also displayed in the office as a reminder for staff.

Is the service effective?

Our findings

At the last inspection on 18 September 2015, we found that staff had not received formal training in relation to understanding people's need to consent to care and treatment and the Mental Capacity Act 2005 (MCA). We saw that the required improvements had been made.

People told us they felt confident in the skills of the staff and that they received effective care that met their needs. One relative told us, "My relative receives full time care. They have staff who could teach others". Another relative added, "The level of care is superb".

Training schedules confirmed staff had received training on the Mental Capacity Act 2005 (MCA). The registered manager told us, "The staff have had training around the MCA and DoLS. MCA assessments are in care plans". The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make specific decisions. Policies and procedures were also available to staff on the MCA and Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Although DoLS does not apply in a domiciliary care or supported living setting, the principles apply, but any authorisations for restrictions would go through the Court of Protection. Staff confirmed they had received training on MCA and understood the importance of gaining consent from people before providing care, whilst also respecting people's right to refuse consent.

Staff had received training that was specific to the needs of people, for example in food hygiene, medication, health and safety and equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experience members of staff until they were deemed competent to work unsupervised. One member of staff told us, "The induction went on for three weeks and the training was very good". They also received training which enabled them to provide effective care, for example around the care of people with epilepsy and behaviour that may challenge others. People felt staff were well trained. One member of staff told us, "We update our knowledge and skills, the training is really helpful". Staff received ongoing support and professional development to assist them to develop in their role. Staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns. One member of staff told us, "We can talk about any concerns in supervision". We saw copies of supervision records, and any concerns identified were recorded and actioned by management.

Where required, staff supported people to eat and drink and maintain a healthy diet. One person told us, "Food is ok". Another person added, "Great food". Care plans provided information about people's food and nutrition. The registered manager told us "The staff participate in cooking and we encourage healthy eating". A member of staff added, "We know what people like and dislike for food, and we do shopping for them". The registered manager told us that any specialist diets were respected, and where required people's weight was monitored, and food and fluid monitoring took place.

People received support which effectively managed their healthcare needs. Care plans included detailed information on the person's healthcare needs and how best to provide support. Information was readily

available on the healthcare professionals involved with the person, along with their relevant contact details. The registered manager told us, "I'm confident staff would recognise illness. All healthcare visits are recorded". Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being, and were confident about how to respond to a medical emergency. One member of staff told us, "We are checking people's vitals every day. We would know if somebody was ill". Another member of staff added, "I would recognise someone's physical appearance if they were unwell".

Is the service caring?

Our findings

People receiving care and support from the service told us that staff were kind and caring. One person told us, "In lots of ways it's very nice". A relative said, "The care is outstanding". A further person added, "Fine, I'm happy, no problems".

People were happy with the care they received, and said they saw regular consistent staff that knew them well and treated them with kindness. One person told us, "I like it. It's like one big family". Another person said, "I get two [care staff] in the main. Very good". People confirmed their dignity and privacy was always upheld and respected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors to ensure people's privacy was respected. One member of staff told us, "I shut all curtains and doors and we use care in progress cards". Another member of staff said, "I ensure that all clients are treated privately". The registered manager added, "We talk to staff about dignity and respect on induction. For example, we never want staff to talk over anybody, they should be included in all conversations".

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. One person told us, "I'm able to go shopping on my own, that's encouraged". Care plans provided details on how staff could promote independence. Staff told us how they promoted people's independence and let the person do as much as they can for themselves. One member of staff told us, "I encourage people to do things for themselves". Another member of staff said, "I help people to do all they can and assist them when they need me to". The registered manager added, "We encourage independence. If somebody is able to assist with their laundry, we get them to help. We ask people to help cut vegetable and clean plates. We give staff extra time to support people to do this".

People could express their views and were involved in making decisions about their care and treatment. People's care plans included information that demonstrated how they were supported with making day to day decisions and choices about their care. Staff promoted people's choices and respected their decisions. For example, we saw that one person wished to now be involved in developing their care plans as they now felt able and supported enough to. We saw other examples of people choosing which staff supported them and having their preferences respected. One member of staff told us, "We provide choice. We try to accommodate what they want. They choose and we try our best to help". Another member of staff said, "I respect people's choice, it is not for me to say what they can do". The registered manager added, "We need to offer choice and understand people as a whole. It is a holistic approach to understanding their minds, not just their body. To understand them and treat them accordingly. My world is not their world".

People's confidentiality was respected. Care staff understood not to talk about people outside of their home or to discuss other people whilst providing care for others. Information on confidentiality was covered during staff induction and training.

Is the service responsive?

Our findings

At the last inspection on 18 September 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that people did not receive the care and treatment required to meet their assessed needs, or which reflected their preferences or wishes. After this inspection the provider wrote to us to say what they would do to meet legal requirements in relation to person centred care. Improvements had been made and the provider was now meeting the legal requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were receiving care that was responsive to their needs and staff were knowledgeable about people. All staff we spoke with told us they were able to build relationships and good rapport with people which increased an understanding of the person's needs, due to the fact that they consistently attended the same people. One member of staff said "We get to know the people very well. I can tell you everything you need to know about any of them".

At the last inspection, the rota for care staff to visit people in their homes was accurate or person centred. Times of visits were not kept to and staff had to travel significant distances with inadequate travel time to meet agreed visit times. Since the last inspection, the service had changed significantly and was no longer providing a service to the general community. The service now only provided care to people living in supported living flats and houses. We looked at the rotas for the service and found they accurately reflected the service being provided. People received their care visits when they expected them and the supported living service had adequate numbers of staff allocated to them.

At the last inspection care plans were not up to date and did not contain relevant information to guide staff on providing safe and person centred care. The registered manager told us, "I've completely re-done all the care plans. I have to ensure that the right care is being delivered. It is my mission to keep my clients safe". We saw that this was the case and that assessments were undertaken to identify people's support and care needs. Care plans were developed outlining how these needs were to be met. The care records were detailed and gave descriptions of people's needs and how the staff could meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required. Many of the people we spoke with were not aware they had a care plan, due to their condition. However, one person told us, "I had an assessment last week". Documentation showed that discussions around the care plan formed part of the introduction and initial meeting. There were two copies of the care plans, a copy in the office and one in people's homes. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people including a life history and likes and dislikes. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. In one care plan it detailed that a person had to have their tea made in a specific way and that they would check this. Another care plan stated that staff should ensure that a person is always wearing suitable clothing, as they often stayed out late. The care plan provided information for care staff to involve and encourage the person to remain as independent as possible. Staff we spoke with found the care plans to be

detailed and informative. One member of staff told us "I read the care plans and I assist to update them. We record everything. The information is there and we regularly discuss care and add it to the plan". Another member of staff said, "We look at the care plans and we update information. We either update it or remove it, but we always discuss it". People's preferences around activities and interests were also detailed in each care plan. This included people who enjoyed going out for walks, going shopping and accessing local gyms. Staff told us how they enjoyed the time they spent with people and being involved in their activities of choice.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The people and relatives we spoke with all confirmed they had never had a reason to make a complaint. One person told "Nothing to complain about". Another person told us "I have no complaints or areas that need improvement".

Is the service well-led?

Our findings

At the last inspection on 18 September 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that people were placed at risk as the provider did not have effective systems to monitor and improve the service. After this inspection the provider wrote to us to say what they would do to meet legal requirements in relation to good governance. Improvements had been made and the provider was now meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection, a new registered manager was in post and people and staff spoke highly of the management and felt the service was well-led. A relative told us, "[The registered manager] is excellent". Another relative said, "[The service is] exemplar". A further relative added, "The best in the country, all others should aspire to reach that level". One member of staff told us, "It's family oriented care. We give a flexible service to the clients".

At the last inspection, we found the provider's audits were not taking place and that systems to gain feedback, recognise issues and drive improvement were had not been implemented. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of people. Systems of quality monitoring were now robust, as was other audit activity around areas such as health and safety, infection control, care plans, medication and accidents and incidents. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to improve the quality of the care delivered. We were given examples of improvements made since the previous inspection, such as improvements to the systems for improving the environment of the supported living properties, and improvements to care practice in light of people's feedback. Spot checks took place to ensure that staff provided safe and appropriate care, and records of these checks were completed in order to drive improvement. The registered manager told us, "I carry out unannounced spot checks at all the homes to ensure that staff are providing good care".

At the last inspection, feedback from staff indicated a negative culture with staff feeling demotivated and unsupported, which in turn impacted on the quality of care provided. We discussed the culture and ethos of the service with the registered manager and staff. One member of staff told us, "I am happy working here and the clients get a good level of care in their homes". Another said, "I like working with the clients, I am happy to work here. At the moment this is a great service". A further member of staff added, "I like it here. The manager listens to us. We listen to the clients and we provide good care and a social life for them". People and staff were listened to and involved in developing the service. One person told us, "They communicate quite well". The registered manager said, "We have carried out a staff satisfaction survey and I have meet with all staff in Brighton and Tonbridge to give clear lines of management". In relation to the service, the registered manager added, "I have a commitment to this profession. This condition can happen to anyone and it needs to be cared for. We are a speciality service and we have a good understanding of acquired brain injury. Some people have challenging conditions and we need to understand that, rather than try to change them".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys were carried out, providing the management of the service with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was analysed and suggestions were acted upon.

There was a good emphasis on team work and communication sharing. Information sharing was thorough and staff were encouraged and had time to discuss matters relating to the delivery of care. One member of staff said, "The manager always listens to me and discusses things". Staff told us that meetings took place regularly and they were confident to discuss ideas and raise issues. One member of staff told us, "We have regular handover meetings and pass on all the information about the clients between shifts. All information is shared in staff meetings". Another member of staff said, "We have regular meetings about the clients". The registered manager added, "I want staff to talk to me all the time, I am very approachable".

Staff said they felt well supported within their roles and described an 'open door' management approach. One member of staff said, "[Registered manager] is very approachable. I can go to her at any time. She is very supportive and helpful". Another member of staff said, "The manager is supportive and understands us". Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We are a really good team I'm proud to say. We all support each other". Another member of staff said, "It's a good place to work. I feel very supported".

Mechanisms were in place for the management of the service to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff. We saw that the service also liaised with the Local Authority in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The care manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.