

Swanton Care & Community (Autism North) Limited

Eastholme

Inspection report

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Date of inspection visit:
05 August 2019
07 August 2019
13 August 2019

Date of publication:
03 September 2019

Ratings

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

Summary of findings

Overall summary

About the service

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence.

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

Relatives and people told us they were happy with the service. One relative told us, "[Person] seems very content and happy." The provider had systems in place to ensure people remained safe. Staff had completed safeguarding training and were aware of the provider's whistleblowing process. Risks had been identified and managed. The provider ensured checks were in place to maintain the safety of the home.

People received support to take their medicines safely. The provider ensured staff employed were suitable with the right skills and experience to support people living at the service. Enough well-trained staff were available to ensure people's needs were met.

Staff treated people as individuals with compassion and kindness. The provider had a clear ethos which staff spoke proudly about. Staff told us they were supported by the management team.

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.

We observed many happy interactions between people and staff. Staff clearly knew people well and were knowledgeable about people's life histories, family structures, preferences and care and support needs. We observed staff seek permission before supporting people.

Care plans were person centred and provided staff with clear information on how to support people in line with their preferences. People were supported to take part in activities and interests they enjoyed.

The provider had an effective quality assurance processes to monitor the quality and safety of the service provided.

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 21 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service and inspect in line with our re-inspection schedule for services rated good.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

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 well-led.
Details are in our well-led findings below.

Good ●

Eastholme

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

One inspector carried out the inspection.

Service and service type

Eastholme 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 the manager and the provider are both 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 48 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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We looked at the care records of two people, a sample of medicines records and other records related to the

management of the service. We spoke with two relatives of people using the service. We also spoke with the registered manager, deputy manager, two team leaders and two staff members. We received written feedback about the service from one healthcare professional.

After the inspection

We contacted three relatives and one healthcare professional to invite their feedback about the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us they felt the service was safe.
- Staff demonstrated a good understanding of safeguarding and understood their responsibilities to protect people from harm.
- The registered manager understood their responsibility and had referred safeguarding concerns to the local safeguarding authority and the CQC.

Assessing risk, safety monitoring and management.

- Risks continued to be managed safely. Risks were identified and managed, so people were kept safe whilst still promoting independence.
- Health and safety checks were carried out to ensure people had a safe environment.
- People had a personal emergency evacuation plan (PEEP) in place to help evacuate people safely in an emergency. We noted information included in the PEEPs and medication records within in an emergency grab bag were inaccurate and out of date. The registered manager advised that they had asked staff to change the information but that this had not been actioned. They ensured this was corrected immediately.
- Care plans were in place which provided guidance for staff for the management of behaviours that challenged when a person may become agitated or distressed. Staff knew people well and were able to pre-empt situations.

Staffing and recruitment

- Staffing levels were determined by the number of people using the service and their needs. Additional staff were deployed when people were on activities in the community or attending medical appointments.
- The provider continued to operate an effective recruitment process to ensure suitable staff were employed. This included obtaining satisfactory references and checks with the Disclosure and Barring Service (DBS).
- The registered manager advised that people were supported to be part of the interview process.

Using medicines safely.

- Staff members completed medicines training and received three observational practises before being allowed to administer medicines.
- Medicines records were completed and accurate. These showed people received the medicines they needed at the correct times.
- Staff were aware of STOMP, a national initiative for stopping the over medication of people with a learning disability, autism or both with certain medicines which affect the mind, emotions and behaviour.

Preventing and controlling infection

- Staff had access to protective personal equipment such as disposable gloves and aprons.

- The registered manager completed a monthly infection control audit ensuring standards remained constant.

Learning lessons when things go wrong.

- The provider monitored safeguarding concerns and accidents and incidents for trends or patterns for lessons learnt. Learning points were cascaded to all the provider's services.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to live at the service. The people currently living at the service had been resident there for many years.
- Information gathered during pre-assessment meetings was used to create people's care and support plans. These set out people's needs and how they preferred to be supported.

Staff support: induction, training, skills and experience

- Training, supervision and appraisals were up to date. Training was a mix of eLearning and face to face sessions. One staff member told us, "We are at 100% complete, we have completed all our training and more. I have also done other training above what we have to do."
- The registered manager used supervisions and team meetings to deliver additional learning. We observed staff were supportive of each other and worked well together.

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

- Staff promoted a healthy, balanced diet and prepared homemade meals for all. We observed people asking for drinks and staff encouraged people to help as much as they were able to do safely.
- Care plans outlined people's preferences and people were regularly consulted in the planning of the four-week menu.
- People and staff chose to eat together at mealtimes. Staff were attentive to people's needs and offered support when required. People had access to specialist equipment to enable them to remain independent.

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

- Records showed people had access to health professionals including doctors, dentists and opticians when needed to maintain their health and wellbeing. One relative told us, "[Person] is in good health and that is down to their support."
- People were supported to attend an annual health check. We noted people were not receiving gender specific healthcare screening. No records were available as to how this decision had been made and if it was in people's best interest not to have the screening tests. On the second day of inspection the registered manager had started to address this matter.
- People had hospital passports readily available to support them if they required emergency care in hospital. We noted some contained more detail than others. The registered manager advised they would address this.

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

- The service had a homely feel. People had space to socialise with others, engage in activities or spend time alone if they wished.
- People were supported to personalise their rooms to their own tastes and preferences.

A large accessible garden was available, with a hot tub which a relative had recently purchased. The service had plans to make improvements and develop a sensory area.

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.

- Prior to the new registered manager being in post the provider had allowed two people's DoLS to lapse.

The registered manager had identified this lapse and immediately made the appropriate applications.

Effective monitoring systems are now in place.

- Staff had completed MCA training and had good understanding of consent. We observed staff supporting people throughout the inspection to make day to day decisions and choices. One relative said, "Staff fully involve [Person] in choices about their clothes, room and activities."

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

- People appeared relaxed in the company of staff. We observed staff interacting with people in a friendly and respectful way. One relative told us, "[Person] appears contented and happy."
- Staff were attentive to people's needs and actively encouraged people to take part in daily tasks and activities within the service.
- One healthcare professional told us, "It's always a relaxed homely environment at Eastholme." They remarked that staff engaged patiently with people.
- Staff were knowledgeable about people's family structure, life histories, care needs, likes and dislikes. They were aware of people's preferred communication and non-verbal signs of communication.
- The provider had an equality and diversity policy in place and staff had received training in the subject enabling them to protect both people and staff against discrimination.

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

- People were supported to make every day decisions for themselves including how to spend their time, what to wear and what to eat and drink.
- People had regular meetings with their keyworkers where they were supported to express their choices and make decisions.
- No one was using an advocate at the time of inspection. The registered manager told us that most people had relatives who advocated on people's behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff were mindful of people's dignity and took care to ensure people were always appropriately dressed.
- Staff respected people's right to spend time alone and be private when they wanted to be. One relative told us, "Staff are respectful and allow [Person] to have a calm atmosphere and a private room."
- We observed staff encouraged people to be as independent as they wanted to be. Care plans outlined what people could do for themselves and guided staff to support appropriately without taking over.
- 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

- Care plans covered people's histories, preferences, healthcare and support needs. These described how the person preferred to be supported.
- Additional care plans were created for specific health needs such as epilepsy.
- Positive Behaviour Support (PBS) plans were in place to support people. PBS is a person-centred approach to people with a learning disability, who present behaviours which may challenge. It involves understanding the reasons for the behaviour and considering the person as a whole, including their life history, physical health and emotional needs to design specific ways of supporting the person.
- The registered manager told us how through PBS one person was supported to have a positive outcome and had reconnected with a relative. One relative told us, "I have seen massive changes in [person] since the new manager arrived the staff have always been amazing."

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

- Staff assisted people to maintain relationships important to them. People were supported on visits to their families. One staff member told us how the introduction of listening to music which a relative preferred had enabled a person to stay longer during visits.
- Staff developed individual weekly activity planners that reflected people's interests. One person was supported to access horse-riding weekly. One staff member told us, "[Person] lights up when they are there, it brings them to life, they love it."
- Relatives told us people were supported to maintain their interests and encouraged to try new things. Staff told us how they monitored people's level of interest and participation and suggested new ideas based on people's likes.
- People were encouraged to be active, we observed people playing a game of swing ball in the garden. We saw pictures of people enjoying a visit to a sensory facility and gateway wheelers, a disability cycling group. People were supported to go out for meals and to use local shops and visit areas of interest.

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.

- The service used a range of accessible information standard formats to support people in expressing their choices and decisions.

- The registered manager told us how the use of photographs of the person rather than cartoon imagery within care plans aided better recognition for the person. The service had started to use this within some care plans.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was available in various formats, such as easy read and pictorial.
- One complaint had been received in the last 12 months. The registered manager had investigated the matter and responded appropriately. Relatives we spoke with told us concerns raised were always dealt with.

End of life care and support

- The service was not providing any end of life support at the time of our inspection.
- The registered manager recognised that it was important to understand what peoples wishes might be and advised that they would consult with people and their relatives.

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 remained the same Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives we spoke with were complimentary about the management of the service.
- Staff told us the management team had brought positive changes to the service. They told us the registered manager was supportive and promoted their development. One staff member told us, "You can go to [The registered manager] for anything, they listen to you."
- The registered manager was passionate about providing great quality care. Staff spoke proudly about the provider's ethos and how this underpinned their work. One staff member told us, "I come in here with a smile each day and try and make a difference for people."
- The provider operated a reward and recognition scheme for staff who had been nominated for going above and beyond for the people their support. We saw staff were nominated for organising a birthday party for a person and for working with people in their own time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a range of review processes to monitor the quality of the service. The registered manager also completed a full monthly audit which when required produced an action plan with a clear timeline for completion.
- The registered manager attended regular manager meetings were good practise and lessons learnt were shared. They had recently led a 'Crafternoon' which used craft sessions to increase knowledge and awareness for mental health. It explored anger, mindfulness, anxiety, and being mentally healthy for staff and people.
- The registered manager was currently undergoing a degree in Positive Behaviour Support with Northumbria University. They were proactive in passing their knowledge on to staff.
- The service had notified the CQC of all significant events which have occurred in line with their legal responsibilities.
- The provider had met the legal requirements to display the services latest CQC rating in the service and on their website.

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

- The registered manager demonstrated an open and transparent approach to their role. Staff told us the registered manager encouraged staff to reflect on their practice and look for areas to improve the service.

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

- The provider encouraged feedback from relatives, staff and people. Staff completed a yearly survey, the results of which we saw were positive. A new feedback card had been introduced which was offered to all visiting the service.
- The registered manager held 'Family introduction' meetings when they first came to manage the service, with the aim of getting to know the families and advising them of the change in management.
- Relatives told us that they were kept fully informed about their family members. One relative said, "The management are very keen to have our input, we feel very included."

Working in partnership with others

- The service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support.