Swan Housing Association Limited

The Cannons

Inspection report

25 Layer Road
Colchester
Essex
CO2 7HT

Tel: 01206282819

Date of inspection visit:
09 November 2017

Date of publication:
12 January 2018

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

The Cannons provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using The Cannons receives the regulated activity of 'personal care'; which involves help with tasks related to personal hygiene and eating. CQC only inspects the service provided by people receiving 'personal care'. When looking at the care these people receive we also take into account any wider social care provided.

The Cannons is comprised of 38 units on one site. Most of the units are self-contained flats within a central building which also houses the communal facilities. There are four bungalows in the grounds which are also part of the service. The main offices are based in the main building which also has a number of communal facilities, including a laundrette and dining area. At the time of our inspection there were 36 people living at The Cannons.

The inspection took place on 9 November 2017 and was announced.

A registered manager was in post. 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 manager was a strong and effective leader who promoted a person centred and open culture. There were innovative and comprehensive measures in place to check on the quality of the care provided which involved staff and people at the service. There was a clear vision for the service and a commitment to developing high quality care, in line with best practice. The provider and manager worked well with external partners to ensure people received a consistent service.

People were enabled to minimise risks to their safety while retaining their independence, where possible. There were sufficient, safely recruited staff to support people and meet their needs. The manager constantly evaluated staffing numbers to ensure the service responded to any changing needs. Staff advocated for people where they were concerns about their safety. People received personalised support with their medicine. Staff supported people to minimise the risk of infection.

Staff were skilled in providing care for people in which met their individual needs and good practice was promoted throughout the service. Staff provided flexible support to enable people to have enough to eat and drink. People's on-going wellbeing was monitored well and where necessary they were supported to

access input from external health and social care agencies. The manager and staff actively promoted people's right to make choices and monitored people's capacity to make decisions about the care they received.

Staff developed positive relationships with people and provided support which was caring and enabling. People were treated with respect and their human rights and dignity was promoted. Where necessary, people had access to advocacy.

Care and support had been developed in consultation with people and was outlined in clear plans to staff. Support was tailored to people's needs and reviewed and amended as necessary. People felt able to raise concerns and these were responded to promptly and effectively.

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.

There was a culture of promoting people's freedom, while effectively minimising risks to their safety.

Staffing was deployed safely and flexibly to meet people needs.

There were safe systems in place for the administration of medicines and prevention and control of infection.

Is the service effective?

Good

The service was effective.

Staff were enabled to develop their skills to meet people needs.

People were supported to maintain good health and wellbeing and to eat and drink in line with their preferences.

People's capacity to make decisions about their care was monitored effectively.

Is the service caring?

Good

The service was caring.

Staff developed positive relationships with people

People's dignity and privacy was respected.

Is the service responsive?

Good

Support was personalised and responsive to changing needs.

People and families were confident their concerns would be dealt with well.

Is the service well-led?

Good

The service was well led.

The service was led by a strong and committed manager who

promoted a person centred culture.

Measures to check on the quality of the service were innovative and comprehensive. Lessons were learnt from mistakes, feedback and quality checks and improvements made to the service.

The provider and manager worked well with other organisations to ensure the service functioned well.

The provider and manager worked well with other organisations to ensure the service functioned well.

The Cannons

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 checked 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.

The inspection took place on 9 November 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

One inspector and an expert-by-experience carried out the inspection. 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 Expert by Experience had experience of providing support to older people.

On the day of the inspection we visited the service and spoke with the registered manager, the deputy manager and the Head of Care Services. We met or spoke with six members of care staff. We visited or met with seven people in their flats but also met a number of other people informally during our visit, for example in the dining room. We had email contact with three health and social care professional to ask them about their views of the service.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. This is information about important events, which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at three people's care records and three staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

People had the choice to select another care agency to provide their care. At the time of the inspection all the people at the service chose to have care provided by Swan Housing. There were seven people who did

not require personal care at the service, though staff continued to provide a 'peace of mind' service which helped monitor their welfare and wellbeing.

Since we last visited the service there had been a change in the registration details of the service with the Care Quality Commission (CQC), which meant The Cannons was registered as a new service in 11 November 2016. However, this new registration was due to an administrative change, which transferred the registered address of the service from the head office of the organisation in Billericay, to the actual address of the 'extra care' scheme in Colchester. The registered manager remained the same and there was no tangible impact on the people at the service from this administrative change.

Good

Is the service safe?

Our findings

There was a positive culture at the service where people were enabled to remain safe whilst their independence and freedom was respected and upheld. A person told us, "I do feel safe here, I am well looked after and I have everything I want."

Training in safeguarding people from the risk of abuse was comprehensive and promoted a culture where staff had a good awareness of how to monitor people's safety. The provider encouraged open communication and staff knew who to contact within the organisation if they wanted to raise concerns. They were less aware of who to contact if they had concerns and felt they could not speak to anyone within the organisation. We looked at the staff internet pages and found there was no clear guidance and contact details for external organisations. We discussed this with the area manager who agreed to address this promptly.

During our inspection we became aware of a number of incidents where staff had advocated for a person who was at risk from outside contacts. Staff were cautious about who they handed information to and had the person's safety as a priority. Staff had also highlighted concerns regarding a person who was declining support as they became concerned regarding why they were neglecting themselves. A member of staff said, "We are all quite good at communicating and can pick up on people's moods." This meant they were able to monitor where they were concerned about a person's safety.

We spoke to the member of staff who had been recently selected as a 'safeguarding' champion. They attended meetings with other Swan Housing staff from other services to discuss any on-going concerns and find out about good practice, which would help promote peoples' safety. The manager ensured all concerns were investigated fully and relevant outside professionals were alerted as required.

Risk had been assessed and managed well. Staff followed daily routine forms for a quick overview of what support people needed. These forms highlighted where there was a risk assessment associated with any particular area of support, such as where a person needed support to prevent their skin deteriorating.

Manual handling care plans were of a good quality and provided specific advice to help staff keep people safe. For example, one plan gave the exact colour loops to use when supporting a person when transferring with a hoist. One person needed to be assisted to get out of bed and they told us, "The carers are very careful at how they handle me, I feel very safe with them."

Aids and adaptations were used positively to maximise people's independence. One relative told us, "My family member had a fall and couldn't use their buzzer as they had fallen on it. Working with the manager, they've got a wrist buzzer to use whenever they need help."

During our visit there were enough staff on duty to meet people's needs. We were not aware of any call bells ringing and people told us staff attended to them in a timely manner when they called for assistance. A person said, "It's lovely here. It's all very safe; they're quick to answer when I use my pendant." We tested a

call bell and the call was answered within a few seconds, by a member of staff on the telephone who was available to attend in person if necessary, If a call bell was not answered quickly enough the call diverted through to a local council call centre. The manager was able to check electronically whether there had been delays in attending to a person promptly.

There was one member of staff on duty between 11pm and 7am who provided a support service focussed on people's safety and welfare. For example, night staff would assist a person to call 999 or 111 if there was a concern. If a person had on-going complex care needs, for instance they required care from two members of staff then they would need to set up a separate care visit with additional staff. One person said, "I feel very safe, but I am concerned for the carer on shift at night, I do worry about her." We did not speak with anyone, or find an instance where a person had their needs unattended at night.

The registered manager was able to demonstrate a rationale for the night-time staffing numbers and people's needs constantly evaluated to ensure there were enough staff on duty. During our visit there were no people at the service with a separate overnight care visit, though this was under close review as people's health and independence deteriorated. Demand on night staff was logged and analysed to enable the manager to trigger for requests for additional support where necessary.

There was a comprehensive risk assessment for staff who worked alone at night with clear protocols aimed at maximising their safety. Following a recent review of the protocol night staff had been provided with improved mobile phones to enable them to swiftly call for additional support if necessary.

There was an effective recruitment process in place for the safe employment of staff. Staff confirmed they did not start working until the necessary checks such as satisfactory Disclosure and Barring Service (DBS) clearances had been obtained. When the manager needed to source extra staff, they mainly used a care branch within the Swan Housing Association umbrella of services. This meant staff who came had an understanding of the culture and expectations of the organisation.
People received their medicines safely and as prescribed. We observed people being supported with taking their medicines and found staff were very knowledgeable about medicines, for example, they knew the personalised needs of the person they were supporting in this area.

Care plans gave staff clear advice about the support needed when administering medicine, for example, staff were told whether a person needed physical support or just verbal prompting. Staff also had clear advice in care plans when a person was independent when taking their medicines. This enabled staff to provide a safe level of care whilst maximising people's independence.

There were regular competency checks of staff administering medicines, which picked up when there were gaps in records and where further training was needed to ensure they had the right skills and knowledge required.

People were protected by the prevention and control of infection. Each flat was the responsibility of an individual and staff upheld their rights to look after their home as they wished. We noted however in discussion with staff and in team meeting minutes that staff were aware of instances where a person's flat was placing them at risk of infection. In these instances, appropriate support was provided to each person. For example, staff had referred a person for support in helping them clear their flat.

Staff had clear guidance about minimising the risk of infection, for example through the use of gloves. This was carried out well and in addition, we observed a member of staff wash their hands between providing personal care and administering medicines. There were on-going checks to ensure staff were following the

required guidance.

There was an open culture, promoted by the provider and manager, which meant staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate incidents and to learn from these.

Good

Is the service effective?

Our findings

People needs were assessed fully to ensure staff had the necessary guidance to provide care in line with legislation and nationally recognised and evidence based guidance. The service benefitted from being part of a larger organisation, which promoted best practice, and offered staff opportunities to develop their skills both within the service and across the wider organisation. For example, the service had signed up to 'The Social Care Commitment', which is a commitment to provide people who need care and support with high quality services. In practice, this involved activities such as recruiting the right staff, having a thorough induction, ensuring a strong culture that values dignity and respect and effective communication. In our inspection we found staff and processes met the standards outlined in the commitment.

We observed staff supporting a person to transfer with the use of an aid and noted they were confident and knowledgeable. They communicated at each stage with the person involved. They also communicated very well with each other, when the transfer became more complex as the person unexpectedly needed help with personal support. They had the knowledge of how to adapt the transfer so the person remained safe and was treated with dignity. We noted that the care plan and risk assessment mirrored the support we had observed. After the support had been completed the person said, "They look after me well, they do."

Staff were enabled to develop the skills required to meet the needs of the people at the service. Training had been further improved in the last year, with an increased focus on supporting people with dementia, which recognised this was an area of increasing need among people at the service. There was a mandatory training programme, which provided tailored computer-based learning for staff, with additional face-to-face courses in more practical areas such as moving and handling, infection control and medicine administration.

Before they started working in the service, staff completed an induction that provided them with the training they needed to meet people's needs. Induction with staff included a briefing by senior staff about the differences between extra care and other types of services. A member of staff told us they had met all the people living at the service whilst they were still shadowing another more experienced member of staff. "I did a late and an early shift and the staff told me about all the different needs, right down to how people want they cup of tea." A person told us, "When new carers come there is always a period of shadowing with an experienced carer until they know what they're doing with me – and there always seems to be a lot of training going on for the staff".

Staff were supported to develop their skills, including any areas of interest or expertise, such as mental health. There were good records to track staff members' skills, for example a member of staff had been observed serving a meal and using a hoist. The observation had included looking at whether the staff member offered choice and communicated well. Where there were gaps in knowledge staff were supported to develop their skills further, this included agency staff.

Staff told us they met regularly with senior staff for supervision meetings where they discussed any training needs and other issues. There were also regular staff meetings where staff raised any concerns regarding the

people they supported and shared good practice. A member of staff told me, "The team are lovely and were welcoming and helpful, even when I was an agency staff." Staff had a "break out area" which provided them with somewhere to spend time together between visits.

People were supported to eat and drink in line with their needs and preferences. Each person had a personalised plan around where they wanted to eat their meals. They had a choice of purchasing a hot meal at lunchtime, which was provided onsite by an outside catering company. Staff supported people to communicate with the caterers if necessary. Staff raised healthy eating awareness with people who used the service, using guidance sourced from a national charity. The manager explained the importance of advising people over healthy eating while still supporting people's independence in this area. They said, "We will make sure the kitchen know someone has diabetes but in the end if someone choses to have sticky toffee pudding, then it's their choice."

During the meal in the communal area, we observed staff were unobtrusive, enabling people to manage independently. The meal was only attended by five people, who were predominantly more able people. During our inspection we were told by people and families that they missed some of the communal events, which used to be arranged at the service. We were told by the manager that the other people at the service had chosen not to have lunch together on that day. They agreed to continue to review this to ensure all people had equal access to the support needed so they could come to the communal dining room for lunch, should they wish.

Staff worked and communicated well within the team and with outside agencies to ensure people maintained good health. This was done with respect for people's rights to make their own decisions. For example, staff had been concerned about the risks of alcohol consumption due to level of medication a person was on and so they sought medical advice. We were told ultimately the person had the right to make their own choices, however staff wanted to make sure they could offer advice regarding any risks.

Staff had an important role of monitoring people's wellbeing, for example, whether they were eating enough and made referrals to outside professionals as required. We could see from care records that staff were pro-active in this role. A member of staff described how they had made a referral to a GP when they were concerned a person had a urine infection. Another person had been referred to a memory clinic when staff had been concerned regarding their memory loss. People's wellbeing was considered in a holistic way, and included monitoring their mental health. One person's care plan stated, "It has also been noticed that [Person] is becoming quite emotional at times, staff to keep an eye on it."

Staff completed a useful log of any involvement from professionals, which helped monitor outside involvement over time. For example, where staff had made referrals to the GP on a regular basis for a person whose health was deteriorating. Staff had also supported a person to order new mobility equipment and were able to track to order through the system.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). This 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. The manager told us all the people at the service had the capacity to make decisions about their care, though some received support to manage their finances. However, training and awareness was good in this area and the manager was constantly reviewing peoples capacity with staff and was aware of their legal responsibilities should a person's capacity alter in the future.

Good

Is the service caring?

Our findings

We received positive feedback from all the people we spoke to about how caring staff were. One person told us, "The staff have time to talk with me which is lovely. There all nice and friendly". As we were visiting a person in their flat, there was a knock on the door and a member of staff called out "It's only me, just checking you're OK?" We observed that this interaction was relaxed and reflected a trusting and warm relationship.

People told us staff were not purely focussed on the task in hand. For example, one person said, "When the carers prepare my meal, they chat along to me and I learn about all the things they've been doing and what's going on. They're all very friendly and we have a laugh."

Family members were equally positive and told us, "Well, I can only give it 10 out of 10. The staff are helpful and have got to know my relative very well, and the ladies in the office are excellent. They keep in very close contact with us, and I always know what's going on" and "It's marvellous here. I couldn't be happier – staff are excellent. My relative is very safe and I'm so content that I know they are in a really nice place with lovely people looking after them."

Staff promoted people's independence, for example whilst supporting a person to transfer to a wheelchair; staff asked a person if they wanted to use the remote control to tilt their chair. At one point we were visiting a person with a member of staff and on leaving the staff asked the person if they wanted the light turned off, which demonstrated a respect that this was their home. A family member told us, "Our relative has even become far more mobile since being here; it's been great to see them regain some independence."

We saw in the literature produced by the organisation that one of their values was, 'Accommodating individual differences without censure.' We found this value was demonstrated by all staff we spoke to. We saw a good example of this when staff had supported a person make decisions about the care they received, despite this decision being different from that of their family members.

People had excellent support in expressing their views about the service they received and staff advocated for them to make sure they could make decisions about their care. We were given an example where a person had been referred to an advocate in the past and the manager said they considered and offered this option to people, where appropriate. An advocate supports a person to have an independent voice and express their views.

People were treated with dignity and staff spoke about them with respect. We noted that the registered manager led by example in this instance and continually referred to people's rights and independence. Care plans were written in manner with promoted this culture. For example, a person's care plan stated they did not like their name being shortened, and we observed they were referred to by staff with their full name.

People's privacy was respected. We observed staff shutting blinds when they entered a person's flat to provide personal care. On another occasion, we noticed a person unexpectedly needed support with

personal care, when they were being supported to go for lunch. The two members of staff involved were calm and unhurried, chatting to them about a recent visitor and supporting them in a dignified way.

Good

Is the service responsive?

Our findings

Care at the service was personalised as staff had spent time with people to agree an individual timetable of visits and support, which was adapted flexibly as people's needs changed. A family member told us, "I come in everyday, but if I can't get in the staff here are very flexible and they change their schedules around." A person told us, "I can't get to wash my back and legs any longer, so the carers help with a wash and they're all very kind and treat me very well." People at the service had a wide range of needs and staff adapted their support in a person centred manner. We observed a member of staff engaging and monitoring a person with mental health needs on their way to provide another person with support with taking a shower.

Care plans were of a good quality and detailed the personalised service and support people needed, for example, whether they preferred male or female staff. We were told the support was provided flexibly and in a positive manner. A family member said. "The staff are all friendly and really can't do enough for you. They have a laugh with [Person] as they don't want male carers doing personal care, and they have all have a joke about it." The person joined in the conversation and said, "It's lovely here." Another person had stated they preferred a male member of staff for showering. The manager told us they have few male members of staff but that these focussed on providing support where a male had been requested.

There was a concise profile of people's needs and preferences, which was attached to the daily timetable. Though largely task based, the daily timetable had been personalised in line with a people's needs and preferences, for example, a person's plan stated they liked a "very thin amount of marmalade" on their toast. However, by attaching the profile of the person to the timetable staff were reminded to constantly consider the person, and not just the task. An outside professional told us, "I have always found the care delivered to be person centred and respectful of individual need and wishes."

Senior care staff carried out regular reviews of people's care. There was an effective system in place for communicating to staff when adjustments were made to peoples' care plan. For example, when a person was assessed as not being able to stand safely and needed a hoist for all transfers. The change was clearly highlighted to staff and directed them to further guidance as required.

There was a complaints procedure in place and any complaints were responded to promptly and logged for future learning. People told us that they knew how to make a complaint and were confident that any concerns would be addressed. People told us, "If there's ever a problem I just go to the office and they attend to it immediately – they are so good at sorting things out" and "I don't have anything to complain about really, but if there is ever a problem, I just go along to the office and tell them, they're always very responsive. But to be honest, I don't have many problems here".

Whilst there were no people being supported at the end of their life on the day of our inspection, staff had attended improved training which had developed their knowledge in this area. We saw that people had plans regarding whether they chose to be resuscitated, if required and these plans had been reviewed and updated if required. We saw from the development plans for the service that there was a commitment to promoting and enhancing end of life care.

Good

Is the service well-led?

Our findings

The registered manager had an excellent understanding of the 'extra care' model of service and had ensured staff understood their roles and responsibilities within the service. The manager constantly promoted a culture where staff respected the rights of the people at the service to maximise their independence in their own homes. As a result of this effective management, people achieved good outcomes at the service.

Feedback about the registered manager and deputy manager was overwhelmingly positive. They had been there for a number of years and had developed a stable and complementary leadership team. A person told us, "The manager and deputy manager are really friendly and lovely people. It just suits me very well, they look after me well and I'm happy here." Staff were equally positive, describing the manager as flexible and supportive.

There was a high commitment to providing high quality care and there were a number of ways of monitoring the quality of the care at the service. There were effective systems to track the observations, spot checks and reviews of care and risk, which had taken place. The manager had implemented a practice where all staff regularly carried out observation of other staff competence and carried out quality assurance checks at the service. This represented an exceptional commitment to ensuring staff shared responsibility for driving improvements at the service. One member of staff had also carried out a spot check of the manager, which reflected the open culture within the service.

One of the observations of an agency staff member's practice had led directly to an improvement in the quality of their skills. The manager had worked extremely well with the agency to develop the member of staff's confidence. Another observation of a member of staff using a commode had resulted in them being booked onto a refresher manual handling course.

The provider had a dedicated contracts and compliance officer who carried out formal audits of the quality of care. Senior staff had responsibility for more regular checks, such as weekly checks on all equipment at the service, such as hoists and commodes. In addition, the head of service visited the service frequently and knew people and staff well. They provided support to the manager, for example, they attended some complex reviews of people's needs or key meetings with outside organisations. They also carried out observations of practice and were able to highlight and discuss any concerns with the manager. The nominated individual, who is the provider representative for the service, was highly committed and pro-active. They had recently met individually with each member of staff, following concerns raised at another service to ensure staff did not have any concerns.

There were varied ways of involving people and receiving their feedback. The manager told us, "Head office regularly send out questionnaires to the residents and family, and we act on that feedback." Resident meetings were arranged by the landlord. The manager told us they attended these to avoid duplication. They said, "I do sit in on the meetings and act on any issues that come our way form the meetings."

The registered manager was always striving for a better service and promoted an innovative culture, which

was evident in their involvement of people at the service. As part of the regular quality checks carried out by all staff, people being supported were asked what their experience was of receiving care. The manager had received feedback that some people were finding this process tiresome so the manager was developing staff skills at gauging peoples' feedback in a relaxed and more informal way. People could also choose to opt out of being involved in quality checks.

The service benefitted greatly from being part of a wider large organisation and there was a positive culture of learning from mistakes, incidents and complaints. We noted that many of the logs, such as for complaints and safeguarding were held centrally and so it was difficult for the manager to demonstrate how they had learnt from these at a local level. The manager met with senior managers from the wider organisation on a regular basis to discuss local issues, including concerns such as complaints and safeguarding. After our visit the Head of Service advised they would use these meetings as an opportunity to log issues, which were specific to the service to ensure improvements were focused on the needs of the people living there.

Key to the role of the registered manager was the ability to work in partnership with local partners such as the local council who managed the property and the outside catering company. We found during our inspection that the service run exceptionally smoothly, despite the many organisations involved. The collaborative style of the manager and provider was central to this. We contacted representative from a number of outside organisations and received positive feedback, which demonstrated positive working relationships.