

Swanton Care & Community (Autism North) Limited

Seaham View

Inspection report

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01 September 2022
05 September 2022

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Ratings

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

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

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

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service on the whole supported this practice. In various ways people were regularly asked for their opinions and gave them freely.

People were supported safely with medicines. Infection prevention and control reflected good practice. Staff enabled people to access specialist health and social care support in the community. People had accessed preventative services such as screening for health conditions.

Right Care

Staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Where people had support, this was flexible, available when they needed it and to the level they needed. Staff understood and responded to people's individual needs. Staff understood people's individual communication needs.

Right culture

The service was open to new ways of working and ongoing improvements were introduced to promote independence and inclusivity. People received good quality care, support and treatment because trained staff could meet their needs and wishes. Additional training needs were explored with staff and provided to meet people's needs. Staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care. Staff were aware of and working to best practice guidance for supporting people with a learning disability and/or autistic people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 February 2020). At the time we found

the service was in breach of one regulation regarding the effectiveness of the service's quality assurance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

We assessed whether the service is applying the principles of Right support right care right culture. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seaham View on our website at www.cqc.org.uk.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Seaham View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector carried out the inspection. An Expert by Experience made telephone calls to relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Seaham View is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Seaham is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 August and ended on 5 September 2022. We visited the service on 24

August, 1 and 5 September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 22 February 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided, met four other people and contacted nine relatives.

We spoke with the registered manager, deputy manager, team leader and three care staff members. We also received feedback from all the staff.

We reviewed a range of records, which included three people's care records, staff files and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection risks to people had not always been identified and managed. Systems were either not in place or robust enough to demonstrate safety was effectively managed. Enough improvement had been made at this inspection and the provider was no longer of regulation 17.

- Staff understood people's needs and how to manage any presenting risks. Risk assessments were in place, which in general outlined all presenting issues. We discussed how to enhance and develop these documents. The registered manager acted immediately to start enhancing the risk assessments.
- The service does not use a nurse call system, which meant staff needed to shout to summon assistance. In some parts of the service this could present a risk to staff and people. The registered manager immediately completed a risk assessment of the building and put measures in place, such as personal alarms to ensure staff could more readily summon assistance.
- Staff managed the safety of the living environment, and equipment in it, well through checks.

Staffing and recruitment

- The provider made sure there were enough staff to meet people's individual care package. There were enough staff to provide support throughout the night and day as well as one-to-one support to take part in activities. One person told us, "The staff are great, and I can go out when I want as there are always staff around to go with me."
- Staff recruitment and induction training processes were effective. The provider had introduced an electronic system for managing recruitment and this thoroughly covered all the legal requirements.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Using medicines safely

- Staff followed systems and processes to administer, record and store medicines safely. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

- People received safe care because staff managed incidents affecting people's safety well and learned from them. There were very few incident or accidents, but staff knew how to recognise and report any concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's visiting policies and procedures adhered to current guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.
At the last inspection support plans referred to capacity assessments but these were not available. There were no records to show 'Best interests' decisions meetings had taken place. There were no records to show restrictions such as having one-to-one support at all time and in the community, as well as limiting access to monies had been considered under the MCA. Governance systems had not identified these deficits. Enough improvement had been made at this inspection and the provider was no longer of regulation 17.

- Staff had received training around the Mental Capacity Act 2005 and associated code of practice and felt confident applying this in their practice.
- The registered manager ensured capacity assessments and 'best interests' decisions were in place. One-to-one support was captured in the generic consent to care document, but further work was needed to ensure this clearly explored whether people were consenting to having this additional restriction in place. The registered manager acted immediately to ensure this was rectified.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Staff completed assessments of each person's physical and mental health. The provider was in the process of identifying an electronic care record system and the management staff aimed to ensure the new assessments captured information about how positive changes in people's lives and their improved quality of life had been achieved.

- Staff had received relevant and good quality training in evidence-based practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff encouraged people to be involved in preparing and cooking their own meals. Staff also encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals, as needed, and helped to live healthy lives.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

At the last inspection governance systems were not effective. Enough improvement had been made at this inspection and the provider was no longer of regulation 17.

- The registered manager maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The registered manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed.
- Staff were passionate about providing good care outcomes and took ownership for their practice. They understood their roles, responsibilities and their accountability.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted a positive, person-centred culture. The registered manager and staff put people's needs and wishes at the heart of everything they did. One person said, "The manager is really good and so helpful."
- People told us the registered manager was approachable and acted swiftly to address any issues.
- The service involved people and their families in discussions about individuals care and support needs.
- The provider and registered manager regularly reviewed the systems and processes in the service to determine if improvements could be made. Action plans were used to identify and monitor where changes were required and how these could improve the service.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.