

Swanton Care & Community Limited

Eden View

Inspection report

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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

Eden View provides accommodation, nursing and personal care for up to 10 people, who have a learning disability or acquired brain injury. The home is built on two floors and has a number of both large and small sitting and dining areas where people can choose to sit. At the time of this inspection there were nine people living at the service.

At our last inspection the service was rated as good. At this inspection we found the service remained good.

At the time of our inspection, the two people who were registered as the managers of the service were no longer working in the service. We were still waiting to receive an application to cancel their registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was a newly appointed manager in post who was in the process of applying for registration.

People continued to be safe because potential risks to people were assessed and minimised and staff understood their responsibility to protect people from avoidable harm. There were enough staff on duty to meet people's needs and staff recruitment ensured that only staff suitable to work at this service were employed. Staff continued to receive an induction, training and support that ensured they could do their job well.

Medicines continued to be managed safely and people received their medicines as prescribed.

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.

People's nutritional needs continued to be met and people were supported to have enough to eat and drink. A range of healthcare professionals visited the service to support people to maintain good health.

People were cared for by staff who treated them with warmth, kindness and compassion. Staff showed they genuinely cared about the people they were looking after. They respected people's privacy and dignity and encouraged people to be as independent as they could be. Visitors were welcomed and also had warm, friendly relationships with the staff.

Care plans were personalised and gave staff guidance on the care each person needed. People were encouraged to participate in activities and interests of their choice.

People and their relatives knew who to speak to if they were not happy with the service and were confident their complaints would be addressed.

People, staff and visitors to the service were encouraged to put forward their views about the service being provided. The quality of the care was monitored by a range of audits that were carried out regularly.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Eden View

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.

This inspection took place on 15 September 2017 and was unannounced. The inspection was carried out by one inspector. Prior to the visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about.

In January 2017 the provider completed 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. We used some of this information to assist with planning the inspection, although we were aware the information was not fully up to date.

We spoke with four people and two relatives to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.

We looked at records in relation to two people's care. We spoke with the manager, a nurse, a care practitioner and two care staff. We looked at records relating to the management of risk, medicine administration, staff recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

We found that people felt safe living at Eden View. They told us they liked the staff and felt well supported and cared for. A relative said, "They [staff] have always been kind to [my family member] and looked after [them]." Another relative told us, "I know [family member] is safe when I leave here."

Staff told us and records confirmed that training had been undertaken so that they knew how to protect people from harm. Staff demonstrated that they would recognise any incidents of abuse and would not hesitate in reporting their concerns to the manager. This included reporting to external agencies responsible for safeguarding, such as the local authority and the police. One member of staff said, "I would always report to the manager if I was worried or suspected abuse had occurred."

Any potential risks to people had been assessed and guidance put in place for staff so that the risks were minimised. Potential risks included falling; being assisted to move; developing pressure ulcers; and becoming under nourished. Other risks, such as risks relating to the use of bed rails had also been assessed and recorded.

The provider had developed an action plan in case the building had to be evacuated in the event of an emergency. Each person had an individual evacuation plan which included whether people needed assistance. Fire safety notices were displayed in various locations around the home and an emergency folder was available in the main entrance.

There were enough staff on duty to meet people's needs in a timely way and to keep people safe. One person told us, "There's always somebody around." We saw that staff were busy. However, people were given assistance when they needed it and staff were able to spend time talking to people and joining in with activities. Whenever possible staff covered each other's leave and sick leave so that people had continuity of care from staff they knew.

Staff files examined confirmed that a robust recruitment and selection process continued to be in place. Staff had been subject to a criminal record check before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems continued to be in place that showed staff managed medicines consistently and safely. Staff had a good knowledge of the medicines people were prescribed. Two people using the service told us that staff had explained the medicines they took, what they were called and what they were for. Risk assessments had been carried out and strategies put in place to ensure that this was managed safely and that the person was kept safe by having their medicines with them wherever they were. Medicines were audited in full each month and by a daily count, which pinpointed discrepancies immediately. This meant that people were given their medicines safely and as they were prescribed.

Is the service effective?

Our findings

People and relatives made very positive comments about the staff, which assured us that people felt the staff did their job well. One person said, "They [Staff] are great and they do their job properly." A number of relatives had written to the provider to praise the staff. One wrote, "I was very impressed with the care that [family member] has received." Another wrote, "We [family] are all very happy with all you do."

New staff completed an induction, which included training and guidance to make sure they could provide care and support to meet people's needs. New staff shadowed experienced staff, including the manager, until they were competent and confident enough to carry out their role on their own. Staff told us that they undertook training in a range of topics relevant to their role. These included moving and handling; emergency aid; food hygiene; safeguarding; dementia; and person-centred care.

Staff told us that the management team and their "co-workers" gave them a great deal of support. They said that the manager worked alongside them a lot. One member of staff said, "[Name of manager] is always out on the floor. It's nice to see them. The residents love to see them." Staff received supervision from their line manager so they had opportunities to discuss what was going well and what could be better.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked that the service was working within the principles of the MCA. We found that assessments of people's capacity to make decisions had been carried out and recorded in their care records.

Staff confirmed they had undertaken training and told us that the MCA was about each person's ability to make decisions and choices. We saw that people were supported to make choices and, when required, applications for DoLS authorisations had been made to the local authority. This told us that people's rights in this area were protected as people had no unlawful restrictions imposed on them.

People's nutritional needs were assessed and people were supported to have enough to eat and drink. Several people and their relatives told us that the food was very good and we saw that people enjoyed their lunch. People were given choices for their meals, offered second helpings and cultural needs were respected and met. We saw staff encouraging those people who were able to eat and drink in ways that were suited to the individual. Other individuals were fed via a Percutaneous endoscopic gastrostomy (PEG) This by means of tube is passed into a person's stomach through the abdominal wall. The nurse undertakes the supporting these individuals to have nutrition. The records were completed in the person's notes. Records confirmed that people were referred to the dietician when there were concerns about their weight.

People continued to be supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community nurses, chiropodist, dietician and optician. One relative told us, "[Staff are] quick to identify when people are ill and they are quick to call the doctor."

Is the service caring?

Our findings

The interaction we saw between staff and people using the service continued to be kind, caring and attentive. Relatives told us that they always found the atmosphere to be welcoming and relaxing. One person told us, "The staff are really lovely. They really get to know you and what you like. They talk to me nicely and we can have a laugh." Another person said, "The staff kind and help me."

We saw staff knocked on the doors to people's rooms and waited for a response before entering. Staff then checked and asked for the person's permission. Staff gave people choices and listened for the responses people gave before carrying out individual requests and wishes. We observed that staff checked and asked people for their consent before providing them with personal care or assistance. Staff explained the support they were going to provide before giving it and people were reassured through knowing what was happening. We also saw staff ensured the doors to rooms and areas where personal care was being provided were closed to ensure people's privacy

Throughout the day and at lunchtime those people who were able to be as independent as possible were given encouragement. People had access to aids such as straws to help them to drink. During lunch staff regularly checked that people were enjoying their meals and offered additional help whenever they felt this might be needed. If people had chosen not to be assisted their wishes were fully respected. People were not hurried with their meals and people were offered their desserts once they had finished their main meal. People could choose to have their meals in their rooms and had access to utensils and condiments to help them eat and drink independently.

The manager was aware that local advocacy services were available to support people if they required assistance. However, the manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

The manager told us that they continued to undertake an assessment of the person's needs before the person was offered a place at the service. This was to ensure that the service had the facilities and staff to fully meet the person's needs. The manager told us that they had recently been out to assess a new person. The person who was due to visit the service on the day of the inspection.

Care plans were completed electronically. They were personalised to each individual. We found that they were up to date, reflected the person's needs and gave staff detailed guidance on how the person preferred their care needs to be met. Relatives confirmed that they had been involved and had agreed that the care planned was what their relative wanted. When the information was available, the person's life story was included in the care records to give staff a greater understanding of the person. Staff told us that they were given time to read the care plans and were informed when the plans had been updated. Staff told us that they found the care plans to be useful and informative.

The provider had transport available so that people could access the local community such as the park, pub or local amenities. People's individual interests and hobbies continued to be taken into account and staff supported each person to continue with them if they wanted to. For example one person enjoyed having a bible reading. Another person enjoyed being pampered and staff supported them to paint both their toenails and fingernails. People were able to attend the local church for lunch. People were encouraged to keep physically active. For example, a physiotherapist was available to provide exercise programmes.

The provider had a complaints policy and procedure that was displayed on notice boards around the home. People and their relatives all told us they knew how to make a complaint whenever they needed. However, they said they had not had to raise a complaint. One person said, "It's quite nice really, I haven't any reason to complain." A relative said, "I'd know who to talk to if it wasn't right." Another relative told us, "I can't fault the place if anything wasn't right I would speak to the manager." The manager told us, "We're constantly in touch with relatives and speak to them all the time. It prevents complaints."

Is the service well-led?

Our findings

Everyone we spoke with praised the service provided by Eden View. Comments from relatives, included: "The manager is pleasant and helpful. People are happy to stay here and love the staff who provide good care"; "The place has improved tremendously."

Staff told us they enjoyed working at Eden View and they felt well supported by the manager, the nurse and by each other. One member of staff told us, "I love being here. It feels really comfortable. We all work well together. The manager is really caring, very flexible. Things are getting better and better."

Whilst there were two registered managers for the service both these people have now left the service. The newly appointed manager was liked and respected by everyone. They were described as extremely caring, very approachable and dedicated. 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.

People, their relatives, professionals visiting the service and the staff were given opportunities to put forward their suggestions for improvements to the service. This was both formally via meetings or written questionnaires and informally through conversations with the manager. One relative told us, "There are meetings although I don't what I could improve on at the moment. The care is extremely good."

A range of audits on various aspects of the service were carried out and any issues found were addressed. For example, we saw that audits of medicines continued to be undertaken regularly and audits of care plans were also on-going. Incidents and accidents were recorded in detail and thorough investigations of any incidents were carried out to try to ensure that the same incident did not happen again.

Staff knew about the provider's whistle-blowing policy and felt they could safely raise any issues about poor practice if they needed to. The manager was confident that staff would report any concerns.

Our inspection found that records were maintained as required. The manager was aware of their responsibility to send notifications to the CQC as required by the regulations.