

Swanton Care & Community (Autism North) Limited Eastholme

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 3-4 November 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Eastholme provides care and accommodation for up to four people with autistic spectrum disorder or other learning disabilities. On the day of our inspection there were three people using the service.

The home had a registered manager in place. 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. At the time of our inspection visit, the registered manager was on sick leave and a temporary manager was in charge.

Eastholme was last inspected by CQC on 17 September 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

Accidents and incidents were not consistently recorded.

People were protected against the risks associated with the unsafe use and management of medicines.

Staff received regular supervisions and appraisals however staff training was not up to date.

Care records had not been updated with a person's dietary needs.

The home was clean, spacious and suitable for the people who used the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider was working within the principles of the MCA.

People who used the service, and family members, were complimentary about the standard of care at Eastholme.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

Care records showed that people's needs were assessed before they moved into Eastholme and care plans were written in a person centred way.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had links with the community and other organisations.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe.

Accidents and incidents were not consistently recorded.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

People were protected against the risks associated with the unsafe use and management of medicines.

Requires improvement



Is the service effective?

The service was not always effective.

Staff received regular supervisions and appraisals however staff training was not up to date.

Care records had not been updated with a person's dietary needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Requires improvement



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good



Is the service responsive?

The service was responsive.

Care records were person centred and risk assessments were in place and up to date.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and complaints were fully investigated. People who used the service knew how to make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had a positive culture that was open and inclusive.

The service had links with the community and other organisations.

Good



Eastholme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 3-4 November 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also

contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

Before the inspection, 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.

During our inspection we spoke with two family members. We also spoke with the temporary manager, director of governance and three care staff.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Eastholme. They told us, “Yes” and “Absolutely”. However, we found inconsistencies with the recording of accidents and incidents.

Each person who used the service had an incidents reports book, which recorded details of each incident, the events leading up to it and who was involved. We also saw an accidents and incidents folder, which was an additional recording tool for accidents and incidents, including a description of the incident and who it was reported to. We saw there was some confusion over which recording method staff were to use and there was an inconsistent approach to the recording of incidents. Some incidents were recorded in the person’s own incidents reports book and others recorded in the accidents and incidents folder.

We saw that not all incidents reports were fully completed and some did not describe what action was taken. For example, one of the people who used the service experienced seizures due to epilepsy. We saw in one record the ‘Persons informed’ section had not been completed and a copy of the incident was recorded in the accidents and incidents folder but not in the person’s own incidents report book. This person also had ‘Observation of a seizure’ forms in their care records. We looked at these records and found not all the records were fully completed and did not document what action had been taken apart from “Verbal reassurance” and “Observed and support and reassurance”. The person did have a risk management plan in place which described, “Staff to be aware of [Name]’s needs” and “Staff to be aware of procedure of administering rescue medication if needed”. Staff we spoke with were aware of the person’s epilepsy/condition and action to be taken however the documentation did not reflect this.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed this with the temporary manager who told us the recording of incidents had been identified as an issue via the provider’s quality monitoring visit and was being dealt with as part of the action plan.

There had been no safeguarding incidents recorded at the home since April 2015. We saw appropriate notifications for incidents prior to April 2015 had been sent to the local authority and CQC.

People had NAPPI (non abusive psychological and physical intervention) plans in place. These provided information on people’s likes and dislikes, for example, we saw one person preferred baths to showers, liked to choose their own socks, got upset if they had to wait too long and couldn’t explain if they were in pain so staff had to watch for non-verbal signs. Information on how the person communicated was also included in the plan and staff were given guidance on how to re-focus a person’s attention if their mood started to change.

We saw people had behaviour support plans in place, which included a general profile of the person, signs of behaviour, the responses required and outcomes. For example, “I do not like people in my personal space”, “When I am anxious I like to hold staff’s hand and be given verbal reassurance” and “To help me with behaviour, staff do a training course called NAPPI every year”. However, when we checked staff training records we found some staff had not completed training in NAPPI for several years.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed this with the temporary manager, who told us it had been identified, the next training dates were in January 2016 and they hoped to get the remainder of staff booked on this training.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member’s previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the temporary manager and looked at staff rotas. We saw that there was a manager and senior care worker on duty during the day, with at least two members of care staff and two members of care staff on

Is the service safe?

duty at night. We asked the temporary manager how staff absences were covered at the home. They told us absences were covered by their own staff or staff from the provider's other homes in the area and never had to use agency staff.

The home is a three storey building set in its own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. Window restrictors were fitted in the rooms we looked in. Bathrooms and toilets were clean and appropriate for the people who used the service. We saw the most recent infection control visit to the home in February 2015 had said the cleanliness of the home was very good and there were no actions to audit. We saw appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. This meant people were protected from the risk of acquired infections.

We saw health and safety and maintenance checks had been carried out at the home, including electrical safety, portable appliance testing (PAT), gas safety, stairlift servicing, lighting and window safety. All the records we saw were satisfactory and up to date. We also saw hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

We saw the fire evacuation file, which included a fire risk assessment, fire evacuation/drill records, emergency fire plan and fire doors inspection records. All the records we saw were up to date. We also saw Personal Emergency Evacuation Plans (PEEPs), which were in place for people who used the service. These included verbal prompts and

details of the support required to exit the building safely and details of fire exits and meeting points. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw risk assessments were in place for people who used the service, staff and visitors. These included infections, legionella, slips, trips and falls, radiators and hot surfaces, stairlift, kitchen and hot water.

We looked at the management of medicines and saw medicines were stored in a locked cabinet in a locked medicines room. Each person who used the service had their own individual shelf within the cabinet and had their own medicines file, which included an up to date photograph, date of birth, list of any allergies and the medicines administration record (MAR). We checked the MARs and found them to be up to date and appropriately signed. We also saw a list of the staff who administer medicines, which included examples of signatures for each member of staff.

We saw audits were carried out for the MARs for each person who used the service. The most recent audits were in October 2015. These checked names and dates, labelling, correct codes used, whether there were any missed medicines or signatures, whether risk assessments were in place and staff training. We saw medicine room temperature records were taken twice daily and were up to date.

We saw staff received medicines administration competency checks. These were assessed by the registered manager and included observations of staff administering medicines and questioning of the staff member. This meant people were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Our findings

People who lived at Eastholme did not always receive effective care and support as staff training was not up to date and one of the care records we looked at had not been updated with a person's dietary needs.

We looked at the staff training matrix and at individual staff training records. We saw some staff training was not up to date. For example, the three staff files we looked at showed that all three members of staff had not received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) since 2012 and were not recorded as having received training in NAPPI (non abusive psychological and physical intervention) for at least four years. Only one of the staff members we looked at had received training in nutrition. We received a record from the provider to show that training was planned however at the time of our inspection, staff had not received appropriate training as was necessary to enable them to carry out the duties they were employed to perform.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw supervision records in the staff files. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions took place regularly and included discussions regarding workload, working relationships, record keeping, personal development and health and safety. We saw copies of staff supervision contracts, which stated staff would receive not less than six supervisions per year. Staff also received an annual appraisal. We saw these records were up to date, which meant staff were supported by the provider in their role.

We asked family members about the staff at Eastholme. They told us, "The staff appear to be great and caring" and "They are so good, they have given [Name] stability".

We looked at the kitchen and saw it was clean appropriate for the people who used the service. We saw a 'Client nutrition chart' on the wall, which described that one person was to have mashable food and this record was dated 30 September 2015. We looked in the care records and could find no record of this diet. We discussed it with the temporary manager, who told us the person had been

diagnosed with dysphagia and had been assessed by the speech and language therapist (SALT) as needing a fork mashable diet and although staff were aware, the care plan and risk assessment had not been updated yet. The temporary manager told us they were trying to arrange dysphagia training for all staff. Staff we spoke with were aware of the person's dietary needs and had read the dysphagia guide that was in the staff handover file. The temporary manager told us they would update the documentation as soon as possible.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw in the care records that information was provided on people's communication needs. For example, one person was mostly non-verbal but could understand simple instructions. Staff were advised that, "Your communication needs to be clear and simple when you speak to me and you need to use my name so I know you are talking to me".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed DoLS and people's capacity with the locality manager and saw capacity assessments had been carried out. Capacity assessments and best interests decisions were decision specific and included finances and medicines. We also saw records of DoLS applications to the local authority however these had not yet been authorised. Although some staff training in MCA and DoLS was not up to date, the provider was working within the principles of the MCA.

Is the service effective?

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from,

and appointments with, external specialists including GP, chiropodist, dentist, optician and other health professionals. We also saw the staff 'Handover file', which was up to date and included records of appointments.

Is the service caring?

Our findings

Family members were complimentary about the standard of care at Eastholme. They told us, “[Name] is happy. It makes such a difference to know they know what they are doing”, “The difference over the past 15 years, [Name] really is at home there”, “Very happy indeed,” and, “As far as we can tell, it’s absolutely perfect for [Name]”.

People we saw were well presented and comfortable around staff. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity and we saw people were assisted by staff in a patient and friendly way. We heard staff encouraging people by saying, “You’re doing great” and “Well done”. We observed a person wanted to go out for a walk. A staff member explained to the person what they were going to do, helped them with their coat and took them out.

We saw staff promoted people’s independence and respected people’s privacy and dignity. We observed staff carrying out personal care in a private and sensitive manner.

We saw care records included evidence of people carrying out independent tasks. For example, “I can eat independently, staff need to be close by as I do like to rush my food and drink” and “When I am finished my meals, I take my dirty cups and plates into the kitchen”. We saw from the care records one person who used the service

went out for meals and went to the till to place their order. Staff encouraged the person to pay themselves and wait for the receipt. This meant staff promoted independence and treated people with dignity and respect.

We looked at care records and saw that goal plans were in place for the people who used the service and included safely accessing the community, life skills and promoting independence, promoting wellbeing, fitness and health, promoting choice and emotional support. Each plan contained evidence that people had been involved in writing the plan and their wishes were taken into consideration, for example, “[Name] sits at the back of the bus, near the windows, to the right of the driver”, “[Name] is given their medication in a medication pot, in their hand at the medication cupboard. [Name] will then take them when staff prompt them to take them”. This meant people were involved in the planning and delivery of their care.

We saw the ‘Communication book’, which included messages and updates from staff, dates and times for care reviews, conversations with GPs and records of conversations with family members. We saw the family of one of the people who used the service received a telephone call every Friday night at 7pm to update them on what the person had done that week and what the plans were for the following week. This meant family members were kept up to date with what was happening at the service.

Is the service responsive?

Our findings

The service was responsive. Family members we spoke with told us, “They ring us every Friday to give us reports,” and, “They keep in touch regularly. I am consulted about everything. I am the first person they contact”.

We saw the care records were in the process of being re-written and transferred into a new format. Care records we saw were person centred and had been written with the involvement of the person who used the service and family members however only one out of three care records included a ‘Things you really need to know’ document. This included the person’s preferred name, details of their childhood and religious needs. For example, “I attend church every other Sunday and then go back to my parents’ house for the rest of the day.”

We saw evidence of personal choice in the care records. For example, “[Name] will look and choose where they would like to sit” and “Staff will show [Name] the menu and point at the menu asking what [Name] would like for their meal”.

Risk assessments were in place where required. For example, one person was recorded as having no awareness of the dangers that may be posed to them in the community. We saw a risk assessment in place for this. Other risk assessments included seizures, trips and falls, wandering off, scalding, choking, use of the kitchen, swimming and trips in the community. Each risk

assessment described what the potential harm was, details of the activity, history of events, whether the person was aware of the risk and a risk management plan. All the records we saw were up to date.

People had a timetable of activities each week, which had been written with the person to ensure the activities were what the person wanted to do and when. These included going to Gateway Wheelers (riding bikes and karts), swimming at the local school, going out for walks, discos, arts and crafts, bowling, horse riding, going out for trips in the home’s minibus and a recent Halloween party at one of the provider’s other locations. This meant people who used the service were protected from the risks of social isolation and loneliness and the service recognised the importance of social contact.

We saw each person who used the service had a daily diary, which recorded what the person had done that day, how it had helped them to work towards their goals and whether there had been any incidents.

We saw the ‘Compliments, concerns and complaints’ file, which included a copy of the provider’s complaints policy, an easy to read complaints procedure, a complaints flow chart for informal and formal complaints and complaints and concerns forms. The last complaint recorded at the service was in June 2014 regarding damage caused by a delivery van. Family members we spoke with said they knew who to report complaints to if needed. One family member told us they had made two complaints in the past but both had been dealt with appropriately. This meant the provider had an effective complaints procedure in place.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. At the time of our inspection visit, the registered manager was on sick leave and a temporary manager was in charge.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw a copy of the provider's most recent quality report dated 9 September 2015. This included an audit of the CQC five quality standards and provided an overview of the service based on the observation and questioning of staff, review of documentation and observations of the general environment. We also saw a copy of the action plan as a result of the quality report. Actions included new care plans to be put in place, kitchen to be cleaned and training matrix to be returned on time.

We saw a copy of the monthly 'Management, governance and quality report' for October 2015, which was completed by the temporary manager. This provided information to the provider on a monthly basis and was broken down into five categories; general information, stay safe, enjoy and achieve, contribute to my own wellbeing and be part of my chosen community.

We saw records of other audits in the home. These included bedroom audits, carried out in October 2015, care documentation audit, carried out in September 2015 and a health and safety audit, carried out in August 2015.

We saw a record of nightshift duties, which were jobs to be completed by staff during the night. These included door and window security, laundry, check kitchen, dining and other communal areas of the home and update paperwork.

Family members told us they were regularly kept up to date with what was going on at the home and felt listened to. They told us, "I can ring up anytime", "They listen to you", "We are always told if there are any incidents, we are told straight away" and "I attend meetings such as reviews".

We saw an annual friends and family survey took place. We saw a copy of the most recent survey from 2015, which included questions on the friendliness and approachability of staff, communication, environment, activities, staffing, food, how easy it was to visit and did they know how to raise a concern. All the responses in the survey were positive.

We saw staff meetings took place on a monthly basis. We looked at the minutes for the meeting in October 2015 and saw agenda items included the temporary manager, records, activity plans, person centred approach and staff feedback.

This meant that the provider gathered information about the quality of their service from a variety of sources.

Family members we spoke with were positive about the culture at the home. We saw the temporary manager was available to staff throughout the duration of our visit for guidance and support. We saw recent consultation with night staff had identified that the staff felt isolated. We discussed this with the temporary manager, who had put actions in place to make the night staff feel more included. These included the temporary manager coming in to work early to meet with the night staff, carry out handover meetings, discuss any changes or updates for staff and listen to the views of night staff. This meant the service had a positive culture that was open and inclusive.

The service had links with the community and other organisations. These included Gateway Wheelers, which is a service that enables people with disabilities to enjoy cycling and creates opportunities for personal development, a local school, a disco for people with learning disabilities at a multi-purpose centre and local pubs and cafes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service was not always maintaining an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(2)(c).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive such appropriate training as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a).