

Swanton Care & Community Limited

Swanton Community Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Swanton Community Care is a domiciliary care agency providing personal care and support to people with mental health needs, physical disability, autism or learning disability who live in their own homes. At the time of the inspection, they were providing a service to 26 people, 19 of whom were receiving support with a regulated activity.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were happy with their care and support. People told us that they had good relationships with staff and felt included in the planning and reviews of their care and support.

The provider had successfully improved quality assurance systems and was focussed on engaging with people who use the service for feedback. The registered manager had supported people to achieve positive outcomes and had a clear vision for the development of the service. This was supported by staff, senior managers and local authority commissioners.

Care plans were developed in a person centred way and led by the person involved. Staff had confidence in the quality of the care plans and risk assessments. This helped them fully understand people's needs and respond appropriately.

Staff told us the registered manager was supportive and encouraged them to contribute ideas for service improvement.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

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 19 June 2019). 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 the provider 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 and Well-Led. No areas of concern were identified in the other key questions. We therefore did not inspect them.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Swanton Community Care

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be certain the registered manager would be in the office to support the inspection.

Inspection activity started on 23 April 2021 and ended on 5 May 2021. We visited the office location on 27 April 2021.

What we did before the inspection

We reviewed information we hold on our systems and sought feedback from local authority safeguarding teams and commissioners.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager and one support worker. People using the service did not wish to speak with us on the day of the inspection so we reviewed recent feedback that they had given to the provider to assess their views and opinions of the care they received.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who work closely with the provider and people who use the service. We sought feedback from relatives by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly assess risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. People received their medicines at the appropriate times.
- Medicines were stored correctly, audits were completed, and any issues identified were addressed.
- Staff were trained in the safe administration of medicines and were assessed as competent before supporting people with their medicines.
- People's medication records were completed fully and in line with current guidance.
- Care plans reflected people's abilities in managing their medicines. Staff had detailed information on how to support people to take their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- The provider had improved systems and processes to safeguard people from the risk of harm or abuse.
- Staff received training on safeguarding and were confident in how to identify types of abuse and report concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments that were individual to their care and support needs. They were supported to take positive risks.
- The provider worked with people to develop and review their own risk assessments regularly.
- The registered manager had a clear oversight of accidents, incidents, concerns and complaints and took appropriate action in a timely manner.
- Improvements were discussed during individual supervisions with staff and team meetings.

Staffing and recruitment

- There was sufficient staff to meet people's care and support needs safely.
- The provider followed appropriate recruitment processes to ensure candidates' suitability for working with vulnerable people and introduced new staff to people they would be supporting.

- People using the service gave positive feedback about the staff who supported them.

Preventing and controlling infection

- The provider ensured a testing programme for COVID-19 was in place for staff.
- Staff supported people to maintain their own environments to a good standard of cleanliness.
- Staff were trained in the appropriate use of personal protective equipment (PPE).

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clear management structure, with senior staff providing support. Systems and processes were operated effectively to ensure the service quality and safety was assessed in line with requirements.
- The registered manager had clear oversight of the service and coached the deputy manager to take on some additional responsibilities confidently.
- The registered manager regularly sought feedback from people who use the service and staff and used this feedback to develop the service.
- Staff were supported and encouraged to participate in additional learning to develop their skills and knowledge. The registered manager endeavoured to match staff skills with people's individual needs.

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

- The registered manager promoted a culture that put people who use the service at the centre of all decision making.
- Staff worked well with people to achieve positive outcomes based on their set goals.
- The registered manager operated an 'open door' approach which was extended to both staff and people who used the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and honest when things went wrong. Staff told us they were confident that the registered manager would act on issues of concern.

- One relative told us, "If something goes wrong, I can guarantee the registered manager will take action and she always has a plan to put it right".

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

- People who used the service were at the heart of all decision making, including future visions for service development.
- One staff member told us, "I've had some ideas that I've put forward, and these have been well received by the registered manager and the director". Another staff member told us how they had come up with a creative way to support a person to secure employment.
- People's relatives told us, "From day one, Swanton have always given (Name) the best suited staff who listen to them" and "They always value my input".

Working in partnership with others

- The provider worked in partnership with GP's, district nurses and other health care professionals.
- One professional we spoke to told us, "We can see the improvements with the service and have a positive working relationship with the registered manager".