

South West Action For Learning and Living Our Way Limited

Swallow

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

Swallow is a domiciliary care service which provides care and support to people who have a learning disability. People who use the services of Swallow live in a range of supported living accommodation, including private and shared houses, and self-contained flats. At the time of our inspection there were 30 people receiving personal care and support from the service

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good, and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

People told us that they felt safe when they were supported by staff from the service. Staff were trained in protecting people from abuse, and understood their responsibilities.

People were supported to receive their prescribed medicines safely.

We found that safe recruitment and selection procedures were in place. There were enough staff in post and they had enough time to spend with people. People received a consistent and reliable service overall.

Assessments and regular reviews of support to meet people's individual needs were carried out. Care plans were detailed, up to date and easy to read. People were encouraged to make choices about activities they were involved in, and to be active members of their community. Staff supported people in the least restrictive way possible, and policies and systems in the service supported this practice.

Policies and procedures were in place to manage health and safety. This included the management of incidents and accidents.

Staff helped people to access healthcare appointments when necessary. Health and social care professionals were involved in people's care, plans and reviews.

Staff were trained in a range of relevant subjects. They received regular supervision and appraisals, and found the team supportive. Staff we spoke with were enthusiastic about their role and the service.

People were positive about the service and the staff who supported them. They told us that staff were caring and knew them well.

Staff and professionals spoke positively about the management of the service. People who used the service took a lead in its management and direction. The management and senior staff team carried out regular

checks to monitor the quality of the care and support people received.

There was a registered manager at the service who had a clear understanding of the values and focus of the service, including future developments and plans.

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

Swallow

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 was a scheduled, comprehensive inspection. We gave the service 48 hours' notice of the inspection visit because we wanted to make sure that the people we needed to speak with would be available. The inspection was carried out by one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We looked at the care records of five people, the personnel files of four staff, training records, rotas, audits and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity, recruitment and medicines. We reviewed all of this information to help us to make a judgement about the service.

During the inspection we spoke with seven people who used the service. We talked with four staff, as well as the registered manager. We received written feedback from 10 health and social care professionals. You can see what they told us in the main body of the report.

Is the service safe?

Our findings

People continued to receive a safe service.

People told us they felt safe when they were being supported by Swallow staff. They told us they usually knew who would be supporting them on a particular day. It was sometimes frustrating for people when different care staff came, but they understood that this only happened if someone was ill or on leave. People told us that they were usually informed about changes.

Staff were able to describe how they kept people safe and what actions they would take if they had concerns for people's safety. A member of staff told us that they particularly valued the safeguarding training they received because it was delivered by a member of the local safeguarding team. This meant staff had confidence that the training was up to date and relevant.

Staff told us that the duty manager and Swallow management team provided support to enable them to make good decisions and ensure people were safe. One person told us that they had an information sheet with photographs of the Swallow office staff. This helped to reassure them when making contact by phone, as they knew who they were speaking with.

We reviewed staff rotas, and there were sufficient staff to meet the needs of people. Staff told us that they had enough time to spend with people and in between visits. People were supported by a stable staff team and senior managers also supported visits. The registered manager told us how absence and sickness were covered, and staff confirmed that they managed shortages in the team and agency staff were never used.

Staff told us that they were able to spend enough time with people, and that visits were not often missed. The service sometimes had to rearrange visits, but this was risk assessed and recorded and the visit provided to the person at a mutually agreed time. People told us that staff arrived on time and stayed as planned. One person said, "The rotas are better. The office lets us know of any changes."

Risks to people were identified and managed to enable people to remain safe. People's care records contained assessments of risks and care plans. These were clear, detailed and regularly reviewed. When a risk assessment identified a risk rating of 'moderate' or above, a specific action plan was developed to manage the risk. Records provided guidance about a range of issues including taking medicines, finance arrangements, support plans, and complex health needs. Staff told us that they knew about people's needs, and that they were informed about changes and updates. Staff also told us that service managers and members of the team supported them to seek as much information and assistance as they needed.

People received their medicines as required to meet their needs. People who needed help to take their medicines were supported by trained staff. Medicines information was in people's files, and medicines administration records (MAR) were completed. When there had been errors or omissions on MAR charts, these had been identified in audits or checks carried out by senior staff. Issues were addressed by senior staff at the time.

Staff received training in health and safety matters including infection control, food hygiene and fire safety. Information about health and safety, including an easy read fire action plan, were available in the main office area.

Accidents and incidents were monitored to reduce the future risks to people. The service had an accident book, and a form was used to record incidents. Copies of incident forms were also kept in individual care records. Staff told us that the organisation was open about accidents and incidents, and the registered manager told us that they reviewed these regularly. Staff told us that they were informed about changes to people's care or risk issues.

Recruitment processes had been implemented to ensure suitable staff were employed. Checks were carried out before people were employed. This included references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may mean they are unsuitable to work in this kind of service.

Is the service effective?

Our findings

People continued to receive effective care and support.

People and staff told us that the service was a 'user-led organisation'. This meant that people's individual needs and choices played a role in how care and treatment was provided. This reflects current standards and best practice.

People were encouraged to be involved in creating their own care plans. These were person centred. Care plans included, "Things I can do now with greater independence; things I need help with; and personal goals." Care plans included photographs of the person doing the activity being reviewed - for example a photograph of the person cooking a meal. This made care plans more meaningful.

People's rights were upheld in relation to the Mental Capacity Act 2005. Senior staff and the registered manager were aware of the principles of the MCA and their duties in assessing, recording and reviewing people's capacity. Where people were unable to make certain decisions, relevant people were consulted so these were made in the person's best interest.

People told us that staff asked for their consent, and written consent was recorded in people's care files. One person said, "The staff give me choices. They are kind and helpful" and another person told us "The staff are nice. They help me by being independent. They're patient and they give me time." Another person described how staff had helped them to decide what to do each day so that they had a balance of activities in their week.

A comprehensive training plan was in place for all staff. Staff were up to date with training which was relevant to their role. This meant they had the knowledge and skills to support people effectively. One person said, "All the staff are really good at what they do." Staff enjoyed face to face training, but were less positive about the online training provided. This was described as "boring" and "repetitive", and some staff felt that it was not the most effective training method for unfamiliar topics. This was highlighted to the registered manager during our inspection.

Staff told us that the induction programme was thorough, and that support such as shadowing more experienced staff continued for as long as necessary. This meant that staff understood and were confident in their role before working alone.

The registered manager and senior staff carried out regular unannounced checks to monitor staff standards. Records of these checks were kept, and actions were clear. For example, one check found that two medication administration records had not been correctly signed. The senior staff member detailed the action required and signed when this had been completed.

The management team took appropriate disciplinary action if poor performance had to be addressed. This meant that only staff with the right skills, knowledge and attitude provided care and support to people.

Staff were supported in their work through regular supervision, and notes from supervision meetings were kept. Supervision is when staff meet with a senior staff member to discuss work or other issues affecting the people who use the service. Staff told us that they could discuss issues or concerns with colleagues or the registered manager at any time.

People had access to healthcare services and were supported as necessary. There was evidence of good links with the Complex Health Needs Team in particular. This team is made up of specialist health care professionals and it provides assessment, advice and support to adults who have learning disabilities and a range of other health needs.

Is the service caring?

Our findings

The service remains caring.

People were enthusiastic when asked about staff. One person said, "The staff are nice. Sometimes they're a bit bossy, but they're alright really", another said "The staff are amazing, they make me happy." Some people with limited verbal communication used clear signs and gestures to indicate that they felt positively about staff.

Health professionals gave consistently positive feedback about staff. They made comments including, "Swallows go above and beyond for the people they support, they have so much compassion and care, they are respectful and a pleasure to work with," and, "I believe that the positivity, friendliness and work ethic within the professional standards shown by staff is absolutely brilliant."

The service was committed to providing care that was tailored to the person. For example, the service had made numerous adjustments to support the independence of people with complex needs, and had been prompt to adapt its input to meet changing needs at short notice.

People told us that they were supported to be as independent as possible. They added that sometimes they needed more help, for example if they did not feel very well. Staff were flexible and helpful, but people said that they were always supported to do as much as possible for themselves. One person told us, "Staff are kind, helpful. I feel good with them. I feel confident."

Personalised information was recorded in people's care plans and daily records, and staff told us that they were able to access these. Care plans included communication needs, cultural and religious needs and sleep preferences. Care plans were developed and regularly reviewed with people. People told us that they had been asked about what help they needed, and felt that they were listened to.

People were asked for their views about the service during an annual Evaluation Day. A report summarising feedback received was written in a clear format. The report showed that people had given positive feedback and constructive criticism about the service. There were plans for development and improvements over the next 12 months.

Staff told us they knew people and their preferences well. If they were working with a person that they did not know well, staff said that their colleagues provided additional information and would accompany them on an initial visit if needed.

People told us that they had better relationships with some staff, but added that the staff were "all nice; a good team." One health professional said, "I have always found staff members to be supportive of residents. I have found them to be excellent relationship builders with their residents, which helps to create a positive environment for both parties."

Staff were aware of the need to ensure confidentiality, and records and information were held securely.

Is the service responsive?

Our findings

People continued to receive a responsive service.

We saw evidence that people's needs had been assessed, and that they were involved in regular care reviews. Care plans were up to date and detailed, and records were signed to confirm involvement. This meant that staff could be responsive to people's individual needs and preferences. Healthcare professionals told us that they were invited to and involved in regular reviews of people's needs and plans.

We asked staff about the ways in which they supported people, and they explained that this was flexible and depended on the needs and preferences of people. Staff were able to give examples that demonstrated that they provided care which was responsive and personalised. For example, quickly changing a person's care package when their respite needs changed and working with a different teams and organisations to enable a person with complex needs to remain in their accommodation for as long as possible.

People made choices about all aspects of their day-to-day lives. This included activities and routines, individual preferences and maintaining relationships with family and friends.

People were supported to choose and access a wide range of activities and groups such as horticulture, art, fitness and health groups. Some groups were provided by Swallow, and other activities were in the wider community. All the groups and activities which were provided by Swallow were chosen by people who use the service. A member of staff told us, "You know that you're supporting their choices. They want to do it, so we do it. It's magic in that sense."

Staff worked with people, families and specialists to meet the individual communication needs of people. Care records were clear, easy to understand, and contained pictures and photographs to support people's understanding. Documents such as meeting minutes, newsletters and some policies were written in an 'easy read' format and staff were aware of people's individual needs.

People were supported to communicate in ways that that were suited to their needs. For example, the registered manager told us that all staff had recently completed Makaton training. Makaton is a language programme which uses signs and symbols alongside speech to aid communication. We saw Makaton being used and the service was going through the process of applying to be a Makaton Friendly organisation.

Assistive technology was used effectively to support and enhance people's independence. For example, a hearing impaired person had a vibrating alarm which was linked to a range of sensors in their property. A risk assessment and fire plan was also in place, and this supported them to live more independently.

The service had created a memorial garden, and people were invited to use the space. People were asked about their end of life preferences. In the records that we reviewed, people had chosen not to discuss this area, however it was clear that the subject had been raised, but people did not wish to discuss the matter at this time.

A system was in place for complaints to be recorded, investigated and responded to. Information about how to make a complaint was displayed, and copies of complaint information was in care records. Although the people that we spoke with were unsure about formal complaints processes, they were clear that they would raise any concerns with staff.

Is the service well-led?

Our findings

The service continues to be well led.

A registered manager was in post at the time of our inspection. 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 service had a clear vision and values, and the culture was inclusive and empowering. Staff understood and supported the values of promoting independence and equality and being a user led organisation. One staff member said "I knew of Swallow and I admired how they did things. That's why I wanted to work here. It's truly user led."

A Management Committee met regularly to implement changes and plan the way forward for the service. The Management Committee was made up largely of people who use the service. Minutes of the Management Committee were clear and accessible.

People who used the service, staff, families and supporters had attended an Evaluation Day. This enabled people to discuss the service's successes and challenges and agree future plans. A number of the ideas for the future had been shared in a recent newsletter. The registered manager told us that many of these ideas would be put into practice.

The registered manager had recently facilitated a team building event for senior staff. This reviewed team strengths and weaknesses to improve effectiveness. Staff told us that they felt supported, respected and valued. There were regular staff meetings, and staff told us that they can speak with the registered manager at any time. A very high number of staff completed the last staff survey. There were positive responses, including almost all staff reporting that they felt their line manager listened to them, and a high number of staff stating that they had sufficient opportunities for growth.

Staff told us that they were proud to work for the service, and spoke positively about their roles. One staff member said, "I love it. I'm doing a job I love", and another told us "I never have a day when I wake up and think, uh, I've got to go to work." When asked about things that they were proud of, all the staff we spoke with gave examples of how they had supported people to develop or maintain skills and independence. They also praised the supportive team they worked with.

People's experience of care was monitored and unannounced checks and audits were carried out to ensure the service delivered high quality care. Unannounced checks monitored several areas, including how staff supported people, whether they completed records correctly and whether they followed policies and procedures. Quality assurance monitoring tools and records had associated action plans. Some quality reports were also available in an easy read format.

The service had a range of policies and procedures in place. This included an Equality and Diversity policy, Complaints procedure and Medication policy. Some documents were written using Makaton symbols, and other information was provided in an 'easy-read' format.

The service worked closely with a number of teams and organisations to provide joined-up care. The service also had very strong links with the local community, and had been involved in many local initiatives as well as events at a national level.

A copy of the most recent rating from CQC was on display in the office. This was not available on the provider's new website at the time of inspection. This was discussed with the registered manager during the inspection, and the website was updated within 24 hours.