

Linkage Community Trust

Swallowdale

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

About the service

Swallowdale is a care home providing personal care to six people at the time of the inspection. The service can support up to eight people with learning disabilities and or autistic spectrum disorder.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. Six people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes including control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff supported people to establish and maintain significant relationships with family and friends.

People were positive about their care and support. They told us they liked the staff and said they were kind and caring. 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 supported this practice.

Staff were well trained and received good management support and supervision, which enabled them to carry out their roles effectively. People's needs were holistically assessed and staff worked consistently to ensure people received high quality, person-centred care.

Effective management systems were in place to promote people safety and wellbeing. People, relatives and staff were positive about the way the service was led and were asked what worked well and what changes they would like to see. People knew who to speak with if they had any worries or concerns and were confident any issues they raised would be acted upon. The provider and the registered manager checked

the quality of care provided.

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

Rating at last inspection

The last rating for this service was good (published 14 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Swallowdale

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

Two inspectors carried out this inspection.

Service and service type

Swallowdale is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

A new manager had recently been appointed and started working at the service. The new manager assisted with the inspection. We have referred to this person as the manager throughout the report.

Notice of inspection

This inspection was announced. We gave a short period of notice because people who live there were often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at Swallowdale and observed how staff interacted with them. We spoke with the manager, deputy manager, operations manager and a registered manager who was supporting the inspection.

We looked at the care records for three people. We checked records in relation to the management of the service such as quality assurance checks, staff training and supervision records for three staff, maintenance and service checks and audits. We telephoned and spoke with two support staff.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place. Staff involved the local safeguarding team when needed.
- Staff completed safeguarding training and understood their role in protecting people. One said, "If there was something I was not comfortable with I would report it immediately, that is our job."
- People told us they felt safe. They knew who to speak with if they had any worries or were upset and were confident any concerns would be dealt with.

Assessing risk, safety monitoring and management

- Staff had a good understanding of people's needs and how risk was managed. Risk assessments however did not always fully identify the hazards and the control measures required to keep people safe. The operations manager told us a specialist positive behaviour support (PBS) team would help review and revise the support required.
- Risks were managed to maintain people's independence wherever possible. For example, one person who went out independently wore a wrist band, which contained information on who to call if they became unwell.
- Personal emergency evacuation plans (PEEP) were in place for some people to evacuate the building in an emergency. Fire records were not sufficiently detailed to indicate what extra support people might need to evacuate the building. The deputy agreed to review people's PEEP arrangements to include everyone who needed support or prompting.

Staffing and recruitment

- There were enough staff on shift to enable people to do the things they enjoyed. People received care and support in a timely way.
- Some people had one to one support from staff to foster their personal and social skills. Staffing was flexible and organised to ensure people had their one to one hours consistently met.
- Additional staff support was put in place when needed to keep people safe. One person told us staff supported them to access the bath safely. They said, "Staff help me, and I feel safe, that is why they help me."

Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Effective management systems were in place for managers to review and analyse accidents or incidents. They were used as a learning opportunity to prevent future incidents where possible.

- The manager told us lessons learned from the analysis of accident and incidents would be shared at individual supervision sessions and at group meetings.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs assessments considered their protected characteristics under the Equality Act 2010 to meet people's cultural or religious needs. People's goals or expected outcomes were identified and kept under review. Care plans were updated in a timely way.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, staff understood how to support people how to make positive choices and have a healthy lifestyle.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively.
- Staff undertook comprehensive training; regular supervision and appraisals were used to promote good learning and staff development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in menu planning, shopping and meal preparation. This helped people maintain and develop skills. For example, with staff support one person had learned how to make a sandwich. Staff said the person was proud of this achievement and had led to increased confidence in their abilities and skills.
- People's weight and diet were monitored to support good health. Advice was sought from specialist healthcare professionals when people needed extra support with their nutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and staff made appropriate referrals when needed. Care records showed people visited dentists, chiropodists and specialist consultants. People also received an annual health check in line with best practice for people with a learning disability.
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- One staff member has taken on the role of health and wellbeing champion to assist people to follow a healthy lifestyle, promote healthy eating, good mental health and activities.

Adapting service, design, decoration to meet people's needs

- People were pleased with their surroundings and were involved in decisions over new colour schemes and furniture.

- where needed specialists were asked for advice on any adaptations required. For example, the occupational therapy team had been approached to advise on adaptations to support a person bathe independently. The manager agreed advice would also be sought regarding the accessibility of the garden for this person.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care. Records, however, did not always show who had been involved in decision-making. The manager told us they wanted to increase staff understanding and knowledge regarding the MCA. They were confident staff had developed a learning culture and would embrace and embed improved MCA implementation.
- Staff knew what they needed to do to make sure decisions were taken in people's best interests. One said, "We [Staff] are their voice and we know they need protection and we do not take all their rights away."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness; the good relationships they had with staff impacted positively on their feelings of wellbeing.
- People told us staff treated them with kindness and respect. One person said, "I like staff. They are kind."
- Staff actively listened to people and respected their choices. A staff member told us, "I feel the team treat people well. Speak to people with respect." One person who confirmed this said, "Staff always speak to me properly."
- Where people were unable to express their needs and choices directly, staff understood their way of communicating. Staff observed body language, eye contact and used symbols to interpret what people needed.
- Staff responded when people needed additional emotional support. For example, staff explained one person could change quickly from being very chatty to being withdrawn. In these cases, staff said they stepped in quickly to make things more positive for them. The operations manager told us the planned involvement of a PBS consultant would also assist staff to look creatively at ways to promote positive behaviour and enhance people's wellbeing.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care; they knew when people wanted help and support from their relatives. Staff appropriately sought external professional help to support decision making for people, such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- Staff were keen to make sure people's rights were upheld and that they were not discriminated against in any way. Staff respected people's right to privacy and confidentiality.
- People were supported to maintain and develop relationships with those close to them, and to develop social networks in the community.
- Staff supported people to maximise their independence in all areas of their lives and promoted positive risk management. For example, one person had been supported to access the community independently. As a result staff said the person was more confident and promoted good self-esteem. Staff told us people agreed individualised goals around their independence such as in the kitchen. A staff member told us, "Clients all have generic risk assessments. We give handy tips, let them try themselves and step in where needed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- People were involved in reviewing their care; people were encouraged to have as much control and independence as possible in developing their care, support and treatment plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information regarding the service was presented in a way people could understand through pictorial or easy read formats.
- People's communication needs were identified; staff understood people needed adjustments making because of their learning disability and/or autism. We spoke with staff regarding also presenting information in care plans in an easy read format or pictures to meet people's individual likes and needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to establish and maintain relationships including with their relatives and friends.
- Staff encouraged access to education, voluntary roles and work. People told us they enjoyed a range of pursuits and had a weekly meeting to discuss leisure activities and menus.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they had any worries or were upset. They told us they believed the manager and staff would listen to them and act upon any concerns. The manager told us they looked at complaints in an open and transparent way as an opportunity to improve quality.

End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- The manager told us each person and their family would be consulted regarding future wishes and care preferences.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care.
- Managers and staff understood the provider's vision and values; people had opportunities and choice and were supported to achieve their aspirations.
- People spoke highly of the new manager. One staff member explained they had worked with the manager before. They said, "I think he will be a fantastic manager, [Name of manager] is helpful and supportive."

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 manager displayed an open, transparent approach and listened to staff, people and their relatives.
- The provider had worked in partnership with other agencies to make improvements. People told us the manager was approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and manager demonstrated a commitment to ensuring the service was safe and high quality.
- Regular checks were completed so staff, the manager and provider could make sure people were safe and happy with the service they received.
- Audits and monitoring checks were used to pick up on and address action that needed to be taken.
- The manager understood their responsibility to notify incidents or concerns to the local authority or CQC as required.
- Action plans were put in place to address any shortfalls highlighted.

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

- Systems were in place to gather people's views about the quality of services they received. People and their relatives completed surveys and met frequently with staff to discuss the service they received. Feedback was used to continuously improve the service.
- There was a skilled workforce and the manager was keen to ensure they empowered people and staff to speak up freely, raise concerns and discuss ideas.
- Staff involved people and their relatives in day to day discussions about their care.

Working in partnership with others

- Positive working relationships with commissioners and local health and social care professionals had been established.
- There were good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Such links supported the service to develop and provided additional safeguards to people the service supported.