

Swanton Care & Community (Autism North) Limited

Lynnwood

Inspection report

4 Lynnwood Avenue
Newcastle Upon Tyne
NE4 6XB

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lynnwood is a residential care home providing personal care to four people at the time of the inspection. The service can support up to four people.

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

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

Right Support

The staff supported people to have the maximum possible choice. People were supported and encouraged to be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. Care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. People were able to personalise their rooms. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood and responded to people's individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People actively followed their interests and hobbies. The staff provided opportunities for people to have new experiences that enhanced and enriched their lives. Where appropriate staff supported, and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based

on transparency, respect and inclusivity.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of 'Right support, right care, right culture'.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This service was registered with us on 27 May 2021 and this was the first inspection.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lynnwood

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Lynnwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had two managers 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 the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority commissioning and safeguarding teams. 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 of this information to plan our inspection.

During the inspection

We spoke with all four people who used the service and four relatives about their experience of the care provided. We also spent time observing staff and people engaging with each other. We spoke with seven members of staff including support staff, team leaders, the deputy manager and the two registered managers. We also received feedback from two professionals involved in people's care and support.

We reviewed a range of records. This included three people's care records and two people's medicine 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 review information we received from the provider.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff. They were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Social stories were used to educate people on how to stay safe, for example in relation to relationships and when using the internet.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because staff assessed, monitored and managed safety well.
- People's care records helped them get the support they needed because staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment well through regular checks and action to minimise risk.

Staffing and recruitment

- There were enough staff, including for one-to-one support, for people to take part in interests and hobbies how and when they wanted to.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment procedures were safe and included the people using the service. This helped promote a positive culture.

Using medicines safely

- Staff followed effective systems to make sure people received their medicines safely. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and made sure people's medicines were reviewed by prescribers in line with these principles.
- If people needed 'as and when required' medicines for pain relief, guidance was in place to support staff to manage this safely. The outcome of the administration of 'as required' medicines was not always recorded.
- Staff received training in managing medicines safely and had their competency assessed. If errors were made, medical advice was sought and action taken to minimise the risk of reoccurrence.
- Safe procedures were followed when people were away from home to make sure medicines continued to be administered in line with the prescriber's guidance.

Preventing and controlling infection

- Staff used effective infection, prevention and control measures to keep people safe. People had some understanding of the pandemic and chose to engage in regular testing alongside the staff.
- Procedures were followed to prevent visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- There were no restrictions placed on people in terms of going out and about and there were no restrictions on visiting.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.

Learning lessons when things go wrong

- People received safe care because the management team and staff learned from incidents.
- Incidents were recorded, monitored and reviewed to look for ways to better understand people's needs and communication.
- Staff worked with other professionals to develop their understanding of incidents, including assessing for a trigger and strategies to follow to minimise the risk of reoccurrence and escalation.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Comprehensive assessments and transition plans were completed prior to admission to make sure staff understood people's needs. Staff and people often spent time together getting to know each other before people moved into the service.
- Support plans set out people's current needs and promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- Staff received relevant training in positive behaviour support and non-restrictive interventions. Staff also attended bespoke workshops with external behaviours in relation to positive behaviour support.
- Staff were knowledgeable about and committed to deploying techniques that promoted the use of non-restrictive practice.
- Staff were supported through continual supervision, appraisal and recognition of good practice.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People received support to maintain a balanced diet.
- Staff supported people to be involved in shopping and planning meals, preparing and cooking their own meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Multi-disciplinary team professionals worked alongside staff, people and their families, where appropriate to develop support strategies which enhanced people's quality of life.

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.

- The principles of MCA were followed. Where required capacity assessments and best interest decisions were made and documented.
- Wherever possible, staff supported and empowered people to be involved in decision making or to make their own decisions about their care and support.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met their needs. Plans were in place to consult with people on improvements to the communal areas to make them more homely and reflective of people's preferences and needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We observed warm and respectful relationships between people and staff, with lots of laughter and fun. Staff were attuned to people's sensory needs and if the fun was over stimulating they calmed the environment to support people to regulate their emotions.
- People were well matched with their support staff and as a result, people were at ease, happy, engaged and stimulated.
- Staff were patient and used appropriate styles of interaction with people.
- People's thoughts and ideas were valued by staff who took every opportunity to support people to develop and have new experiences.
- Staff took opportunities to celebrate people's achievements be it baking a brownie, following hobbies and interests or enrolling in college.

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

- People and those important to them were involved in planning their care. Family members spoke to us about their involvement in transition planning before their loved ones moved to Lynnwood. One relative said, "The transition plan was really helpful. We met with the staff and they observed [person], we also had some visits to the house before the move. He was very excited and managed it much better than we all thought as he can be quite anxious." They added, "The transition obviously helped with this as they all got to know each other."
- People shared their aspirations with staff who then worked with people to develop plans on how they could be supported to achieve them. One person explained that one day they wanted to live on their own and they had a goal file which they were working on with staff to enable them to do this.
- People developed weekly activity plans with staff. This supported people with maintaining a routine and provided reassurance and understanding of what their week looked like.
- People were given time to listen, process information and respond to staff and other professionals.
- People were supported to access advocacy if needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative said, "Dignity and respect, absolutely!!!"
- Support plans were clear where people were independent, or needed gentle prompts or humour to engage in personal care for example, so they were not being over supported.
- Staff took every opportunity to engage people in trying new experiences to develop their interests, skills and widen their social circles.

- Staff knew when people needed their own space and privacy and respected this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 followed the principles of positive behaviour support and provided people with personalised, proactive and co-ordinated support in line with their support plans.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- People were learning everyday living skills and developed new interests by following individualised support plans with staff who knew them well.

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.

- Staff ensured people had access to information in formats they could understand such as social stories and visual timetables.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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 participate in their chosen social and leisure interests on a regular basis. Staff enabled people to broaden their horizons, try new things and develop interests and skills. One relative said, "He likes routine and to stick to his interests, but he's now enrolled in college. From day one they have tried new things."
- People were encouraged and motivated by staff to reach their goals and aspirations.
- People who were living away from their local area were able to stay in contact with friends and family via regular visits and telephone contact.

Improving care quality in response to complaints or concerns

- There had been no complaints. A complaints policy was in place, which was available in an easy read version.
- Staff regularly sought feedback from people and those important to them so they could ensure the service

worked well for them.

- People told us they were happy at Lynnwood. Family members said they had no complaints or concerns but said they felt confident any concerns would be responded to and resolved quickly.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- End of life care wishes were not documented. We raised this with the registered manager, and they were aware this was an area to develop.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team set a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed fresh perspectives. A staff member said, "If you make a mistake it's safe to say so as it's all about reflecting and learning." Another staff member said, "The managers are great, really supportive and approachable, they'll help with anything."
- The registered manager said, "The deputy is very hands on with support, leading by example. There isn't a hierarchical structure, we are all here for the same reason, to achieve great outcomes for people. We all have a part to play in that. Everyone is equal but with different responsibilities."
- The registered managers and deputy manager had a clear understanding of people's needs and good oversight of the service. We observed they had warm and trusting relationships with people.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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 registered managers understood the need to apologise to people, and those important to them, if things went wrong
- Staff gave honest information and suitable support where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff encouraged people and those important to them to be involved in providing feedback to develop the service.
- There were regular opportunities for staff to provide feedback on the service and present ideas for development.
- The management team had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- Staff worked in partnership with other health and social care organisations, including advocacy, which helped to give people a voice and improve their wellbeing.