

Ms Jennifer Jonas

Swanrise

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

Swanrise provides care and support for up to six people with learning disabilities. On the day of our inspection six people were living in the home. Accommodation consisted of a large house on two floors with a large outdoor area.

There was a registered manager in post. 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.

People were supported by staff who understood safeguarding procedures and were able to recognise the signs of potential abuse.

Risks to people had been thoroughly assessed and plans put in place to manage these risks while enabling people to live their lives without unnecessary restriction.

Robust recruitment procedures had been employed to ensure that staff were suitable to work with people who used the service. There were sufficient numbers of staff deployed to meet people's needs. Staff received comprehensive training to enable them to meet people's needs.

People were given support to take their medicines as prescribed. People's nutritional needs were met and they were supported to access healthcare if they needed it.

People were supported by staff who showed respect and cared for them as individuals whilst maintaining their dignity. People were encouraged to make their own decisions where possible and their consent was sought appropriately.

Staff understood the principles of the Mental Capacity Act (MCA) and worked to keep people safe while not unnecessarily restricting their freedom. Deprivation of Liberty Safeguards had been sought appropriately for some of the people living in the home.

People and those important to them were involved in planning their care, how it was delivered and their independence was promoted. People's care was delivered in the way they wished by staff who were knowledgeable about their needs.

People who used the service and staff who supported them were able to express their views on the service. People were supported to make complaints and were confident that these would be heard and acted upon. The service maintained good communication with people who used the service and their families.

The management maintained a good overview of the service and had systems in place to monitor the safety

and quality of the service. Staff were supported by the management and felt valued by the organisation.

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.

People were supported to meet their needs by sufficient numbers of staff.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Medicines were managed in accordance with best practice and people were given the choice to manage their own medicines where appropriate.

Is the service effective?

Good ●

The service was effective.

Staff were highly motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were supported to have their nutritional needs met and to access health care when they needed it.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and provided support discreetly and with compassion.

People and their families were fully involved where possible in making decisions about their care and their independence was promoted.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

People were supported to enjoy a wide range of activities that interested them and encouraged to actively engage with the local community and maintain relationships that were important to them.

People were empowered as much as possible to make meaningful decisions about how they lived their lives and raise any issues that concerned them.

Is the service well-led?

Good ●

The service was well led.

The manager and directors provided staff with appropriate leadership and support. Staff and managers worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health and care needs were met.

Swanrise

Detailed findings

Background to this inspection

This inspection took place on 18 and 19 August 2016 and was announced. The provider was given 24 hours' notice because the location was a small service and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in June 2016. 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. We looked at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and quality monitoring team.

People who used the service were unable to verbally give us their views about the service they received. We spoke with two relatives of people who used the service, three members of staff and the registered manager. We also made general observations of the interactions between staff and people using the service throughout our visit.

We reviewed three people's care records and medicines administration record (MAR) charts. We viewed three staff recruitment files as well as training and induction records. We also reviewed a range of management documentation monitoring the quality of the service.

Is the service safe?

Our findings

Staff at Swanrise knew how to keep people safe. One relative we spoke with told us, "I think [name] is safe."

Staff told us that they had received training regarding how to safeguard people and were able to tell us how they would recognise signs of potential abuse and how they would report them. One member of staff we spoke with told us about signs that might indicate potential abuse, "People can become withdrawn." Another member of staff told us, "If I was to see anything, I'd report it straight away."

Risks to people living in the home had been identified, thoroughly assessed and plans put in place to mitigate the risks. Staff told us that risks to people were identified and plans put in place to reduce the risk without unnecessarily restricting the person's freedom. We saw that each person had an emergency evacuation plan in case of a fire at the service. This plan included an individual risk assessment and a care plan that guided staff on the best way to support the person to safety in the event of a fire. We saw that there were monthly fire evacuation drills and safety checks to ensure that the service was safe and that staff knew what to do in the event of an emergency.

Some of the people living in the home could exhibit behaviours that might challenge others. We saw that there was detailed information regarding the triggers for people and ways to manage the behaviours to protect the person and others around them. The triggers could include specific words that were significant to the person and caused them to become distressed. Staff were advised which words or actions to avoid with each person and also how to de-escalate situations with minimal impact on the person. Staff had training in restraint techniques but avoided these wherever possible. They monitored people's moods constantly so that any indications of the person becoming agitated could be picked up quickly and calming strategies adopted. One member of staff told us, "[Person] likes baths to reduce their agitation."

During the inspection we saw that sufficient numbers of staff were deployed to meet people's needs. Most of the people living in the home needed one-to-one care. We looked at staff rotas and saw that there were consistently enough staff deployed to meet people's needs. We did note that some staff were working long hours but the manager told us that this was due to a shortage of overall numbers of staff employed by the service but that they were constantly recruiting in a bid to rectify this. One member of staff told us, "There's always enough staff on shift."

People were supported by staff who had undergone required recruitment checks to ensure that they had not previously been deemed unfit to provide care and support. We saw that references from previous employers of new recruits had been sought by the manager. Disclosure and Barring Service (DBS) checks had been carried out to show the applicant's suitability for this type of work. The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

People received their medicines in the way that they wanted from staff who had received training in the administration of medicines. Medicines were stored appropriately in locked cabinets and when we checked

stocks of medicines matched the amounts indicated on the medicines administration records (MAR) charts. We saw that details of people's medicines were recorded and all administrations had been signed by staff. We also saw protocols for people who had been prescribed PRN (as needed) medicines which contained information on when the person would need the medicine. We noted that each person's care plan also provided staff with guidance on how the person preferred to take their medicines.

Is the service effective?

Our findings

People were supported by staff who had received a range of training that provided them with the knowledge and skills to meet people's needs. Training included courses in mental capacity, principles of care, infection control, epilepsy, autism awareness, person centred care and first aid. The majority of staff had also completed or were in the process of completing the care certificate.

Staff were required to complete an induction course which included shadowing more experienced colleagues before they started to provide support to people and familiarising themselves with people's care plans. The provider told us in their PIR, "New staff are fully inducted by a senior member of staff and are mentored during the first few weeks of employment. During induction new staff read the employees hand book and all policies. Once understood and any questions answered, they then sign to acknowledge they have read them." Staff confirmed to us that this had happened when they commenced employment at 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 home and hospitals are called 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.

Staff had a good knowledge about supporting people to make their own decisions when necessary. They told us they sought people's consent when offering them support and respected their wishes if they declined. We saw that appropriate mental capacity assessments had been carried out for people and DoLS authorisations had been sought where necessary.

Some people living in the home displayed behaviours that could challenge others. We saw that there were lists of possible triggers to these behaviours and guidance for how staff should respond in order to keep the person and others as safe as possible. The service employed 'safe holding' techniques when necessary to calm people down when they became agitated.

People were supported with their nutritional and hydration needs by staff who understood individual people's needs and how to meet them. One person living at the home needed a diet that avoided certain foodstuffs. Staff were aware of this and were able to tell us how they catered for it.

A relative of one person we spoke with told us, "[Manager] was extremely good, got things moving with the

doctor."

People's health was monitored daily to ensure that any problems were picked up promptly and access to appropriate healthcare was sought when it was needed. We saw that the service had worked closely with health professionals to minimise people's distress when they needed more complex medical interventions. For instance, when people needed dental treatment in hospital, staff ensured that people were introduced to the hospital staff who would be carrying out the procedure to reduce their anxiety about the process. We saw in each person's care plan that a hospital passport had been written to provide hospital staff with information on how best to meet the person's needs while they were in hospital. The registered manager also told us that staff from the home accompanied people on visits to hospital to further reduce the risk of the person becoming distressed by the process.

The service also routinely monitored people's mental health. Observations on all people were recorded by their one-to-one support worker every 15 minutes in order to pick up any signs of deterioration and to continually develop the service's understanding of people's mental health problems.

Is the service caring?

Our findings

We observed the interactions between staff and people and noted that staff treated people with kindness, compassion and respect. Staff clearly knew people very well and were able to tell us specific information about the. For instance, one member of staff described how they could tell whether one particular person was having an epileptic absence or was asleep by how firmly they held their book. A relative of one person told us, "I feel happy that [name] is well looked after." The member of staff told us, "With [person], when you get to know them, you know the signs."

People's care plans contained detailed information about them particularly in the section entitled; 'pen picture'. This section contained a brief description of their personal history, their personal care abilities and support needs and their social interaction skills. Staff described to us how they supported one person with their personal care. The care plans focussed on the promotion of people's choice and independence. For instance, we noted in one person's care plan there was guidance on how to support them with their personal care. This included guidance on the best way to communicate with the person, what they were able to do for themselves, where they needed prompting and what support they needed.

One member of staff told us, "They [people] are like my family, I miss them when I'm on leave." Also when one person with limited speech said to them, "Missed you [staff's name]", the member of staff told us, "It made my day."

We saw in people's care plans that they and their families had been involved in planning their care. We saw that each person had been supported to access an advocate to represent their views. One member of staff told us, "We always follow what people want if possible."

The provider told us in their PIR, "All staff are encouraged to let service users have as much independence and choice (where appropriate) and to have a say." Staff told us that people choose the food that they want to eat at the weekly house meetings. One member of staff told us how they supported one person to make decisions about their clothing. They told us, "With [person], we ask them which clothes they want to wear and they get themselves dressed."

Staff were aware of the need to promote people's dignity and privacy. One member of staff we spoke with told us, "I wouldn't let [people] walk around naked, I would help them back to their room to get dressed." Another member of staff told us, "You knock before you enter someone's room and shut the door behind you. People can go to their rooms if they want privacy and one person is able to have a key for their room."

We saw that people were supported to maintain relationships with their families and people who were important to them. One relative told us that their family member was supported to visit them at their home. They told us, "[Name] is always happy and never worries about going back."

Is the service responsive?

Our findings

There was clear evidence in the care plans that people and their families had contributed to the assessment and planning of their care. The care plans were regularly reviewed and staff were in regular contact with people's families to ensure that they were involved with people's care and they were invited to an annual review of the plans. The registered manager told us that they found talking to people's families particularly useful as they found out more information about the person such as previous behaviours and events which helped the service refine the support they provided for people. One member of staff told us, "The care is different for everyone, it depends on their needs and they all have the same opportunities."

The care provided to people at Swanrise was person centred and staff knew the specific needs of each person very well and how to meet them. We saw that there had been a recent trip to local attraction and noted that a great deal of careful had gone into ensuring that people's specific needs were met and safety maintained during the journey there and back and during the visit. We saw seating plans for the car journeys and clear guidance for staff on how to support people during the visit. One person's relative told us, "They took [name] to the zoo."

Most people living in the home were allocated one to one support. Staff were in regular contact with each other using handheld radios so that assistance could be summoned quickly if needed. We saw that handovers at the end of each shift were conducted by secure email to ensure that all staff had precise updates on the latest situation for each person living in the home. Observations were carried out on people throughout the day to record mood and activities and these were used to build an accurate picture of the person and indicate any possible triggers for behaviours and reduce the risk of people becoming anxious or agitated.

People were encouraged and supported to follow leisure activities. There was a large grassed area at the rear of Swanrise where people could exercise and be alone if they wanted to. The registered manager told us of plans to construct summer houses for the people who lived at the home and also to introduce goats and chickens for the people to interact with. There were also plans to construct a polytunnel so that people could grow vegetables. People were supported to go out on trips and follow their own interests inside and outside the home. Some of the people living at the home attended day services locally.

People's care plans contained details of their leisure interests and there was a board on the wall in the communal area of the home that displayed people's activities in two categories of 'now and next'. The registered manager told us that they had found this was the best way for people to follow what they doing without causing them to become anxious and confused.

We saw that the service dealt appropriately with people's concerns and complaints. There was a complaints procedure on display in a communal area that was in an easy read format specifically tailored to the needs of the people living in Swanrise. Staff were also available to provide support to people to make a complaint if they needed it.

There were regular meetings for people living in the home which could be held between the individual and a member of staff or as a group depending on the person's preferences. Topics discussed included food preferences and activities such as trips out.

Is the service well-led?

Our findings

The service promoted a positive culture that focussed on the needs of people living there and was open, inclusive and empowering with them and the staff. Staff told us that their suggestions were welcomed by the registered manager and that they felt valued by the organisation.

Staff told us that there were regular team meetings which were held early in the morning so that night staff could attend before they finished work. There were two meetings held on each occasion so that all staff had the opportunity to attend while ensuring that adequate levels of care was still provided to people living in the home. Staff told us that they felt these meetings were open and inclusive. We saw records of regular staff supervision sessions and annual appraisals which were used to discuss practice issues.

Staff we spoke with told us that they felt able to discuss what they needed and raise concerns with the registered manager. One staff member told us, "Everyone [staff] is treated equally, if I've got anything on my mind, I'd go straight to [manager]."

Staff were in weekly contact with the relatives of people who used the service. Relatives we spoke with told us that they appreciated this as they were able to keep up to date with how their family member was and felt more involved with their care. The registered manager told us that they found the calls useful in acquiring additional information about people to build a clearer picture of their needs as even the most minor details could help to explain behaviours and indicate possible strategies to support people.

We saw that the registered manager maintained robust auditing systems for the service including monthly audit checks on people's medicines, support plans, antecedent behaviour and consequence (ABC) charts. We also noted that regular checks were carried out on the premises and the vehicles used by the service to ensure safety.

The registered manager empowered staff with roles within the home such as medicines management, maintaining the cleaning regime and food orders. Staff we spoke with told us about their roles and how they managed them to improve the running of the home.

The registered manager also told us that they were planning to review the structure of the care plans to make them more accessible and less bulky. They also told us that it was their idea to make handovers carried out via email and that the idea had now been adopted by the rest of the organisations services.

During our visit the manager was very involved supporting staff, taking over their duties while they spoke with us. Staff told us that the registered manager modelled good practice and monitored the work of staff. One member of staff told us, "[Manager] will not tolerate anything untoward, they will nip it in the bud straight away." Another staff member we spoke with told us, "[Manager] will go round checking. They make sure staff are doing what they should."

The registered manager told us that they receive good support from the senior management in the

organisation. This included regular visits from the senior manager who also carried out their own audits of the service. There were also regular meetings with the managers of the organisation's other services. Staff told us that the senior manager was approachable and supportive.