

Swanton Care & Community Limited

Swanton Community Support

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

The inspection took place on 6 April 2017 and was announced.

Swanton Community Support provides support to people living in their own homes, most of whom need support with a mental health need or learning disability. At the time of this inspection there were 24 people being supported in flats on the same site as the agency office. A number of others were being supported in their own homes in the community.

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.

There were enough suitably recruited, trained and supported staff to meet people needs in an individual manner. Staff had been inducted and had received appropriate support to prepare them for their role. Ongoing training was provided which had effectively provided staff with suitable skills and knowledge to support the people who used the service.

People's needs had been regularly assessed and reviewed to ensure accurate support plans were in place. People had been involved in the planning of the support they received and staff demonstrated they knew people's needs well. The service was flexible in meeting these.

Staff demonstrated a respectful and encouraging approach to providing support and understood the importance of people being in control of this. People's independence was promoted and their privacy and dignity maintained. Staff had developed meaningful and trustful relationships with the people that used the service.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that the service was compliant with this legislation and that staff had knowledge of its application. They understood the need for consent and regularly gave people information in order for them to make decisions.

The risks to those that used the service had been identified, managed and reviewed. Staff had a good understanding of how to safeguard people and reduce the risk of abuse. The provider had plans in place to manage any adverse incidents that may occur in order to ensure continuity of the service people received.

Accidents and incidents were recorded and appropriate actions taken. However, a more robust system was required in order to analyse these in order to mitigate future risk. The service had recognised this and was working towards achieving this.

People's healthcare needs were met and staff supported people as necessary to access healthcare services. Staff supported people with meal preparation as required and gave people information in order for them to make decisions about their diet and associated health. Where support was required, staff administered people's medicines safely and as prescribed.

Processes were in place to monitor and improve the quality of the service and feedback was sought on its implementation. People told us they felt able to express their views and that they would be listened to. People felt confident any concerns they may have would be actioned appropriately.

The culture of the service was open and positive. The management team were accessible and hands-on. They had a clear understanding of the service, its strengths and areas for improvement. An action plan was in place to drive improvement.

All the people we spoke with told us that they would recommend the service. They told us this was due to the success of the support their family members received, the kind and considerate approach of staff and the confidence they had in the management of the service.

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.

The risks to individuals had been identified and assessed whilst taking into account their choices and abilities. Staff had good knowledge in how to prevent, protect, identify and report any potential abuse or harm.

There were enough safely recruited staff to meet people's needs in a person centred manner. People told us staff had time for them.

People received their medicines safely and as the prescriber had intended. Good practice guidelines were followed.

Is the service effective?

Good ●

The service was effective.

People benefitted from receiving support from staff who had been appropriately trained and inducted into their roles. People had confidence in staff abilities, skills and knowledge.

The service was compliant with the Mental Capacity Act 2005 (MCA).

Where people required support from the service in relation to meeting their health and nutritional needs, this was delivered effectively.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a respectful and empowering manner that assisted them to develop their skills and abilities.

People's privacy and dignity was maintained and choice and independence encouraged.

People and, where appropriate, their relatives had been included in the planning of their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received a person centred service that was flexible in meeting their needs.

Support plans were individual to each person, reflected their needs and gave staff guidance in supporting people.

People felt confident in raising concerns and confident they would be addressed empathetically and promptly.

Is the service well-led?

Good ●

The service was well-led.

The culture of the service was progressive, open and supportive. Staff worked well as a team and communicated effectively.

The management team were effective, visible and knowledgeable.

Feedback was sought on the service and used to drive improvement. Quality monitoring audits were in place to monitor and assess the service.

Swanton Community Support

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.

The inspection took place on 6 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The management team sometimes spends time away from the office supporting staff and the people who use the service. Notice was given to ensure the management team was available to assist our inspection. Telephone calls were made to relatives of the people who used the service on 5 April 2017. The inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). 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 contacted a number of community professionals who had had recent involvement with the service for their views on it. We also reviewed the responses in questionnaires from five people who used the service, 13 staff, one relative and two community professionals who provided support and advice about people's care. These had been sent to people for completion before our inspection.

During the inspection we visited the service's office, spoke with two people who used the service and five relatives. We also spoke with the registered manager, deputy manager, three team leaders and two support workers. A third person who used the service provided us with written feedback following our inspection visit.

We looked at the care and medicines records for three people who used the service. We also viewed records relating to the management of the service. These included quality monitoring audits, three staff recruitment files, training records and quality monitoring questionnaires.

Is the service safe?

Our findings

All the people we spoke with had no concerns in relation to safety. Those that used the service told us that they felt safe. One person described how staff recognised when their mental health was deteriorating and provided them with extra support to prevent further decline. They said, "Staff can tell when I'm going downhill. They spend time talking with me and listening." This person told us that without this support, they were at risk of being admitted to hospital.

People's relatives agreed that the service was effective at keeping their family members safe. One relative told us, "[Family member] is very stable living at Swanton." They went on to say that the staff understood how to support their family member in a way that promoted their mental health and kept them well. Another relative said staff, "Were on it" when it came to any issues with their family member.

Staff had a good understanding of how to help to keep people safe and free from the risk of abuse. They were able to tell us the different types of abuse and the symptoms that may indicate a person was being abused. Staff knew how to report any concerns they may have both inside and outside of the organisation and were able to tell us where safeguarding information was located within the service. We saw that the local authority safeguarding team's telephone number was visible throughout the service for both the staff working there and those that used it.

We know from the information we hold about this service, and from discussions with the registered manager, that any safeguarding concerns have been managed appropriately and reported as necessary.

The service had identified, mitigated and managed the individual risks to people who used the service. These were relevant to each individual and showed an understanding of those they referred to whilst giving people the environment to make their own choices. For example, risk assessments showed that staff were to regularly provide people with information in order for them to make decisions in relation to risk. The daily notes we viewed confirmed this had taken place. The service had assessed the risks in relation to various aspects of people's lives such as medical conditions, smoking, dehydration, behaviour that may challenge others and the use of mobility equipment. The service had also assessed the risks relating to staff in relation to them providing support to people in their own homes.

A business continuity plan was in place for the service that assessed the impact any adverse events may have on the service and how these would be managed in such an event. These included events such as loss of utilities, major disruption to service, loss of IT system and adverse weather. A fire risk assessment was also in place together with an evacuation plan for each person who used the service.

Accidents and incidents were recorded with appropriate action taken and both the registered and deputy manager had good knowledge of these. However, there was no real system in place to analyse these in order to identify trends or repeated contributing factors and therefore formally mitigate future risk. The service had, however, recognised this and it formed part of their action plan. Training had been completed, and was ongoing, on an electronic system and we saw that discussions had taken place in staff meetings in relation

to accident reporting.

The provider had procedures in place to help reduce the risk of employing staff who were not suitable to support the people who used the service. This included completing a police check on potential employees and gaining two references. Identification, both photographic and in relation to confirmation of address, had been sought for all employees.

All the people we spoke with told us that there were enough staff to meet each person's individual needs. The people who used the service told us that staff arrived on time, assisted them as agreed and had time for them. They said they mostly saw the same staff. One person said, "Staff are friendly and have time for you." Another told us, "Staff take me for walks and listen to me." One relative told us how important it was for their family member to see the same staff, particularly as they experienced memory issues. They told us that the service understood this and ensured only the same staff supported their family member. They told us their family member, "Consistently had the same carers" and that, "Having people they (family member) know reduces their anxiety." Staff agreed that they had enough time to meet people's individual needs.

We looked at the medicine administration record (MAR) charts and associated documentation for three people who had support from the service in regards to medicines management and administration. This was to see whether they supported the safe administration of medicines.

People had received their medicines as the prescriber had intended and good practice guidelines had been followed in all except one area of medicines management. People told us that they received their medicines on time and understood what they were taking and why.

The MAR charts we viewed were legible, accurate and complete. Identification sheets were in place for each person to reduce the risk of medicine administration errors occurring. These were person centred, included a photograph of the person and contained relevant and specific information to aid administration that met people's personal preferences. For medicines that had been prescribed on an 'as required' basis, detailed information was available to staff that helped ensure people received these medicines safely and appropriately. Where medicines had been handwritten onto the MAR charts, these were legible and had been signed by two staff members in order to reduce the risk of error when transcribing. Detailed and consistent notes had been made in order for staff to understand the history of the administration of people's medicines.

However, although the service had counted the stock of medicines received at the start of the month, those medicines carried over from previous months had not been accounted for. This meant the service did not have a full account of all medicines held within the service. This would make it difficult to complete a full audit of medicines. When this was brought to the attention of the assistant manager, they told us they would action this immediately. By the time our inspection visit was complete, the assistant manager had contacted those staff responsible to discuss.

We saw that medicines were stored securely and that, at any one time, only one senior member of staff had access to these via keys. Staff had to sign each time they held the keys which assisted in accountability and in relation to the audit trail. During our inspection we saw two senior staff members check in the medicines of a person who had started to use the service that day. We saw that this was robust and followed good practice guidelines.

Staff had received training in the administration and management of medicines and their competency regarding this had been assessed. Regular audits on medicines management were in place.

Is the service effective?

Our findings

The people we spoke with had confidence in the abilities of the staff and felt they were well suited to their roles. One person who used the service told us that staff had been, "Really good" at supporting them through a recent concern they had experienced. Another person said, "Staff are good." Most of the relatives we spoke with agreed although one felt some staff were more proactive than others in encouraging their family member with daily living tasks. However, the relative explained the difficulties with this and had an understanding of the contributing factors. Other relatives felt staff were well placed to support their family members, talking of knowledgeable staff who had the skills to support people with often complex needs.

Staff received an induction when they first started in post and ongoing training in a variety of formats. Staff spoke positively about the induction and training they had received in order to prepare them for their role. One staff member explained the induction as, "Very, very good" whilst another said it had been, "Extensive." The provider had recently employed a training manager and, without exception, staff were complimentary about this staff member's abilities, knowledge and approach. Two staff described the training manager as, "Fantastic" and "Very, very knowledgeable". Another staff member said of the training, "It's given me a better understanding and taught me to change my approach to people (who use the service)." They went on to say that the induction and training had made them feel competent in their role.

All new staff had completed the care certificate which is a set of standards staff are required to work to. Staff told us they felt supported, received supervisions and the opportunity to discuss their progress and abilities. Records showed that staff were receiving regular supervision sessions and that appraisals were ongoing. Training statistics demonstrated that staff were up to date with their training. Through discussion and observation, we concluded that staff had the knowledge and skills to support those that used 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA and were knowledgeable in its purpose, application and how it may impact on the support they provided to people. We saw that the service had sought intervention from appropriate professionals as required when they had doubt over a person's capacity to make a decision. Appropriate people had been consulted whenever best interests decisions had had to be made and these were documented. Advocates were used by a number of people who used the service to aid decision making.

Where people needed support with preparing meals as part of their care package, records showed that this was delivered by the service. Care plans showed what support was required and how this should be delivered. The need for advice in relation to shopping, budget management and planning healthy meals was incorporated into people's support plans. For one person who often chose to eat and drink products that could adversely affect their health, we saw that staff regularly reminded the person of the health implications the decision may have and the consequences of it. This ensured that the person had all the information they required in order to make the related decision. We concluded that, where necessary, people received the support they required to shop for and prepare their meals, to eat and drink enough and make decisions in relation to their nutritional health.

People saw health professionals as required. For one person who was diabetic and required regular foot monitoring in order to remain well, records showed that this was provided on a regular basis. We saw that people saw a variety of health professionals including mental health workers, the GP and others who could assist them in keeping physically and mentally well. Staff were available to support people with healthcare appointments and we saw this take place on the day of our inspection visit.

Is the service caring?

Our findings

People benefitted from receiving support from staff that demonstrated a patient, respectful and considerate approach. People told us that staff were caring and compassionate. One person said of staff, "They support me during bad times." Another person said they would feel lonely without the support of staff. They went on to say that staff considered what they wanted in relation to the support they provided.

The relatives we spoke with talked highly of the nature of the staff that supported their family members. One told us, "Staff are very kind, very tolerant." They went on to say, "Hats off to the staff. They're very patient with [family member]. They're always there for them." Another relative described staff as, "Very approachable and lovely." A third relative said staff, "Genuinely care" and that they were, "All brilliant." Those community professionals who completed a questionnaire prior to our inspection agreed. One wrote, "I am aware that staff offer a caring and consistent approach." The other described the staff and management team as, "Helpful, open and approachable."

During our inspection we witnessed few interactions between staff and those that used the service due to the nature of it. However, for those that we did see, we saw that they were respectful, courteous and considerate. For example, we saw that a team leader was very busy with conflicting demands when a person who used the service asked for their attention a number of times. The staff member stopped what they were doing, clearly and respectfully explained what was happening and managed the person's expectations effectively. On another occasion, we saw that a staff member immediately stopped what they were doing to support a person who was feeling anxious. We saw that staff ensured people had the support they required at a time they needed it.

The relatives of those that used the service spoke positively about the relationships staff had developed with their family members. They spoke of staff that knew their family members well and how this positively contributed to their wellbeing. One relative told us, "Staff are very good at saying the right thing to [family member]; they know they need to be subtle (in their approach)." Another relative explained how important it was that staff understood their family member's life history in order to forge meaningful relationships. They told us, "Staff understand [family member] as a person and not just a set of needs." They went on to explain how staff relationships had grown as their family member's health had deteriorated. They said, "Staff have done that journey with [family member]." This was very important to the person and their relative.

Through discussion with staff members, we saw that they knew the people they supported well. This included people's histories, situations that could make people anxious or unhappy, personalities, likes, dislikes, needs and risk factors. One staff member spoke with pride in the progression people who used the service had made in relation to their behaviour. The staff member told us about one person's unstable history and how they had been hostile when they first used the service. The staff member explained how relationships with staff had grown and how this had positively affected the person. They said, "[Person who uses the service] can now express themselves. It's given them self-worth." All the staff we spoke with had good knowledge on the needs of those that used the service. They spoke eloquently and passionately when explaining this to us and this included our discussions with the assistant manager and registered manager.

Staff understood the importance of supporting people to make their own choices and assisting them to develop skills in order to live an independent life. All the people we spoke with who used the service told us that staff assisted them in a manner directed by them. Staff spoke about supporting people in a way that enhanced their capabilities and skills but that ensured they were in control of decisions as appropriate. One staff member, when describing an unwise choice one person made and how they supported them with this, said, "We advise but it's their choice. It's not for us to judge." Another staff member said, "Supporting people to be independent, being person-centred – it's what we're here for." The support plans we viewed showed that the development of people's skills to lead independent lives that they were in control of had been considered and encouraged.

The confidentiality and privacy of the people who used the service were considered and this was evident during our inspection. For example, confidential records were securely stored and conversations regarding those that used the service were undertaken in private. When we saw people who used the service wanting to discuss issues with the assistant manager, we saw that this happened in a private, quiet space that was comfortable and welcoming. One relative told us staff were, "Really good at promoting dignity and privacy."

People told us that they had, and were, involved in the planning of the care and support they received. They told us staff gained permission before assisting them and respected their wishes. The relatives we spoke with told us they were fully involved as necessary and as required. One told us, "I'm very involved in planning the care [family member] receives."

Is the service responsive?

Our findings

People told us that their needs were met by the service they received. They told us staff supported them as planned and that they did so in a way that met their individual needs.

One relative we spoke with talked of a service that understood their family member's precise needs well and met these on a consistent basis. They told us that their family member needed structure and routine in order to remain well. They said staff understood the reason for this and ensured this was in place. The relative told us, "Staff give [family member] structure which helps [family member]. Staff are very good at this." They went on to say, "Staff know [family member] well and know how to manage their needs. There's no better place for them."

Another relative spoke positively about how the staff met their family member's changing and complex needs. They told us, "Staff have a good understanding of [family member's] needs." They went on to say, "Staff have adapted to [family member's] changing needs." This relative told us they were, "Extremely happy" with the service their family member received.

Whilst two relatives we spoke with told us staff didn't always support their family member's with daily living tasks as planned, they understood the reasons behind this. For example, both said their family members were often reluctant to accept support and they understood staff could not offer assistance without consent in place. One relative told us that they felt some staff were better at encouraging their family member than others but were, nonetheless, complimentary about the service. The second relative told us staff tried hard to engage their family member in accepting support. They said, "Staff have tried to help; they often go out of their way to."

The two community professionals who completed questionnaires for us prior to our visit had no concerns in the way in which the service met people needs. One told us, "The service has reported any concerns or issues to me immediately so that I could explore with my client. Care plans have been followed and I have no concerns at all working with this agency."

We viewed the care and support records for three people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. We saw that support plans were individual to each person and were accurate and up to date in reflecting people's current needs. For one person who had a medical diagnosis, we saw that there was a dedicated care plan in place for this. It gave staff good information and guidance on how to support the person in relation to this need, symptoms to be aware of that may indicate a decline in health and what to do in this event. Staff told us support plans gave them all the information they needed to support people. From the daily notes we viewed and discussions with staff and those that used the service, we concluded that staff supported people in a manner consistent with their agreed support plans.

Staff were able to describe the needs of those they supported and how they met these. Staff spoke enthusiastically about those they supported and the achievements they had reached since receiving the

service. One staff member told us how the service had been flexible in accommodating the needs of one person. They told us staff had changed the times they provided support to accommodate an interest the person had. The staff member understood the importance of this activity on the person's mental health and wellbeing. They said, "Staff are flexible and person centred. [Activity] is important to [person]. Their emotional health is improving as a result." Another staff member told us, "It's about being there for them [people who use the service]."

All those we spoke with told us they would feel comfortable in raising any complaints or concerns. They told us they would feel confident that they would be listened to and appropriately addressed. When we asked relatives about raising concerns, one told us, "I have no complaints. I'm so glad [family member] is there." Another told us they had no concerns but that the service, "Absolutely tried to improve." A third relative said, "I'm quite happy with everything."

The service had a complaints policy in place and had managed complaints effectively and appropriately. Any concerns had been investigated and responded to as expected. We saw that the service's complaints policy was visible to those that used the service along with information on other external organisations that could assist with any concerns people may have.

Is the service well-led?

Our findings

At our last inspection, carried out in March 2016, the service was undergoing staff changes and structure. This had adversely impacted on the morale of staff and the stability of the management of the service.

At this inspection, we saw that the changes had been embedded and that the service was stable. One staff member acknowledged this period of change and told us, "There have been lots of improvements. Management has stabilised and we're progressing well." Those staff that had started in post relatively recently were nothing but complimentary in the management of the service and the support they had received.

Since our last inspection, the service had reinstated the roles of assistant manager and training manager. This had given the registered manager extra support and resources to ensure the service ran effectively and that the quality was consistent. The registered manager told us the service was more stable and that the feedback from staff had been positive in relation to this. They told us about the improvements they were currently working on and had planned which corresponded to the action plan in place for the service. Through discussion and the information we hold about this service, we know that the registered manager understands their role and regulatory responsibilities.

People spoke positively about the management team at Swanton Community Support. They told us the assistant manager and registered manager were visible, approachable and knowledgeable.

All the people we spoke with who used the service told us they saw the management team on a regular basis. One said, "They're good." Relatives spoke of a management team that listened and were communicative. Staff felt supported by the managers. One told us, "The managers are always approachable. Any issues, I can go straight to them." This staff member explained that the managers were available for support both on a personal level as well as a professional one. Another staff member said management were, "Really supportive." A third staff member told us the managers gave praise and encouragement to staff and described the registered manager as, "Fantastic."

Staff spoke of a culture that was open, supportive and positive. They told us team work was effective and that staff supported each other. One staff member said, "Staff are really lovely." Another said of their colleagues, "I get lots of support." A third staff member told us that they had felt prepared for their role and not felt nervous about starting, "Because I've felt supported." They went on to say they had been given time to learn their role and to get to know people. They told us staff worked in a person centred approach.

During our inspection visit we saw that the service ran smoothly and that it was organised and efficient. We saw that staff knew their roles and responsibilities and communicated well amongst themselves and with the management team. Processes were in place to aid this including handover meetings and records and a number of communication books. We saw staff verbally handover tasks to each other and that the approach was one of team work in relation to achieving what was required. For example, we saw one staff member ask another if there was anything they could do to help when they saw their colleague was trying to manage a

number of conflicting tasks. We saw they worked well together to achieve the outcome.

Feedback had been sought on the service and those we spoke with confirmed this had taken place. They told us this happened on a regular basis. We saw that people's views on the service had most recently been sought in December 2016 and again in March 2017. These results had been analysed and the results showed an increase in positive feedback. Results had also been used to develop the service's overall action plan showing a commitment to driving improvement.

Meetings were also held to impart information and gain people's views on the service. Although the people who used the service told us they hadn't had one for a while, they told us meetings had taken place and the minutes we viewed confirmed this. Staff told us they had regular meetings and we saw the minutes from these meetings. They showed that topics such as health and safety, service quality, training and staff responsibilities were discussed.

In addition, the provider had a number of quality monitoring audits in place to drive improvements. These had been effective and covered aspects of the service such as medicines management, infection prevention and control and health and safety. Governance audits had also been completed by the provider on a regular basis. These had then been used to drive improvement across all services managed by the provider.

All the people we spoke with told us that they would recommend the service to others. They spoke of considerate and knowledgeable staff who knew people well and met their needs. People told us the management team was effective and that the service was stable. All of the relatives we spoke with were happy with the service their family members received. One told us, "[Family member] is happy there and I'm reassured by that." Another said, "The overall feel of the service is friendly and approachable." A third relative described the staff as, "Always professional but part of the family."