Swanton Care & Community Limited

Eden View

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

Overall summary

Eden View is registered to provide accommodation for up to 10 people who require nursing or personal care. The service is provided for people who have acquired brain injuries or other very complex care needs. At the time of our inspection there were 10 people living at the service. The service is located in the village of Bottisham and offers ample parking and accessible premises for people, staff and visitors.

Accommodation is provided on both floors of the two storey building and all bedrooms are single rooms with en suite facilities.

This unannounced inspection took place on 22 July 2015.

At our previous inspection on 24 October 2013 the provider was meeting the regulations that we assessed.

The service did not have a registered manager in post. The manager had been managing the service since October 2014 and was in the process of becoming the

Summary of findings

registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a robust recruitment process in place which ensured that only staff who were deemed suitable to work with people living in the service were offered employment. There was a sufficient number of suitably experienced staff working at the service. An effective induction process was in place to help support and develop new staff.

Staff were trained in medicines administration and had their competence regularly assessed to ensure they adhered to safe practice. Staff had been trained in protecting people from harm and were confident in their understanding of what safe care meant.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager and staff were knowledgeable about assessing people's ability to make specific decisions about their care needs. Authorisations to lawfully deprive people of their liberty were in place.

People's care was provided with compassion by dedicated staff who knew and understood people's needs very well. People's privacy and dignity was maintained by staff using appropriate means. People were supported to make decisions about the subjects which were important to them.

People, their relatives or representatives were involved in planning their care provision. Regular reviews of care were completed. This was to help ensure that people were provided with care and support based upon the person's latest and most up-to-date care information. Advocacy for people using the service was provided by families and friends.

People were supported to access a range of health care professionals including their GP, dentist, dietician or physiotherapist. Health care professional advice was followed and adhered to by staff. Prompt action was taken in response to the people's changing health care needs. Health risks to people were regularly assessed and managed according to each person's needs.

People were supported to have sufficient quantities of the food and drinks that they preferred and staff encouraged people to eat healthily. People were supported with their nutritional and hydration needs with diets which were appropriate for their needs to help ensure they achieved or maintained a healthy weight.

People were supported to raise concerns or suggestions. Staff recognised and knew how to respond to any changes in people's well-being which could indicate if a person was not happy. Information and guidance about how to raise compliments or concerns was clearly displayed.

Audits and quality assurance procedures in place helped identify areas for improvement and what worked well. Good practice was shared through a range of forums including managers' meetings any staff meetings. Staff were supported to develop their skills, increase their knowledge and obtain additional care related qualifications.

Summary of findings

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. People were supported by staff who were knowledgeable about reporting and acting on any concerns about people's safety and well-being. Procedures and measures were in place to ensure only those staff deemed suitable were offered employment to work at the service. A sufficient number of suitably qualified and competent staff were employed to meet people's needs. Risks to people's health were managed effectively. Risk assessments were in place for the management of risks to people's safety.	**Good**
Is the service effective? The service was effective. People were supported with their decision making and were supported with care that was in their best interests. People's health needs were assessed and met by the most appropriate health care professional. Sufficient quantities and choices of food and drink were available to people, including those people who required soft or pureed diets.	**Good**
Is the service caring? The service was caring. People's individual care needs were responded to and met by staff who knew their needs very well. Staff had a comprehensive knowledge of each person based on the knowledge gained over several years. Staff understood what was important to the person. People were able to see or be visited by relatives and friends at any time day or night.	**Good**
Is the service responsive? The service was responsive. People's preferred social activities, hobbies and interests were supported by staff who recognised how to support people to achieve their aspirations. People's assessed care needs were supported by information from friends and families. People's comments, concerns and suggestions were acted upon. Opportunities from people's comments and suggestions were investigated and acted upon.	**Good**
Is the service well-led? The service was well-led. Audits and quality assurance processes in place identified what worked well and where improvement was required.	**Good**

Summary of findings

People, staff, social workers and external health care professionals had opportunities to discuss and implement best practice about their care.

The manager and provider kept all staff skills current and up-to-date. Staff shared the beliefs and values of the provider by always putting people first in everything.

Eden View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 22 July 2015 and was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also looked at the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with three people living at the service, the manager, two nurses, four care staff and the chef. We also spoke with a visiting GP, an occupational therapist and the service's commissioners that pay for people's care.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed other people's care to assist us in understanding the quality of care people received.

We looked at three people's care records, the minutes of managers' and staff meetings. We looked at medicine administration records and records in relation to the management of the service such as checks on health and safety records. We also looked at staff recruitment, supervision and appraisal process records, training records, and complaint and quality assurance records.

Good

Is the service safe?

Our findings

People told us that they were safe living at the service. One person said, "I have no worries about my safety here." Staff understood how people communicated verbally and through the use of body language if they felt unsafe or were concerned about anything. A relative said, "Definitely, [family member] is safe. There are enough staff and they are so friendly."

Staff had received regular training on how to protect people from harm. They were able to tell us how to recognise any potential or actual harm, who and how to report this to and how to escalate any unresolved concerns should this occur. Information was available to people in the service about how to report any concerns through staff, social workers and healthcare professionals. Staff had access to safeguarding reporting contacts and also a confidential whistle blowing telephone number. A relative told us, "I have no qualms about leaving [family member]. They are in safe hands." This meant that the provider and staff had the appropriate measures in place to help ensure people were kept as safe as possible.

Risks to people, including those for eating and drinking, moving and handling and choking were accurately recorded. As well as a regular review of people's risks, we saw that if the need arose prompt action was taken to manage the risks to people's health. For example, changes to the monitoring of people in response to changes in their health or as a result of health improvements. This meant that the manager and staff took appropriate steps to reduce risk.

People told us that they were able to take risks such as going out to the local village, parks and visiting relatives. One person told us they were looking forward to the service having a vehicle so they could go out even more often. Staff told us, and we saw, that some people were supported by two or three staff. This was for those people whose assessed needs required this support for their safety.

Accidents and incidents, such as people experiencing a high number of falls, were investigated and action was taken to prevent recurrence. For example referrals were made to an occupational therapist or the removal of unnecessary furniture or equipment in people's rooms.

Staffing levels were determined and assessed regularly. These were based on the needs of the people living in the service. During our inspection we saw that there were sufficient numbers of staff to meet people's nursing and personal care needs. Staff responded to requests for assistance promptly. One person commented, "Yes, I feel safe here, staff are great, warm and caring, this place is much better than where I was before. Staff respond when I press the buzzer, they come as quickly as they can." One member of staff said, "We work as a team and if we need to stay a bit after our normal shift this is easier than asking for a bank staff member."

The manager had arrangements in place to ensure that there were sufficient staff when there were unplanned absences. These included staff changing shifts, working overtime and covering shifts themselves. They told us that the key to ensuring people's safety, due to most people having very complex care needs, was a stable staff team. One care staff said, "Most of us [staff] can work with everyone who lives here but sometimes people have staff preferences and we respect this." A visiting healthcare professional said, "There are good staffing [to people] ratios. There is always a nurse present when I visit."

Staff told us that there was a robust recruitment and induction process in place. The records we looked at confirmed this. Checks included those for people's previous employment, nurse's membership of their professional body, such as the Nursing and Midwifery Council and recent photographic identity. One staff member said, "The induction is really good. I was supported until I was confident to work on my own." Another member of staff told us about all the records they had to provide as well as their job interview before they were offered employment.

Staff were trained to safely administer medicines. They also had their competency to administer people's medicines regularly assessed. This was to ensure they maintained a good understanding of safe medicines administration. We found that medicines administration records (MAR) included information on the level of support each person required with their medicines administration. All medicines were stored correctly, administered in a timely way, recorded accurately and disposed of safely when required. Staff were able to tell us about the requirements to support people with their medication. For example, with people's health conditions which required medicines to be administered in a liquid format through their percutaneous endoscopic gastrostomy (PEG) tubes. PEG feeding is used where people cannot maintain adequate nutrition with oral

Good

Is the service safe?

intake. The provider's quality director kept the manager and staff up-to-date with Medicines & Healthcare products Regulatory Agency alerts so that they had the latest guidance for medicines. Nursing staff also told us that as part of their professional registration with the NMC that they kept current with British National Formulary [BNF] guidance. This was to ensure that people were safely supported with their medicines administration and based upon each person's health condition.

Good

Is the service effective?

Our findings

People told us about staff's knowledge and levels of competence in meeting their needs. One person said, "The care is excellent and the food is very good, all the carers are great and I am very happy." We saw that staff responded to people's needs in a professional manner. This was demonstrated by their detailed knowledge of each person and how best to respond to any given situation. For example, if a person had a health condition requiring frequent or urgent attention. Nursing staff had a comprehensive understanding and knowledge of the implementation of supporting people with their safe breathing. Where people required this support we saw that appropriate measures were in place including regular checks of equipment.

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). One member of staff said, "The training we have had on the MCA and DoLS has really helped me understand when people's wishes have to be respected." A nurse told us, "Some people's capacity varies and best interest meetings and decisions about their care had to be held." Staff were very knowledgeable about the MCA and the DoLS and were able to describe the specific decisions people could make and also where people required support with their decision making. However, some mental capacity assessments were just a tick box exercise and the record did not detail the specific decisions people could make and what these were for. This meant that people's capacity may not be accurately determined. We saw that processes were in place, along with risk assessments, which showed how people could take risks and make unsafe decisions [within the MCA]. Authorisations to lawfully deprive some people of their liberty were in place. This was to ensure that people were provided with care which was in their best interests and reduced the risk of adverse health effects.

Staff told us that they had the training they required to meet people's needs effectively. Training was planned and delivered to ensure that staff had the skills and knowledge necessary based upon the individualised care needs of each person. A member of staff told us, "Our training is now 'superb' as it is classroom or /and face to face training." Another member of staff said, "We get regular training and the manager is [good] at chasing us to complete this."

Subjects deemed mandatory by the service provider included infection prevention and control, health and safety, moving and handling and protecting people from harm. We saw that specialist training was provided at different levels for nurses and care staff such as tracheostomy care and PEG feeding.

Staff gave us examples where additional training and clinical supervision had been provided when people's needs had changed. They told us they had further training in the administration of certain medicines and the implementation of new methods of supporting people with their safe eating and breathing to avoid any risk of choking.

We saw that processes were in place to ensure all staff received effective support. The manager and staff confirmed that they were well supported. One staff member said, "I get regular supervisions and this is an opportunity to discuss anything affecting or influencing my work, such as the people living at Eden View and any training in support of my role." The manager showed us the records of planning staff support and confirmed that staff where appropriate had an annual appraisal.

We saw that people were offered a choice of food and drinks to support their nutritional and hydration needs. This included soft food or pureed diets, food appropriate to people's allergies and of the correct quantities. This was to help keep people well hydrated and fed with a healthy balanced diet whilst respecting people's preferences. We saw that drinks were provided and were available throughout the day. People's food and fluid intake levels were recorded and monitored to ensure they received the levels they required.

During our SOFI observation during lunch we saw that some staff assisted people to eat their meals. We saw that staff gave people time to eat each mouthful before offering any additional quantities. One person refused to eat and staff offered several different options which the person refused. Staff tried gently to encourage the person to eat but they decided that they did not want any food at the moment. We saw that other people were supported with their eating and drinking by staff to ensure people ate and drank sufficient quantities. People smiled at staff support and staff showed patience throughout the meal. One person told us, "That lunch was gorgeous. The salmon was lovely. All the food here [Eden View] is good."

Good

Is the service effective?

People, including those with very complex care and nursing needs, were referred to the most appropriate health care professional when needed. This included referrals to dieticians, speech and language therapist and a visiting GP. The service's visiting GP said, "The nurses know each person's needs very well. It is reassuring that when we turn up for planned or unplanned visits that the nurses have the information we need." Having consistent staff who know the health conditions of each person well is really useful." Where people's care involved complex needs a multi-disciplinary team approach was used. This included support from nurses, social services, a GP and a continuing health care professional. People could be assured that the staff would take action to reduce and prevent any risks associated with their health.

Good

Is the service caring?

Our findings

People told us that the staff acted upon their needs. For example where people preferred a male or female care staff this was provided. The person's key worker meeting was used to help people with their decision making in the most sensitive way. We saw much laughter or expressions of pleasure and people being engaged in general conversations. One person said, "The staff are great, warm and caring, this place is much better than where I was before." The manager told us, and staff confirmed, that some people did not like new visitors or strangers. We saw that staff respected people's wishes in these circumstances. This was by only allowing people to see or be seen in accordance with the person's wishes. A relative told us, "I am more than happy, they keep [family member] clean and staff are lovely. [Family member] is better looked after here than they were in hospital as staff there were so rushed but here at Eden View they take time and really care for my [family member].

We saw and people confirmed that staff were always polite and spoke to them in a respectful way. Examples included ensuring people clearly understood what they were communicating or saying to staff. We saw that the support people received was provided with empathy. One care staff said, "I have never had one day where I have not wanted to come to work. It is so rewarding to see the difference we can and do make." A relative told us, "The one thing my [family member] and I like about it [Eden View] is that the staff are so caring and it is much better than where [family member] was living previously. I can now see progress." Another relative said, "The staff are brilliant and exceptional a very dedicated bunch and I cannot speak highly enough of them."

We saw that staff regularly sought or asked about people's general well-being and responded appropriately where this was required. For example, where people were not able to vocalise about their health condition and if it was causing them pain or discomfort. One nurse told us, "People can display facial expressions, not be their normal selves or indicate in their preferred way if they needed additional pain relief." We saw that regular monitoring was in place to support people who could not ask for assistance. A relative told us, "I cannot fault them [staff] at all they are absolutely wonderful and their job is not easy, my [family member] gets more quality time here and seems more alert than when they were in hospital."

Staff described how they respected people's privacy and dignity. This included closing the person's door, talking to them in general conversation and offering reassurance throughout all personal care. A staff member said, "Most people living here are totally reliant on the care staff provided and doing this is the most dignified way possible means a lot to them." Where people were not able to use a call bell, staff maintained frequent contact with them and ensured people's care needs were met respectfully.

Throughout the day we saw that staff responded to people's needs quickly and in a sensitive and understanding manner. We saw that all nursing and care staff, as well as the manager, engaged in meaningful and polite conversation with people no matter how complex people's needs were. We saw during our SOFI observation how people responded positively, with pleasure and involvement in their planned hobbies. There was music playing in the lounge. People were moving their musical instruments or singing in rhythm with the music. People were involved as much as possible because staff sang along, danced and held people's hands as a result of the songs being played.. We saw the delight in people's facial expressions as well as the encouragement and support staff offered. During the lunch staff consistently checked with people in a sensitive way if they were happy with the meal. This showed us that people's needs were respectfully considered by all staff.

We found that people had relatives, friends and representatives who acted as an advocate for the person if required. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. A relative told us, "I have been [name of person] advocate and friend for 15 years and have a lot of experience. I am happy (with the care provided), a really good team well done to them all as their job is not easy." The manager told us that if ever an independent advocate was required this would be provided.

People, and their relatives when required, were involved in the reviews of their care. There were formal reviews held twice a year to update care and informal reviews completed by the person's key worker through face to face meetings and conversations with staff during their personal

Good

Is the service caring?

care and support at least monthly. This also included conversations with staff during the provision of daily care and support. We saw that where people lacked capacity, previous life history and known preferences were used to inform the person's care plan and best interest decisions. This was to help ensure staff supported people in the most sensitive way whilst meeting all their needs.

People told us and staff confirmed that visitors could call in at any time people were in the home. The manager told us that at weekends some people went to see relatives or spend time with their families. Staff and records we looked at confirmed this happened."

Good

Is the service responsive?

Our findings

We were told by people and saw recent photographs and records of the social activities, hobbies and interests they had taken part in. These included going to a local park, using electronic devices, music therapy, Origami, pet [reptile] therapy and playing indoor board games. One person told us, “I liked [name of singer] they are like my favourite.” The manager told us that where pat dogs visited this depended on people’s health conditions or any allergies.

Although planned hobbies and interest were in place, people could choose what they wanted to do including outings or their interests such as listening to music. Staff told us that people also had one to one time. This where staff talked about people’s life history and reminisced with them about things like the foods from their childhood. One person said, “The staff are responsive and get me what I need. It’s a very effective home.” People were supported with tasks they enjoyed such as board games and spent time with those people or staff that were important to them. All staff saw the potential people had and not what could limit their abilities. This was confirmed by people’s care records, what staff told us and what we saw. All people’s requests for assistance or support were responded to by staff with enthusiasm.

In response to requests from people, their friends and families a mini bus to support people to go out more frequently had been agreed by the provider. A relative said, “[Family member] used to go out and this bus will make a difference.” The recent families and friends’ survey had also identified a need for more volunteer visits and help with people’s hobbies and interests. The manager explained that the staff member who provided activities, hobbies and interests for people had left and the post was being advertised.

We saw that people who required a call bell or monitoring equipment in their rooms were supported to access this equipment. Staff monitored people in the least intrusive manner as a result of this equipment.

We saw that prior to people living at the service a comprehensive and detailed assessment of their needs was undertaken. This was to help ensure that the service and its staff were able to safely meet the person’s needs. Where additional training was required to meet these needs this was provided. Examples of this were the advanced training staff had received to support people with their safe breathing. This was then used as the foundation upon which each person’s care needs were based. The manager showed us how they identified people’s potential. This was by reviewing the progress each person had made and what their next goals or aspirations were.

People’s care records were up-to-date and people were involved in developing them as much as possible. We saw that a review of all care records was in progress. The manager said, “We are currently revising all care plans into an electronic format. We are using this as an opportunity to remove duplicated or unnecessary care records.” These records included a record of people’s life histories, what their aspirations and goals were and what each person’s achievements were or how these were planned to be met.

We saw that suggestions and compliments from relatives and staff had been used to inform people’s care. For example, changes to a person’s bedroom flooring had been made because the existing flooring had not been suitable.

People were consulted on a daily basis and given the opportunity to raise their concerns or be supported by staff and relatives who did this for them. We saw that staff responded to people’s changing needs. People or their relatives or representatives knew how to make a complaint. Information was provided on how to raise a concern or complaint and was also displayed in the service. The manager, team leaders, nursing and care staff told us they could easily identify if someone was not their usual selves. This showed us that staff responded to people’s changing needs. One person said, “I am happy with the care here I feel very safe and staff are caring I have no complaints.” Staff told us that people could express any dissatisfaction through their body language or facial expressions as well as those people who could tell staff verbally. We also saw recent compliments on how satisfied relatives were with the service that had been provided.

As a result of left over food identified by the chef there had been a change to the menu options for people living at the service. The chef told us that since this had happened there had been no further issues. The service’s commissioners told us that they had no concerns and had not received any complaints about the service from people or their relatives.

Good

Is the service well-led?

Our findings

People's views about their satisfaction of their care were sought in the most appropriate way. This included staff spending time with people, seeking their views, using people's expressions and body language and assistive technology. (This is a device which supports people to communicate where they are not able to vocalise their views). One person told us, "The manager is good and I feel confident that if I had any problems she would sort them out for me. It's a well-run home and I am happy here." A relative told us, "My [family member] is well looked after and I would not have them stay anywhere else, It's a well-run place with lovely carers and nurses, I am really happy [at the way] staff have responded to [family member's] needs."

Staff meeting minutes showed that the views of all staff groups at the service were considered. Other less formal meetings were held daily such as floor meetings and shift handovers. These meetings included those for nursing, care and non care staff such as the chef. All staff were provided with updates and developments identified at these meetings. This was for items including medicines administration guidance, allergens policies and health and safety. This information was used to drive improvement in the standard of service provided.

Friends and relatives surveys had identified key themes on what the service did well and where improvements were required. For example request for more outings and activities to be provided. We saw that action plans were in place to address these issues.

Strong links were maintained with the local community and included various trips out to local parks as well as various visiting religious organisations including a community church group. One person said, "I like to go [home] to see friends and family as it makes a nice change." Relatives supported people living at the service with decorations and ornaments that people liked. We saw that there were fresh flower arrangements were on display. One person confirmed that their relative did this for everyone's pleasure.

Staff spoke confidently about the provider's values of putting people at the forefront of everything. They were also regularly reminded of their roles and responsibilities and how to escalate any issues or concerns they became aware of, to management. The manager also worked shifts, completed spot checks and worked with staff at nights/ weekends. This was to mentor staff with key skills whilst also identifying the staff culture. A relative said, "[Name of manager] is very much hands on and is always available no matter how busy they are."

A visiting GP told us, "The manager is very good at ensuring that information required is always available, accurate and up-to-date. I am confident with their decisions." A visiting health care professional told us they had no concerns and that staff were dedicated and it was a well-led home.

Staff all told us that they would have no hesitation, if ever they identified or suspected poor care standards in whistle blowing. This was by reporting their concerns to the provider using an anonymous reporting system. Staff also told us that they were confident that there would not be any recriminations if they did this.

The manager had provided consistency and continuity of care provision having worked at the service since it opened in 2008. They had managed the service since October 2014 and had recently completed their fit and proper person's interview as part of their registered manager's application. From records viewed we found they had notified the Care Quality Commission (CQC) of incidents and events they are required to tell us about.

Quality assurance procedures, spot checks and audits completed by the provider and manager had ensured that deficiencies had been identified in the standard of care provided and any necessary action had been taken. This included the need to include additional details around the provision of people's care and reminding staff of their responsibilities if any medicines administration errors occurred. We found other audits were effective in ensuring medicines administration was in line with best practice. Any areas requiring improvement were raised with staff or for more general themes at a staff meeting.

People, staff and all organisations we spoke with were complimentary about the fact that the manager was a very approachable person. We saw that the manager and all staff worked as a team. We saw that all staff were supportive of each other. All staff commented on how supportive the manager was and the difference they made to the running of the service

The manager attended the provider's managers' monthly meetings where information was shared on good and best

Good

Is the service well-led?

practice. For example, the introduction of audits based upon how we inspect changes to the care system in general. Staff champions were in place for subjects including nutrition, tracheostomy care, and continence care. Staff were aware of their roles. This was to develop staff skills throughout the service and improve the quality of service provided. From our observations throughout the day we saw that despite people's very complex care needs, staff had made significant progress with developing people's communication skills. This showed us the provider strived for improvements in the quality of care its staff provided.

The manager frequently monitored all staff training achievements. This was to ensure refresher training in all subjects was completed in a timely manner. They were keen to develop staff's knowledge. All nursing staff were supported with their membership of their professional body the Nursing and Midwifery Council. Student nurses (from a local hospital) were also supported as part of their learning and development for people living with very complex care needs. One nurse told us, "When I first started it was quite daunting but as I gained confidence it became much easier." Staff confirmed that any training to meet people's care and nursing needs was always provided. For example, the introduction of less intrusive means in supporting people's hydration.

From managers' meetings we saw that all of the provider's new staff were to complete the Care Certificate 2014. Staff have to demonstrate competency in their role to be awarded this qualification. We also noted that the provider had introduced a newsletter for its managers. This included information about governance and updates to the Care Quality Commission (CQC) inspection process. In addition, all managers were supported to attain at least a level five management qualification. Records viewed confirmed the manager had this qualification. This showed us that the provider sought to continuously improve the service it provided.