

## Swallow Community Care

# Swallow Community Care

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Swallow Community Care is a domiciliary care agency that was providing personal care and support for five people living in their own homes aged 65 and over. At the time of the inspection; two other people were also being supported, but were not in receipt of a regulated activity.

People's experience of using this service:

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

Systems were in place to recruit staff safely and they were equipped with the skills required to provide effective care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to access other healthcare professionals when required. Staff supported people to manage their medicines safely.

People were supported by a small group of regular staff which provided continuity and familiarity. Staff had developed relationships with people and knew them well; people received person-centred care as a result.

Staff promoted people's independence and treated them with dignity and respect.

People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported some people to access the community.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and annual appraisals were planned.

People were supported in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude.

People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. There was evidence that care plans were reviewed regularly or as people's needs changed.

People knew how to make a complaint, although no formal complaints had been made to the service. There was an effective complaints process in place to deal with any complaints that might be raised in the future.

The registered manager and staff were committed to providing high quality care and support for people.

Rating at last inspection:

At our last inspection the service achieved an overall rating of Good; the report was published on 21 March 2016. The overall rating for this service has remained Good.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Swallow Community Care

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was undertaken by one adult social care inspector.

#### Service and service type:

Swallow Community Care is a domiciliary care agency; it provides personal care to people living in their own homes. Not everyone using this service receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection seven people were receiving support from the service, of whom five were receiving a regulated activity. Everyone was self-funding and no-one had been referred to the service by the local authority or any other organisation; no direct payments or personal budgets were used by anyone to fund their care. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Three care staff members were employed by the service.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is very small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 06 February 2019 and ended on 07 February 2019. We visited the office location on 06 February 2019 to see the manager and staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since it registered with the Commission. This included details about incidents the provider must notify us about, such as abuse.

During the inspection, we spoke with two people who used the service and two relatives to ask about their experience of the care provided; we also received written feedback from another relative. We spoke with the registered manager, and two other staff members, one of whom was also a manager.

We reviewed a range of records. This included three people's care records, risk assessments and medication administration records (MARs). We also looked at staff personnel records around recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of anyone using the service.
- ☐ Processes were in place for safeguarding concerns to be promptly reported to the local authority and other key agencies and action taken to ensure people's safety.
- ☐ People and their relatives we spoke with had no concerns about the safety of their family members. One person said, "I feel very safe when staff are supporting me." One relative told us, "I feel [my relative] is safe and I have always felt this way." A second relative told us, "I have absolutely no concerns about [my relative's] safety."
- ☐ Care staff told us they would report any safeguarding concerns to the registered manager or other senior staff.
- ☐ The service had a safeguarding policy, easily accessible to staff that covered key areas such as how to identify abuse or neglect.

Assessing risk, safety monitoring and management

- ☐ Staff assessed risks to people's health, safety and wellbeing.
- ☐ Staff assessed relevant risks including those relating to moving and handling, medicines management, the home environment, skin care and nutrition., smoking and pressure ulcers. Care plans and risk assessments outlined measures to help reduce the likelihood of people being harmed.
- ☐ The provider had not notified the CQC of any serious incidents from when the service started operating and we found no evidence of any serious injuries having occurred.
- ☐ The service had a system for recording and monitoring accidents and incidents. We saw staff had recorded the actions they had taken in response to any incidents and to any 'near misses' to prevent these reoccurring.

Staffing and recruitment

- ☐ Safe recruitment procedures were in place. All pre-employment checks were completed before a new staff member started working at the service, including checks with the Disclosure and Barring Service (DBS) to ensure staff were of suitable character to work with vulnerable adults.
- ☐ There were procedures in place to help assure the provider that staff employed had the required skills to undertake the role of a care worker. The service employed three staff at the time of our inspection.

## Using medicines safely

- ☐ The provider had a good understanding of potential risks associated with medicines. Risk assessments reflected the importance of people receiving their medicines on time.
- ☐ There were mechanisms in place to ensure that people received these medicines on time and management audited records of all medicines administered by members of staff.
- ☐ Comments we gathered from people using the service and their relatives confirmed medicines were administered safely and in a timely manner. One relative told us, "Swallow have been supporting [my relative] for years and we've never had any worries or concerns about medicines."
- ☐ People's medicines were reviewed regularly. One relative told us, "We have booked an appointment to see [my relative's] GP soon to review their medicines."

## Preventing and controlling infection

- ☐ People we spoke with told us care staff had supplies of gloves and aprons that they used as required and a stock of these was available in people's homes or at the office premises.
- ☐ We saw the provider considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
- ☐ The provider asked people using the service for their feedback in relation to staff practice regarding good hygiene and infection prevention and control.

## Learning lessons when things go wrong

- ☐ Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents on an individual basis.
- ☐ The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager used this to identify themes and learning. For example, if incidents were occurring at a specific time of day or in one place.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life.
- ☐ People's needs were comprehensively assessed and regularly reviewed. Care plan reviews took place at least every six months, or as and when required if a change occurred.
- ☐ People's preferences, likes and dislikes were acknowledged and recorded in their care plan information.
- ☐ People's past life histories and background information were also recorded in the care documentation.
- ☐ People were involved in their care planning and the people we spoke with, and their relatives confirmed this. One person told us, "I get involved in care planning and [registered manager name] is supporting me at the moment. I choose my staff and no-one else." A relative said, "We get involved in care planning."

Staff support: induction, training, skills and experience

- ☐ Staff received adequate training, support and induction to enable them to meet people's needs.
- ☐ Staff we spoke with told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member said, "I get supervisions and this happens regularly and also informal support, which might possibly every day, by phone."
- ☐ People using the service consistently told us they felt staff were capable and competent in the caring role. The provider assessed staff competence following induction and as part of routine spot-checks and observations.
- ☐ The staff members we spoke with told us they felt they received consistent support. Records of audits and spot-checks demonstrated the provider had considered staff competence, learning and support needs.
- ☐ We asked people and their relatives if they felt staff were competent. One person said, "I have been with Swallow for many years and they have always provided me with a good service." A relative commented, "Staff turn up on time and stay the full length of time and write down what's happened in the daily records. They always turn up and now what they are doing."

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

- ☐ Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.
- ☐ Detailed records were kept of the support provided to people each day and where any concerns were

identified regarding nutritional intake the service had contacted other relevant professionals such as doctors.

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

- ☐ Staff monitored people's health and wellbeing and supported them to access healthcare services, even if this was not always part of the agreed support package.
- ☐ Staff were committed to working collaboratively with other professionals and services supporting people to achieve better outcomes and achieve continuity in their care. For example, staff liaised with a range of healthcare professionals and services including GP's and district nurses.
- ☐ One relative told us about how pro-active staff had been when they were concerned about the welfare of one person. Their relative told us, "[Staff name] went above and beyond as she stayed with [my relative] until I arrived at his house. She [staff] was quite right; [my relative] was unwell. [Staff name's] attention and quick action I believe saved my [my relative's] life. This is just one example of the wonderful care and support provided."

Ensuring consent to care and treatment in line with law and guidance

- ☐ The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- ☐ We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ All the people using Swallow Community Care had capacity to make their own decisions. People's capacity had been considered and staff liaised with people to involve them in decision making when required.
- ☐ Staff gained people's consent before providing care and support and people were supported to make their own decisions and choices.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ People were supported by a very small group of regular staff members, who had worked at Swallow Community Care for many years, which provided continuity and familiarity. One person told us, "I get the same staff all the time and I know them all very well and they turn up on time and when they should; in fact, they do extra that they don't charge me for."
- ☐ Staff had developed trusting relationships with people and people told us they felt comfortable in their presence. One person said, "Staff are respectful kind and caring and I know their families as well. I see staff as being good friends and almost a part of my family."
- ☐ Staff spoke fondly of people they supported and knew their needs and preferred routines well. A relative told us, "[My relative] loves to see the 'two ladies' as he calls them, he really enjoys the banter they have together and he tells me they are always jolly and helpful."
- ☐ Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were. One person said, "They [staff] are every respectful; I have the same staff all the time and this is my preference."

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

- ☐ People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- ☐ Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care. The registered manager commented, "When you go to support someone and make them smile it makes it all worthwhile." A relative told us, "Communication from Swallow is excellent and they always respond immediately to my text messages no matter what day or time of day; we have been involved in [my relative's] care planning all along."
- ☐ People and their relatives had been included when care was being planned and reviewed. One relative told us, "I asked [my relative] how he would express the quality of the service he receives and he said the following; they [Swallow Community Care] are honest and provide a good service and keep my house clean and tidy. I'm lucky to have them to come to look after me. I, as [his relative] can only reiterate his words."

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff were committed to providing the best possible care for people. They respected people's privacy and

dignity and could tell us the ways they did this, such as ensuring curtains and doors were closed if supporting people with personal care.

- ☐ Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could such as selecting their own clothes, choosing what shopping they wanted doing.
- ☐ Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.
- ☐ People told us staff promoted their independence, one person said, "They've [staff] helped me to stay independent and I've been with them ever since I came out of hospital 15 years ago."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- ☐ People's care was regularly reviewed to ensure people received appropriate support.
- ☐ People were involved in decisions about their care and supported to engage in care planning.
- ☐ People's communication needs were assessed, recorded and highlighted in their care plans. This helped ensure staff understood how best to communicate with each person.
- ☐ The registered manager was aware of the Accessible Information Standard and provided adapted information for people; for example, information about the service was available in an easy to read format, on request.
- ☐ People could choose the staff who supported them. One staff member said, "For any new people, we are introduced to them initially and they [people] decide if they like us or not."

Improving care quality in response to complaints or concerns

- ☐ At the time of the inspection, the service had not received any formal complaints from anyone using the service or their relatives. The provider had a complaints policy and procedure in place for responding to any complaints; this was also available in an easy to read version to make it accessible for people.
- ☐ People told us they knew how to raise any concerns.
- ☐ Any minor issues or requests which had been raised were responded to appropriately, for example changes to the times of home visits. One person told us, "I've no concerns at all with them, [the service], I know how to complain but the only thing I can do is compliment them." One relative had provided positive feedback to the service which stated, 'I would like to thank the registered manager and all the carers who have been involved in [my relative's] care over the past two and a half years, it has been a great help to me. I would especially like to thank you for being so flexible and willing to increase [my relative's] care when this was needed.'
- ☐ The service had received a high number of compliments since the last inspection. We saw the positive feedback comments received included, 'Thanks so much for all you've done for [my relatives], we'll miss you,' and 'You and your team did a great job in looking after [my relative] and I can never thank you enough for the amazing care you gave him.'

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- People's wishes were respected if they did not feel ready to discuss this.
- The registered manager said they would liaise with relevant professionals to ensure people got the care they needed.
- People's relatives had provided positive feedback regarding end of life care, one relative stated, "What else can I say about the wonderful care you have given [my relative] over so many years. From getting up whenever [my relative] phoned in the night to spending Christmas's with her and finally enabling [my relative] to have her wish of dying at home. You gave her so much love which I know [my relative] reciprocated. A huge thank you for all the years of care you gave [my relative]."

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- ☐ We saw the registered manager and staff worked as a close-knit team, and believed in being visible to people using the service and staff. One staff member said, "I'm very happy working for Swallow, the manager is always available and helps me straight away, definitely a hands-on' approach."
- ☐ It was clear from our discussions the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent.
- ☐ Discussions with staff demonstrated they shared the same culture and values. One member of staff told us, "We have to respect that we are in people's homes. I like working for Swallow and I love my people; they are like my family, and It becomes like a vocation, not a job."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The registered manager completed a range of audits and checks on a regular basis; action plans were completed to address any shortfalls.
- ☐ The registered manager was aware of their regulatory requirements. For example, the registered manager was aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- ☐ The service involved people in discussions about their care and this was recorded in their care file information.
- ☐ People told us they felt listened to and their views were acted on. Plans were in place to gain feedback from people through questionnaires to drive improvement. The registered manager told us these would be sent out shortly and any feedback would be collated and responded to.
- ☐ The registered manager worked closely with other agencies and professionals to achieve good outcomes

for people. This included working as part of a team with other services to provide support for people.

- People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them. A relative said, "I know the registered manager and find her very good at communication. Any concerns are reported to us straight away and they [the service] keep in touch regularly and it's a working partnership."
- The management team had regular contact with members of staff each week. They regularly sought feedback about what had gone well and what could be improved. Staff said they felt well supported and respected. One staff member said, "Everything is working well and I would say so, if it wasn't good."