

Swiss House Care Home Limited

Swiss House

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:

Swiss House is a residential care home that accommodates up to ten people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were nine people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. 'Registering the Right Support' CQC policy'.

What life is like for people using this service:

- People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors. The provider completed regular checks to ensure that people were receiving the right medicine at the right time and people's medicines were stored correctly.
- The provider had systems in place to ensure the Care Quality Commission was notified of significant events in a timely manner and in accordance with their registration. The provider had effective systems to monitor the quality of the service they provided and to drive improvements where needed.
- The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors. The provider, and management team, had good links with the local community which people benefited from.
- People received safe care and support as the staff team had been trained to recognise signs of abuse, or risk, and understood what to do to safely support people. Staff members followed effective infection prevention and control procedures. When risks to people's health and welfare were identified, the provider acted to minimise the likelihood of occurrence.
- The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet and had choice regarding food and drink. The environment where people lived was well maintained and suited their individual needs and preferences.
- People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age and gender. People were supported to develop their independence.
- People participated in a range of activities that met their individual choices and preferences and that they found interesting and stimulating. People were provided with information in a way that they could understand. Policies and guidelines important to people were provided in an easy to read format with pictures to aid their understanding.

More information in Detailed Findings below.

Rating at last inspection:

Good overall with requires improvement for well-led (date last report published 08 January 2016). At that

inspection we found the provider needed to improve their systems for monitoring the provision of people's medicines and they needed to improve how they notified us of significant events. At this inspection we found they had made these improvements and therefore rated the key question well-led 'Good'.

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.' At this inspection we found the service was good in all key questions with an overall rating of 'Good.'

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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.

Swiss House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector carried out this inspection.

Service and service type

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

At the time of this inspection the service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection site visit took place on 11 February 2019 and was unannounced.

What we did:

Before our inspection visit, 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 reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During the inspection visit, we spoke with three people living at Swiss House. We also spent time in the communal areas observing the care and support people received to understand the experiences of those who were not able to talk with us. In addition, we spoke with the registered manager, the area manager, a senior support worker and three support workers.

We reviewed a range of records. These included two people's care and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- One person told us, "I'm OK. There is nothing I am worried about"
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management.

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Risk assessments were updated following significant events. For example, following one person's recent admission to hospital, care plans and risk assessments were amended to ensure safe and consistent care was provided to account for the person's change in needs.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to the fire prevention systems and any trips and hazards.
- The provider had systems in place to seek professional support and guidance when changes to people's physical environment was needed. For example, we saw the provider had sought advice regarding access to the stairs to maintain people's safety.
- We saw staff members followed people's individual risk assessments to ensure safe and consistent care and support.
 - The environment and equipment was safe and well maintained. People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them.
- We saw people were promptly supported when they needed assistance. One person said, "I like it here. There is always someone around if I need them."
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including

the maximum dosage within a 24-hour period to keep people safe.

- Medicines were safely stored in accordance with the recommended storage instructions.
- The provider completed regular quality checks to ensure people received the right medicine at the right time and the stocks of people's medicines were accurate and stored correctly.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses which followed recognised best practice.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accidents and near miss incidents were recorded and passed to senior managers for their review. They analysed these reports to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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.

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

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- One person showed us their care and support plan. They told us they completed it with the help of a staff member. The care and support plan contained accurately scored clinical assessments for people's identified needs. For example, risks associated with diet and hydration and skin condition.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and fire awareness. At this inspection we saw staff members completing their first aid training.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. Following the completion of their initial training, new staff members met with a senior staff member to discuss their progress and to see if any additional training or support was required. Staff members we spoke with found this process supportive.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink to maintain their well-being.
- When it was identified that people needed additional support with their eating and drinking, a specialist assessment was requested. The outcomes of these assessments were then included in people's care and support plans for staff members to follow. We saw staff members supporting people in accordance with professional guidance and where necessary, specialist adapted crockery and cutlery was provided. When people needed nutritional supplements, we saw that these were provided.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective communication systems in place to share appropriate and relevant

information with those involved in the continued care and support of people living at Swiss House. We saw staff members sharing appropriate information with visiting healthcare professionals to ensure the correct treatment was provided.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare services when they needed it. This included foot health, GP and dentists. The provider referred people for healthcare assessments promptly if required.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- The physical environment, within which people lived, was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People had personalised their own rooms. The registered manager and area manager told us that they were in the process of identifying how they could make changes to the property to address the potential needs of people as they got older.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.

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.

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

Ensuring people are well treated and supported.

- We saw people were treated with compassion by a caring and respectful staff team. One person told us, "I like them (staff). We talk." Another person said, "They (staff) are alright. They leave me alone when I want."
- Throughout this inspection we saw many instances of positive interactions between people and staff members supporting them. When people found difficulty expressing their needs, we saw staff members spending time with them chatting and identifying how they could best support them. This was done in a positive and supportive way.
- Staff members we spoke with, talked about those they supported with fondness and compassion.

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

- We saw people were supported to be involved in making decisions about their care. For example, one person expressed to staff that they were tired and did not want to do something. The person was supported to rest and we later saw this person return and complete what they had originally started. Staff members understood and respected people's personal choices.
- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated decisions. This included, but was not limited to, food, drink and activities. For example, one person told us about their individual food preferences. They went on to say that staff members always respected this and they still had choice of alternatives if they wanted.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities.

Respecting and promoting people's privacy, dignity and independence.

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to develop their independence. For example, one person showed us a picture display they had completed with a staff member. This display had broken down how to prepare a drink into easy to understand steps with picture prompts. The person told us this was helpful and they could now make a drink without any help.

Is the service responsive?

Our findings

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

Good: 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 were still involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One person told us about the care and support they received and that they had completed their support plan with a staff member. They went on to say, "Nothing much changes. We (them and staff members) meet and talk but it's all okay really."
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them.
- We saw people's care and support plans were reviewed to account for any personal or health changes.
- People had information presented in a way that they found accessible and in a format they could easily comprehend. For example, easy to read with picture prompts. Staff members knew how to effectively communicate with people. The management team were aware of the Accessible Information Standards, and were in the process of implementing the standards as part of people individual reviews of care. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes. At this inspection we saw people involved in arts and crafts and one person told us they were going out for something to eat.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support.

- At the time of this inspection Swiss House was not supporting anyone who was receiving end of life care. However, their care planning and assessment processes would be used, in conjunction with other involved professionals, to support someone at such a time.

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.

At our last inspection we found the provider needed to improve their systems for monitoring the provision of people's medicines and they needed to improve how they notified us of significant events. At this inspection we found they had made these improvements and therefore rated the key question well-led 'Good'.

Good: 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; and how the provider understands and acts on duty of candour responsibility.

- People told us, and we saw, they knew who the registered manager was. One person said, "I know [Registered manager's name] they are nice." Another person described them as, "Alright."
- Staff members we spoke with told us they found the management team supportive and approachable. One staff member said, "We can talk to anyone here if we need support. We all have a named staff member we can go to for guidance and we can go to [registered manager's name] or [area manager's name] if we need. It's all very supportive."
- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post but owing to pre-arranged commitments was only present during the later stage of this inspection site visit. However, we were supported throughout by the area manager. The registered manager understood the requirements of registration with the Care Quality Commission.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Swiss House and also on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw that people were involved in decisions about where they lived and the support they required. For example, people told us how they had decorated their rooms and they were involved in discussions about activities they wanted to do both in their home and in the community.
- Staff members told us they felt listened to by the management team and their views and opinions were valued. Staff members were encouraged to attend staff meetings. One staff member said, "We are

encouraged to talk up at staff meetings. If we are not able to attend we can pass our views to a colleague and [registered manager's name] always produces minutes so everyone knows what has been discussed and agreed."

- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care.

- The management team and provider had systems in place to monitor the quality of the service that they provided. This included regular checks on the environment, checks of the medicine administration records and reviews of the care and support people received.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes.
- The registered manager and area manager had developed an ongoing action plan for improvements at Swiss House. This included internal redecoration including the replacement of some carpeted areas and the provision of fencing in the garden to make it more accessible for people to safely use.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.