Orwell Housing Association Limited

Swann 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

This inspection took place on 2 May 2016 and was unannounced. Swann House is a domiciliary care service providing support to adults living in their own home.

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

People told us they were happy with the service provided and that the staff were caring, kind and friendly.

Each person had a care plan. However, these did not always contain the amount of detail required to ensure people received consistent care and support. The registered manager had recognised this before our inspection and was addressing the issue. Medicines were managed safely.

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 had received a range of training that included moving and handling, safeguarding, medicines and health, safety and fire. Other training was available to the staff team specific to people's needs. Staff told us that the training was good. Staff received supervision sessions.

The service followed safe recruitment procedures. Staff attended an induction prior to working alone in the service. Staff told us that they worked alongside an experienced staff member before working alone. They confirmed the induction process was good and that they had the information they needed to perform their role.

The service had a complaints procedure. No formal complaints had been received but the registered manager fully investigated any minor concerns raised verbally be people and used these as an opportunity for improving the care and support provided.

Quality assurance processes were in place and were being further developed. Audits were undertaken in relation to the service provided and these monitored the services safety and effectiveness.

People were supported to access the local community and avoid social isolation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm. People had confidence in the service and felt safe.

Risks to the health, safety and wellbeing of people who used the service were appropriately managed.

There were safe recruitment procedures in place and sufficient numbers of staff were available to meet people's care and support needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate, relevant training and induction.

The service worked within the Mental Capacity Act 2005.

People were supported to maintain good health and access healthcare support.

Is the service caring?

Good

The service was caring.

People who used the service said staff were kind, caring, helpful and friendly towards them.

Staff supported people to maintain their dignity, privacy and independence.

People's records were kept secure.

Is the service responsive?

Good

The service was responsive.

People received care and support which met their needs. This was not always fully detailed in the care plan.

People were supported to access the wider community and avoid social isolation.

A complaints procedure was in place. All complaints or concerns were fully investigated.

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture, which focussed on providing high quality support for people.

Staff were supported and listened to by the manager. They were clear about their responsibilities.

Audits were undertaken and analysed to identify where improvements could be made. Action was taken to implement improvements.

Swann House

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 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.

This inspection took place on 2 May 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, we looked at information we held about the service including previous inspection reports and notifications sent to us by the service. Notifications are information about important events which the provider is required to send us by law.

During the inspection we spoke with four people being supported by the service, one relative and one social care professional. We looked at records in relation to four people's care. We also spoke with the registered manager, a team leader and three support staff. We looked at records relating to the management of the service and systems for monitoring the quality of the service. Since the visit we have spoken with the area manager for the service.

Good

Is the service safe?

Our findings

People told us they felt safe being supported by the service. One person said, "Oh yes, I feel very very safe living here." A relative told us how they could live their own life knowing their relative was safe living at Swann House.

The risk to people of abuse was reduced because staff had received safeguarding training and this was up-to date. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety. One member of staff said, "Yes I know what to do, look the phone number is there if I need it," indicating contact details for the local safeguarding team. Staff were confident that the registered manager would act appropriately if concerns were identified.

Risk assessments were in place and information recorded within peoples support plans identified risks associated with the individual's care and support needs. For example, manual handling needs and nutritional requirements. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom, for example, reducing trip hazards within their flat.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure for recent recruits. Relevant checks were carried out by the provider before a new member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. However, the registered manager was aware that not all staff records for longer serving members of staff contained all the relevant documents and checks. These staff had been employed before the current provider took over the service. The registered manager was actively obtaining the required information.

People told us there were always sufficient numbers of staff available to provide the care and support as detailed within their care plan. They told us that staff stayed for the full amount of time allocated so as to ensure care and support tasks had been completed. One person said, "They stop and chat to me." Another person said, "If you are a bit down they have time to stop and speak with you." The registered manager told us how calls were scheduled with each member of care staff receiving a schedule for their shift giving them the people and times that they needed to visit. This was confirmed by staff we spoke with. They said they managed recruitment so that they had sufficient staff to meet the number of care hours they were required to provide.

People told us that they received the support with medicines that they needed. One person said, "If people have to have their medicines at a particular time they get them." We looked at the records for people visited when conducting 'home visits' as part of the inspection process. Records showed that people had received their medication as they should. Staff received training in the administration of medicines and their competency was assessed.

Good

Is the service effective?

Our findings

People told us they thought the staff were experienced and were trained for their role. They said the staff knew them well and respected their needs and wishes in the way that they wanted to be supported. Comments included, "The beauty of it is carers are all good," and "The staff are all very good."

Staff told us that they received the training and support they needed to carry out their role. One member of staff said, "We get all the training we need." Records showed that staff undertook a range of training. Training included safe moving and handling, and medication management, and was delivered by a mixture of methods including face to face and e-learning. Care staff also received training to meet the specific needs of people such as awareness of dementia and Percutaneous endoscopic gastrostomy feeding (PEG). PEG feeding is where a flexible feeding tube is placed through the abdominal wall and into the stomach. This allows nutrition, fluids and/or medications to be put directly into the stomach. This meant that staff had access to courses which related to specific conditions that people who used the service may have.

Staff attended an induction programme at the start of their employment. One staff member told us about their experience. They said that the induction gave them enough information to undertake their role. They had also shadowed an experienced staff member before providing care. This enabled them to meet people they would be providing care and support to and observe practice. One member of care staff told us that shadowing had reinforced their training. Shadowing is the process where a new member of staff follows a more experienced member of staff. We discussed staff training and induction with the registered manager. They told us that the service had not introduced, The Care Certificate. The Care Certificate is the competencies that should be covered as part of induction training of new care workers. It should be completed by of care workers joining health and social care since April 2015. They told us that the competencies in The Care Certificate were covered during staff induction and that they were planning to introduce this in the near future.

Staff told us that they received regular supervision from senior staff which was constructive and supported their development. They also told us that if they wanted further training this was supplied. One member of staff said, "If I wanted to do more training I could."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager was aware of the principles of MCA and how to determine people's capacity. A relative told us about a particular piece of documentation that had been requested by the registered manger to ensure decisions about a person's care and support were taken by the right person. Staff said

they had received training in mental capacity awareness within their induction. Care plans demonstrated that people had given their consent to receiving care and support from the service and had also consented to care staff entering their flat.

Care plans detailed how to support people with their nutrition and hydration needs. Staff told us they were aware of people's preferences and that information regarding this was noted within their care plan. Care plans also showed who was responsible for purchasing the person's food for example, if family bought their food of if they went out and bought it themselves. Where people required specific support with the nutrition and hydration this was recorded in their care plan. For example the person who required their nutrition via their PEG feed had an appropriate care plan and risk assessment in place.

People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs. During our visit we met a healthcare professional who was visiting a person living at Swann House. Discussions we observed between the professional and registered manager demonstrated a good working relationship. Recommendations made by the professional on a previous visit had been implemented by the service.

Daily records demonstrated that staff monitored people's wellbeing. For example one person's daily record noted that they had a cough but had declined to see a doctor but requested that the member of care staff visiting the following day monitored this.

Good

Is the service caring?

Our findings

People and the family member we spoke with told us that they were happy with the support they received and that staff were caring and responsive to their needs. They said that they knew the staff that would be supporting them and that this helped with the continuity of their care and support.

As part of the development of care plans the registered manager had recently introduced a focussed visits to one person each week. Each member of staff, including domestic staff and administration staff, visited the person and gathered a piece of information about their background which was not known previously. When we discussed this with staff they demonstrated a very caring and sensitive approach to the visits. They explained how some people liked and appreciated the visits but others were less so. They told us that if a person did not wish to discuss their history they respected this and did not pursue the matter. Staff did tell us that the visits had enabled them to gain a much better understanding of the individual people they were supporting.

Staff described people's individual situations and how they supported each person with care and support that was centred on their needs and wishes. From discussions we saw that staff were very knowledgeable about the people they supported and that time had been taken to get to know the person and their preferences. For example one member of staff told us which people came down to the service lounge to participate in the activities provided and which people preferred which activities.

Staff displayed a caring attitude to the provision of care and support. One member of staff said, "I would not work here if people were not looked after well." People we spoke with confirmed the caring attitude of staff. One person said, "Nothing is too much trouble." Another said, "I find this a lovely place." Staff also volunteered at the service on their days off. One member of staff told us how they took a person into the local town shopping on the day they volunteered.

Information about the service and events in the local area were displayed in the communal areas. This included information about when the local library visited and visits to local attractions arranged by the service. This provided people with information to make decisions about how they wanted to spend their time.

The service held a monthly meeting to gain people's views on the care and support that was being provided and plan social activities. The time of these was varied to ensure people and their relatives were able to attend. For example the next meeting was being held on a Saturday morning to enable relatives who may work to attend. The minutes from the meetings were made accessible to people being placed in a folder in the communal area of the service.

People were supported to be as independent as possible. One person had been having difficulty walking within the complex. The service had put chairs at regular intervals along their route to enable them to sit down for a short while. This supported them with their mobility enabling them to walk instead of using a wheelchair.

People's care plans were locked in a cupboard in an office in the service with a copy of the person's home. This service ensured that care staff could access these when required but they were not accessible to others.

Good

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs, that staff listened to them and supported them to remain as independent as possible. Comments included, "I have not got any fault," and "[Manager] is really good he will do anything you need."

The registered manager told us that care plans had been amended and upgraded since they started in the service, six months prior to our inspection and work on care plans was still on-going. They said that this was because they did not contain sufficient detail about the care and support people required. They told us what they were doing this to improve the detail in the care plans. For example they had recognised that care plans did not contain much information about people's background and life history. This information enables care staff to provide care and support which meets the needs of the person. To address this the staff focussed on one person each week, gathering information about that person's background before they began receiving support from the service.

Care plans contained details of people's care needs but these did not always contain sufficient detail of the care and support required to ensure people's needs were met. For example, one person required support with dressing and undressing. The care plan did not describe what support they required it just recorded 'Full assistance.' This meant that care staff may not always provide support in a consistent way. Another person's care plan recorded that their tissue viability was good but that they used an airflow mattress. There was no information in the care plan as to why they had an airflow mattress or how it should be used.

People told us that care staff usually arrived at the agreed time and stayed for the agreed amount of time. Information regarding the care provided, food and drink offered and taken; and any observations by the staff member were recorded in the daily record.

The registered manager told us that they visited people and carried out an assessment of their needs before they moved into the service. They said they checked that they had sufficient staff to carry out the care the person required before they started using the service. If necessary they would recruit more staff. This meant they could ensure that they could meet the person's needs before they moved into the service.

People told us that they felt able to speak with the registered manager and care staff about any issues which may concern them. One person said, "[Registered manager] is always here for us. We get things done. Staff come to the lounge for a chat."

The service had a complaints procedure which set out the procedures if a person wished to make a formal complaint. However, people told us that if they wished to make a complaint they would have no hesitation in speaking with the registered manager and they had confidence that it would be dealt with. Records showed that the service had not received any formal complaints but that any issues raised by people were thoroughly investigated and action taken to prevent a reoccurrence.

Good

Is the service well-led?

Our findings

People told us that the service was well led and that the support from the registered manager and from staff was good. A relative said, "[Registered manager] is a proper manager. Works with us."

The provider had registered with the CQC to provide personal care at this location in August 2016 and the registered manager has been registered since March 2017. Since taking over the service the provider had identified improvements that needed to be made and had produced an action plan with timescales to address these. One action was the introduction of a new medication policy. Three monthly compliance audits had been introduced meaning that the provider could monitor the quality of the service provided. If any concerns are raised by the audit these are addressed. For example the March 2017 audit, identified a lack of formal supervisions received by staff. This had been addressed and by the date of this inspection all staff had received a supervision session and an appraisal.

The registered manager carried out regular audits to check the quality of the service. Records demonstrated that any concerns, even if not formal complaints, were investigated and action taken. The registered manager also provided care to people. They told us that this enabled them to keep in touch with what is happening in the service in a more informal way.

During our inspection, we saw that people and relatives were happy to visit the office and speak with staff raising any queries. Staff told us they were happy to approach the registered manager if they had any concerns and expressed a respect for the registered manager. One member of staff said, "Registered manager has turned it [the service] round."

The service is located in small town which has a strong local community. The service was engaging with the community with visits to the local school and the school visiting the service and volunteers visiting the service to take people on shopping trips into town. A recent recruitment campaign and been carried out with the support of the local vicar.

Since taking over the service the provider had not carried out a formal survey of people to check the quality of care they were receiving. We discussed this with the registered manager. They told us that this had been on the agenda at a recent managers meeting where different ways of carrying out the survey had been discussed to identify the best way to obtain meaningful results. A quality assurance survey would be carried out in the near future.

From discussions with the registered manager and the area manager we saw that the ethos of the service was to be open and transparent in their approach. Statutory notification required to be sent to the CQC had been received.