

# Flagship Housing Group Limited

## Swann House

### Inspection report

Saxon Road  
Saxmundham  
Suffolk  
IP17 1EE  
Tel: 01728 603916  
Website: [www.flagship-housing.co.uk](http://www.flagship-housing.co.uk)

Date of inspection visit: 1 April 2015  
Date of publication: 18/05/2015

### 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

Swann House is very sheltered accommodation providing personal care to people living in their own flats, some of these people are living with dementia. When we inspected on 1 April 2015 there were 23 people using the service. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

# Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. People were supported to use health and social care professionals to make sure they received appropriate care and treatment.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make their own decisions.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

# 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.

Care workers understood how to recognise abuse or potential abuse and how to respond and report these concerns.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



### Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Good



### Is the service caring?

The service was caring.

People's privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



### Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



### Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



# 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 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 inspection took place on 1 April 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with seven people who used the service. We also observed the interaction between people and care workers.

We looked at records in relation to five people's care. We spoke with the registered manager, one team leader and three care workers. We looked at records relating to the management of the service, care worker recruitment and training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People we spoke with confirmed that they felt safe. One person said, “I feel safe, I just have to press my buzzer and they [care workers] come.” Another person commented, “I know I can always call someone, I feel more secure living here.” Another person told us, “I feel very safe, the main door is locked and people have to ring to get in.”

Care workers told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. Care workers understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. There had been no safeguarding issues in the service in the last twelve months. The registered manager understood their role and responsibilities relating to ensuring that people were safe.

People’s care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and medicines administration. People were involved in the planning of the risk assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people’s needs. Risk assessments were also in place for the premises, including how the risks of slips and trips were minimised. We saw records which showed that the fire safety in the service was regularly checked to reduce the risks to people.

There were sufficient numbers of care workers to meet the needs of people. People told us that the care workers visited them at the planned times and that they stayed for the agreed amount of time. In addition to this people told us that the care workers checked on them throughout the day. This was confirmed in records which showed that welfare checks were undertaken on people. One person said, “They pop in and out all day to check I am alright.”

The registered manager and care workers told us that they felt that there were sufficient numbers of care workers to meet people’s needs. The registered manager showed us a document which they used to calculate how many care workers were needed to provide the care and support that people required. They told us that if people required more care and support the care worker numbers would be increased. We saw the rota which confirmed what we had been told.

People were protected by the service’s recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service. This was confirmed by care workers who were spoken with.

People who needed support with their medicines told us that they were happy with the arrangements. One person said, “They [care workers] are very good, they help me with my medication and sign the forms.” Another person commented, “I take my own pills, but they [care workers] order them for me, they bring in the blister packs when they come.”

People’s records provided guidance to care workers on the support people required with their medicines. Records showed that, where people required support, they were provided with their medicines when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people’s needs had changed and if they needed further support. We saw the records of a recent medicines audit which had been completed by the service’s medicines supplier. This showed that the service’s medicines procedures and processes were safe and effective.

# Is the service effective?

## Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person commented, “They are trained and very good.” Another person said, “They know what they are doing.” Another person told us, “They have the skills to do what I need.”

Care workers told us that they were provided with the training that they needed to meet people’s needs. This included an induction which consisted of formal training and shadowing more experienced care workers. The provider had sourced different methods of training. A care worker told us that they had attended a training course in dementia which gave care workers the opportunity to experience what people living with dementia may experience. They told us that this was a good course and they were now more thoughtful about how they supported people living with dementia. Another care worker told us that some colleagues who had received this training had fed back what they had learnt and due to the effectiveness of the course, all care workers were booked to be provided with it. This told us that care workers shared their experience of training with each other to improve the care provided to people.

There were systems in place to make sure that all care workers were provided with training to meet people’s specific needs and were regularly updated. This meant that the care workers were provided with up to date information on how people’s needs were to be met effectively.

Care workers told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people’s needs effectively.

People’s consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that the care workers asked for their consent before they provided any care. One person

said, “They never just help, they always ask what I need help with.” Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care.

The registered manager told us that team leaders had either attended or were booked to attend training in the Mental Capacity Act (MCA) 2005. The registered manager and staff spoken with understood their responsibilities under MCA and what this meant in the ways that they cared for people. Care workers told us that the MCA was incorporated in the training for their vocational care qualification. They understood that people’s consent for care and treatment should always be sought.

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. One person told us about their specific dietary requirements and how the care workers supported them to meet their needs. They told us that this made them feel confident that they were safe and doing the right thing with regards to their diet. Their care plan reflected what we had been told. Another person told us how their needs had changed and that the care workers supported them to eat their meals. They said, “It is a bit embarrassing, but they [care workers] make me feel better about it. Their care plan provided guidance to staff on how this should be done to meet the person’s needs and respect their dignity.

People’s records identified people’s requirements regarding their nutrition and hydration and the actions that care workers should take if they were concerned that a person was at risk of not eating or drinking enough. Where people were at risk of not eating enough we saw that care workers were provided with the information that they needed to make sure that people were provided with a healthy and balanced diet. Where concerns were identified with people’s diet, referrals had been made to the person’s doctor and/or dietician. Outcomes and guidance were recorded in people’s records which showed that people were supported in a consistent way which met their needs.

People were supported to maintain good health and have access to healthcare services. People told us that the care workers supported them to call out health professionals, such as their doctor, if needed.

Care workers understood what actions they were required to take when they were concerned about people’s wellbeing. Records showed that where concerns in

## Is the service effective?

people's wellbeing were identified, health professionals were contacted with the consent of people. When

treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

# Is the service caring?

## Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, “They are great, I get on well with all of them.” Another person commented, “They could not be kinder, I am well looked after and I know they think a lot of me.” Another person said, “They are wonderful, absolutely wonderful.” We saw that care workers interacted with people in a caring and professional manner.

Care workers understood why it was important to interact with people in a caring manner and how they respected people’s privacy and dignity. Care workers knew about people’s individual needs and preferences and spoke about people in a caring and compassionate way. For example one care worker said, “This is a nice place to be and all the tenants are lovely.”

Care workers told us that people’s care plans provided enough information to enable them to know what people’s needs were and how they were to be met. People’s care records identified people’s specific needs and how they were to be met in a personalised way including individual preferences.

People were supported to express their views and were involved in the care and support they were provided with.

People told us that they felt that the care workers listened to what they said and acted upon their comments. One person said, “They do what I need and never refuse. All I have to say is ‘do that’ and it is done.” Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People’s privacy, independence and dignity were respected and promoted. One person said, “My independence is very important to me, I never want to give up. They encourage me to do things myself which I like.” Care workers understood why it was important to promote people’s independence. People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People told us that their privacy and dignity were respected. One person said, “They always tap the door before they come in.” This was confirmed in our observations. Care workers told us how they respected people’s dignity and privacy, including when supporting people with their personal care needs, and understood why this was important.



# Is the service responsive?

## Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support needs and that their needs were met. One person said, “They do what I want them to and it is all written down (in their care plan).” Another person commented, “They listen to what I say and what I need.” People’s records and discussions with care workers confirmed that people were involved in decision making about their care.

Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people’s diverse needs, such as how they communicated and mobilised.

Care review meetings were held which included people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. Changes or concerns were reported by care workers to the service’s senior team. A team leader told us that care plans were reviewed and updated whenever there were changes in people’s care needs and choices. This was confirmed by care workers and records. For example one person’s care records identified how they had started to leave their flat and was unable to find their way back. To

reduce the person’s anxiety a coloured tape, which was recognised by the person, had been placed along the corridor to their flat door. This assisted the person to easily find their way back to their flat and reduce their distress.

People told us that there were a range of social meetings and activities provided in the service which reduced the risks of them becoming lonely. One person said, “I like going down for the activities, saves me being isolated.” This was confirmed by care workers, one told us that they held a fish and chip tea in the communal areas and had a party for special occasions. Where people required social interaction to reduce their feelings of isolation, this was included in their care plans.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information in their flats and in the entrance hall to the service. None of the people we spoke with told us that they had felt the need to complain or raise a concern. One person said, “I have no complaints, I would not want to be anywhere else.” The registered manager told us that they had not received any complaints in the last twelve months. They understood their responsibilities in how to manage complaints, which as confirmed in the provider’s complaints procedure.

People were provided with the opportunity to express their views about the service in a comments book and a comments box, which were both in the entrance hall to the service. The comments book held positive statements about the care and support provided.

# Is the service well-led?

## Our findings

The service provided an open and empowering culture. People told us that they felt that the service was well-led and that they knew who to contact if they needed to. They told us that their views about the service were sought. One person said that the registered manager, “Is very good, I would go to her. You can tell her anything, she is very helpful.” Another person commented that the registered manager, “Pops in and checks that everything is going well and I am happy.”

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that quality surveys were undertaken and where people had stated in these surveys, for example that they did not know about how to utilise the guest flats, they were provided with this information. The registered manager told us that if comments of concern were received they would be addressed and used to make improvements, such as confirming the methods of raising complaints and concerns. Regular ‘tenant meetings’ were held where people could share their views about the service they were provided with and were kept updated with any changes in the service. The minutes to these meetings showed that the previous minutes and actions were discussed which meant that people’s comments and views were valued.

There was good leadership demonstrated in the service. The registered manager understood their role and responsibilities as a registered manager and in providing a good quality service to people. They told us that they felt supported in their role and understood the provider’s values and aims to provide a good quality service to the people who used the service.

Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to. One care

worker said, “The manager is approachable, I can go to her if I have a problem.” Another care worker commented, “There is a good atmosphere here, we all work well together.” Care workers understood the whistleblowing procedure and said that they would have no hesitation in reporting concerns. Records showed that care workers meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had.

The management of the service worked to deliver high quality care to people. Records showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training. This was confirmed by care workers, one said, “We have spot checks to make sure we are working right.”

Discussions with the registered manager and records showed that the service had systems in place to identify where improvements were needed and took action to implement them. The registered manager told us that they were continually seeking ways to improve the service and took all incidents and complaints seriously and used these to improve the service.

There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medicines, health and safety and incidents. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues reoccurring. This meant that the service continued to improve.

The registered manager showed us documentation which showed that the service were prepared to provide staff with an induction which incorporated the new care certificate. This told us that the provider kept up to date with changes and best practice and took action to implement them in a timely manner.