

The London Borough of Hillingdon

Swan House

Inspection report

82 Swan Road
West Drayton
London
UB7 7LA

Tel: 01895438792

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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

The inspection took place on 21 and 23 December 2015 and was unannounced. The service had recently been registered with the Care Quality Commission (CQC) and had not been inspected before.

Swan House provides personal care for up to nine people with a learning disability. There were nine people living at the service at the time of our inspection. Each person had their own tenancy with a housing association which also owned the building.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. 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.

Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). We were told and saw that people were given choices and the opportunities to make decisions, however, some of the care records did not contain evidence that consent had been sought.

There were arrangements in place for the management of people's medicines and senior staff had received training in the administration of medicines. Senior staff carried out regular audits of the prescribed medicines but did not have a robust system to audit medicines that were prescribed for people to take as required.

Staff were caring and treated people with dignity and respect and in a way that took account of their diversity, values and human rights. Care plans were in place and people had their needs assessed. Care records contained detailed information and reflected the needs and wishes of the individual so staff had the information they required to meet people's needs. However the records were not concise and this made it difficult to find the information quickly.

People and relatives told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm whilst giving them the opportunity to take positive risks. There were sufficient staff on duty to meet people's needs and where required staff numbers were increased to ensure people's safety.

People's nutritional needs were being met and staff met with people to create their individual weekly menus. Staff supported people to shop for their food and cook meals where they were able to. Staff were knowledgeable about people's nutritional needs and these were displayed in their flat.

Staff received effective training, supervision and appraisal. The registered manager sought guidance and

support from other healthcare professionals and attended conferences and forums in order to keep abreast of developments within the social care sector. Important information was cascaded to staff, to ensure the team were kept informed and received training to deliver effective support to people.

A range of in house and outdoor activities were provided, and staff provided activities on a one to one basis taking into consideration people's preferences. The registered manager told us they were starting to develop the environment to meet the needs of people with a learning disability.

People, relatives, staff and stakeholders told us the registered manager and staff were supportive and professional. The registered manager told us they encouraged an open and transparent culture within the service. The service supported people to raise concerns and used feedback to make improvements where needed.

The provider had effective systems in place to monitor the quality of the service and ensured that areas for improvements were identified and addressed.

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. Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff had received training in safeguarding of adults and this was updated regularly. There was a safeguarding policy and procedure in place. The registered manager worked with the local authority's safeguarding team to investigate any safeguarding concerns raised.

Sufficient staff were available to provide timely support and numbers were increased when needed to ensure people's safety and meet their needs. Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

Medicines were managed safely and people received their medicines as prescribed. Stocks of pain killing medicines to be taken as required were correct but the records were unclear and staff did not always record when medicines were taken in and out of the service when people visited their family.

Is the service effective?

Good ●

The service was effective. Staff received the training and support they needed to deliver care and support to people, and were suitably supervised and appraised by their line manager.

People had consented to their care and support, but this was not always evident in their care records. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were protected from the risks of inadequate nutrition and dehydration. People were supported to choose their food and create their own menus. Staff supported them to do their own shopping and encouraged them to cook their meals.

Staff supported people to access healthcare services and liaised closely with healthcare professionals so people's needs were met.

Is the service caring?

Good ●

The service was caring. Feedback from people and relatives was positive about both staff and the management team. Staff were seen to interact with people in a caring and respectful way and people told us they felt cared for by all the staff. Healthcare and social care professionals said they saw that people using the service were being well cared for.

Care and support plans contained people's background and their likes and dislikes. People were supported with their individual needs in a way that valued their diversity, values and human rights.

Is the service responsive?

Good ●

The service was responsive. People's individual needs were identified and met when their care and support was being assessed, planned and delivered.

People and relatives said they were involved in planning and reviewing their care, although this was not evidenced in the care records we checked.

A variety of activities were arranged that met people's individual interests. The registered manager organised in house group activities and outings to places of interest.

People were encouraged to express any concerns and complaints were investigated and responded to appropriately.

Is the service well-led?

Good ●

The service was well-led. At the time of our inspection, the service employed a registered manager.

People, relatives and stakeholders found the management team to be approachable, supportive and professional.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

There were systems in place to assess and monitor the quality of the service.

Swan 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 21 and 23 December 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for people with a learning disability.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including three people's care plans, three staff records and records relating to the management of the service. We spoke with five people who used the service, a visiting social care professional, eight staff, including two senior staff members and the registered manager.

Following our visit, we spoke with one social care professional and one healthcare professional who were regularly involved in the care of people using the service, and two relatives to obtain their views about the service.

Is the service safe?

Our findings

People we spoke with indicated they felt safe living at the service. One person said, "Yes I have felt safe living here." One relative confirmed this and said, "My [relative] has done extremely well since moving here, the staff are good." A social care professional told us that they had no safety concerns and thought that people were well cared for.

People confirmed they would know who to contact if they had any concerns, and added they did not have any concerns about the service. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. The service had a safeguarding policy and procedure in place although this was available on the provider's intranet and not all staff had access to this. An easy-read version was available to people using the service, although they had not been issued their own copy. We discussed this with a senior member of staff. They explained that many of the people living at the service were prone to destroying paperwork and would not benefit from having a copy in their flat, but told us that the policy was shown to them and discussed as necessary. Staff told us they were familiar with and had access to the whistleblowing policy. This indicated that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the CQC as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional, and records we viewed, confirmed this.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. Records were updated according to the outcome of each review. We saw that risk assessments had an additional sheet attached with staff signatures to ensure that staff read and understood them. One person's file contained a "risk taking action plan", which indicated that people were encouraged to take positive risks.

People were supported with their finances and some people's cash was kept in a safe in the duty office. We checked three people's financial records and found them to correspond to the amount of money kept in the safe. People were able to access their money with assistance of staff.

Staff were clear about how to respond to emergencies and emergency contact numbers were clearly displayed. Senior staff were available to help and support the staff and people using the service as required. They also involved healthcare professionals when needed. Staff told us that senior staff and the registered manager were also contactable and available in case of emergency.

Incidents and accidents were recorded and analysed by the registered manager and included an action plan

to address any issues or trends identified. We saw evidence that incidents and accidents were responded to appropriately. This included a plan to reduce the risk of re-occurrence and referrals to relevant healthcare and social care professionals.

The provider had a health and safety policy in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

The service had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. The service carried out regular fire drills and weekly fire alarm tests and staff were aware of the fire procedure. On the day of our inspection, a fire alarm test was carried out, and a notification was displayed to inform people of this. People's records contained personal emergency evacuation plans (PEEPS). They included a summary of people's impairments and abilities, and appropriate action to be taken in the event of a fire.

People and relatives told us they were happy with the staffing levels, and we saw that there were sufficient staff on duty on the day of our inspection. The service employed a high number of agency staff, although the registered manager told us they were on a fixed full time contract to ensure stability and continuity of care. They told us they were planning to recruit more permanent staff in the new year. The service was run on a core and flexi model, which meant that the staffing requirements were dependent on the needs of each person living at the service. We saw that almost all the people living at the service were receiving one to one care and support.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

Arrangements were in place for the management of people's medicines and all medicines were stored securely in each person's flat. Senior staff were trained in the administration of medicines and received yearly updates. Medicines policies and procedures were in place and staff demonstrated a good understanding of the procedures they followed when they supported people with their medicines. We checked nine medicines administration records (MAR) charts which had been completed over four weeks. They showed that staff had administered all the medicines as prescribed, and there were no gaps in signing. Senior staff carried out monthly audits and they had not identified any errors, however, where people were prescribed pain relief medicines to take as required, records were not always kept of the amount of tablets taken in and out of the service when people went on family visits. We checked a person's supply of prescribed medicines and saw that according to the recorded amount, 15 tablets appeared to be missing from the pack, however the registered manager, on further check, found that those were in a separate container. They told us they would address this issue and put a more accurate system in place. The service had recently changed their pharmacy service so that an improved service would be provided. A senior member of staff told us that the pharmacist carried out regular audits of the service which included checks on the storage, recording of receipt, handling and returning of medicines.

We recommend that the provider seek relevant guidance in the management of medicines and put in place a more robust auditing system.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of the people who use services and 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.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. We saw evidence that where people lacked capacity to make decisions about their care and support, they had been assessed but we did not see evidence of this in some of the care plans we checked. People can only be deprived of their liberty to 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 had identified that four people lacked capacity to make decisions about their care and support and needed to be deprived of their liberty. We saw evidence that applications had been made to the Court of Protection through the local authority, and that the registered manager was frequently in touch with the relevant professionals to ensure that they had dealt with the applications as a matter of urgency. Where people were able to consent to their care and support, there was no evidence of this in their care records. This could indicate that people's care and support were not being delivered according to the principles of the MCA.

Staff told us they encouraged people to remain as independent as they could be. People told us staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

People were supported by staff who had appropriate skills and experience. All staff we spoke with, both permanent and agency staff, were subject to an induction process that included a handover discussion about each person living at the service, mandatory online and classroom based training, including safeguarding adults, health and safety, first aid, moving and handling, medicines administration and food hygiene. They also undertook training specific to the needs of the people who used the service which included Mental Capacity Act 2005 (MCA) and equality and diversity training. All staff had obtained a National Vocational Qualification (NVQ) in care at level 2. The registered manager told us that any newly recruited staff would be expected to undertake the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed the training identified by the provider to deliver care and support to the expected standard.

People and relatives told us they had a good relationship with the carers. One relative said, "My [relative] likes people with a cheery personality, and has been matched with someone who is bubbly. They have a close bond."

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us and we saw evidence that they received supervision from their line manager every four to six weeks. Staff told us this provided an opportunity to address any issues and discuss any areas for improvement. Staff also received a yearly appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed, recorded and displayed in their flats. Weekly menus were formulated with each person and displayed in their flat in an easy-read format. Staff told us they assisted people with shopping and provided their meals according to their preferences. One staff member said, "I cook lunch every day, we make sure [person] gets gluten free food and all the carers know what to buy when shopping with [person]." One person told us they enjoyed meal times and said, "They help me to cook, I like helping with the cooking."

People told us the service was responsive to their health needs. One person said, "I go to the doctor's with a support worker" and "they always go to the hospital with me." One staff member told us that people had access to the chiropodist and the dentist. Records we checked confirmed this. Relatives told us that staff supported people with their health needs and kept them informed of outcomes of appointments. The care plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed.

A social care professional told us the service had played an important role in improving their client's wellbeing, independence and confidence. They said, "The service has enabled my client to think they can live in the community. They have supported my client with managing money, and through a serious operation. They have given him confidence through positive risk taking. I am pleased about the care."

One of the senior staff members told us that people were given a choice of how to decorate their own flats. They were able to decide on the colour of the walls and could pick their own furniture. One person was able to confirm this. For those who were unable to communicate verbally, staff used pictures and catalogues to help them choose. We saw three of the flats and observed individual and personal touches.

The communal corridors were plain and did not reflect the specific nature of the service. The registered manager told us that whenever they had pictures on the walls they would be pulled down by some of the people who lived at the service. They told us that they were looking into different ways of making the environment more homely. There was a communal room in the building but people did not have free access to it. The registered manager told us that the room was used for functions and activities organised at the service. They added that people living at the service had been used to community living and were now getting used to living in their own flat, so restricting access to the communal room was helping them adapt to their new environment.

We recommend that the provider ensures that where people have been assessed to have capacity to consent to their care and support, this is evidenced in their care records.

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. One person said, "Yes I like all these people, I ask when I want something and they give it." Another person said, "The staff are nice and kind people. I have a keyworker who organises all for me" and "they check on me through the night." One member of staff told us they loved working at the service and said, "I like helping people and supporting them, it makes me feel good." One social care professional told us the service kept person-centred and positive behaviour support at its core.

The staff and registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. We saw staff approached and addressed people in a kind, caring and respectful way. Staff we spoke with were aware of the needs of each person who lived at the service and we saw that the culture of the service was based on providing care that met each person's unique needs.

Staff told us care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them, however we saw that the care plans contained too many unnecessary documents and it was difficult to find information quickly. The registered manager told us that they were currently working on the care files to make them more concise and relevant.

People were well dressed and groomed and told us that staff assisted them with their care. Staff told us they tried to promote people's independence by encouraging people to choose their own clothing and do as much for themselves as they could.

The inspection team did not attempt to enter any of the flats when people were not present, and we observed staff knocking on people's doors and awaiting permission to enter. This indicated that people's privacy and dignity were respected.

Is the service responsive?

Our findings

Staff told us care plans were written in cooperation with people using the service, their families and other staff members. A relative confirmed this. However none of the records we looked at were signed by people or their family member. In one care plan, we saw that next to the "service user's signature" box, a note said "not able to sign". The reason for this was not clear. A visiting social care professional told us they were aware that people were part of weekly meetings to plan and review their care and support.

The care plans we saw were informative and captured individual needs in details. However they were written in a descriptive style and there was no easy read version that could be understood by people using the service.

People's day to day care and support was recorded and captured people's daily emotional state, communication, diet and other information relevant to people's everyday care. We looked through samples of these records for the past few months and saw that at times, information had not been recorded. This included in December 2015 where three records were missing for two out of three people.

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. The care plans we looked at contained health action plans designed to capture people's physical and emotional needs. They were up to date and consisted of detailed descriptions of people's behavioural traits, their likes and dislikes and best method of communication. For example, in one care plan the staff were advised when asked by a person "when is my dad coming?" to respond "in [number] sleeps" as this was what the person understood and what made them feel reassured. Other areas covered in care plans included eating and drinking habits, mobility, ability to manage their own money and activities people liked to be involved in.

Staff encouraged and supported people to undertake activities of interest to them. A pictorial activity plan was created with each person and was displayed in their flat. One person told us they went swimming three times a week and "loved it" and another said, "I go to the club, and to the park, and I am going to my sister's for Christmas." A staff member told us that most people's activities were individual to them, and the registered manager also organised group activities either in the communal room, or outdoors to visit places of interest. We saw various activities taking place on the day of our inspection, including arts and crafts, music, and shopping.

The service had a complaints procedure in place and this was available to staff. An easy-read version was available to people who used the service. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in accordance with the complaints procedure. People told us they were confident that if they had a concern, the staff and management would address it. One person said, "I've never complained but if I did, I would tell my [relative] first, then the management." Another person said, "If I was unhappy about something, I would tell my helper." A member

of staff told us that they did not have any concerns and added, "I would tell the manager, it would be dealt with quickly." The relatives we spoke with told us they found the management team approachable and would not hesitate to speak with them if they had a concern. One relative told us that they had identified a number of security issues prior to and just following their [relative's] admission to the service, and those were quickly resolved by the registered manager. One social care professional told us that the staff and management team were experienced and alerted them to problems in a timely manner. They gave us an example where staff and management had handled a difficult and potentially risky situation involving a person who used the service. They said, "their prompt and professional actions helped to resolve the problem swiftly."

We recommend that the provider seeks guidance with regards to record keeping and care planning taking into account the needs of people with a learning disability.

Is the service well-led?

Our findings

People and their relatives were complimentary about the registered manager and the senior team and told us they were all approachable. One person said, "The staff are approachable, the manager is a nice person." Another person told us they liked living at the service but added, "I was not helped by the staff to sort out my gas, electric and TV accounts." Senior staff told us that they were in the process of sorting out this person's accounts. Staff we spoke with thought the service was well-led. They told us that managers were hands on, supportive, open and transparent in their approach. One staff member said, "They inherited a lot of difficulties from a previous provider but if anyone is going to turn this place around, it's them." Another staff member said, "Since new management has been involved, there have been a lot of improvements. The managers come in at weekends and stay late to ensure they provide support. They are friendly, communicative and open. For example they inform us about all changes in our monthly meetings." One staff member told us they felt supported by the registered manager and said, "The manager is excellent! The best I have ever had." One healthcare professional told us the registered manager was experienced and professional and led an efficient service.

The registered manager had been in post for one year although prior to managing this service, they were managing another service within the same organisation. The registered manager told us that they specialised in Positive Behaviour Support Planning, and this had been helpful in assisting people who were new to the service to settle in.

The registered manager was supported by an established senior team in running the service and told us they believed in providing good quality care and support to people. They were in the process of introducing a housing manager to lead the service on a day to day basis.

Staff told us they had fortnightly team meetings and records confirmed this. The items discussed included feedback from residents' meetings, health and safety, safeguarding, policies and procedures and complaints. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this. Meetings also included important information about social care provision and the Care Quality Commission regulations. Meeting minutes were signed by staff to confirm they had read and understood the content.

The registered manager told us they received a good level of support from the company and took part in monthly managers meetings. Discussions included health and safety, staffing and any relevant issues arising within the company.

The service worked closely with healthcare and social care professionals and the registered manager attended fortnightly multidisciplinary meetings. These meetings enabled the registered manager to discuss any issues with relevant professionals and use their expertise to improve the experience of people who used the service.

People were supported to provide feedback about the service through fortnightly meetings but there was no evidence that quality assurance surveys were taking place. The registered manager told us that they were planning to carry out a survey and had ordered the questionnaires from the local authority.