

Swanton Care & Community (Autism North) Limited

Swanton Care Supported Living Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection visit took place on 19 September 2017 and we also spoke with people via telephone on 25 September 2017.

The service currently provides personal care for five people who have a learning disability and who may be on the autistic spectrum. Some people lived in small groups in a house whilst other people may live with family or carers.

The service had a registered manager in place who was on leave at the time of our visit. 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. The registered manager worked across another of the provider's services. On a day to day basis the service was managed by a full time manager and deputy manager as well as a team leader. We were told that the full time manager would take over the registered manager's role in their own right once the registered office had moved to a new location.

We undertook this visit following safeguarding concerns that were raised to the local authority safeguarding team regarding care plans and a staffing issue. This safeguarding concern has now been investigated and closed by the local authority following the completion of an action plan by the provider.

We found the service had not undertaken robust recruitment checks to ensure prospective staff members had the relevant background to work in the service. In the five staff files we viewed not all staff had appropriate references, application forms, interview records or evidence of identity. We asked the deputy manager who was on duty on the day of the inspection to address these deficits straight away.

There were systems and processes in place to protect people who used the service from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected. Appropriate checks in were in place in relation to the health and safety of people and staff.

Risk assessments were in place for people using the service and for staff members. Staff members told us of the systems they followed in case of an emergency as they sometimes worked alone.

Staff told us that they felt supported. There was a regular programme of staff supervision. Records of supervision were detailed and showed the service manager worked with staff to identify their personal and professional development areas. We spoke with one new member of staff who spoke highly of their induction and support.

Staff had been trained and had the skills and knowledge to provide support to the people using the service. There were enough staff on duty to provide support and ensure people's needs were met. Staff were aware

of the requirements of the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS] which meant they were working within the law to support people who may lack capacity.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people who used the service and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People's nutritional needs were met, with them being involved in shopping and decisions about meals.

People were supported to maintain good health and had access to healthcare professionals and services. We saw they were supported and encouraged to have regular health checks and were accompanied by staff to appointments.

Assessments were undertaken to identify people's support needs. People had [where possible] been involved in the development of their person centred plan.

Staff encouraged and supported people to access activities within the community and also to maintain family relationships.

The provider had a system in place for responding to any concerns and complaints. Staff told us they knew if people were unhappy and would take action to resolve this.

There were systems in place to monitor and improve the quality of the service provided. We saw the service had an action plan following the recent safeguarding concern where deficits were found in relation to care plans and risk assessments. The new management team had clear actions and deadlines to work on service improvements and we saw considerable work had been undertaken to address these areas for improvement. Staff told us that the service had made recent improvements and they felt it was now a more open, inclusive and positive culture.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled Fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff recruitment records showed the service had not sought appropriate references, identity verification documents and maintained interview records. This meant that staff recruitment practice was not safe.

Incidents and accidents were reviewed to keep people safe.

Staff were trained in areas to keep people safe such as handling medicines and health and safety.

Risk assessments were in place for people which included specific guidance for behaviour management.

Is the service effective?

Good ●

This service was effective.

People were supported to have their nutritional needs met. People's healthcare needs were assessed and supported.

Staff received regular supervision and training to meet the needs of the service.

The deputy manager and staff had a good understanding of the Mental Capacity Act 2005 and they understood their responsibilities in relation to upholding people's rights.

Is the service caring?

Good ●

The service was caring

People who used the service told us that staff were caring and treated them well, respecting their privacy and encouraging their independence. Our observations showed this to be the case.

Staff interacted warmly with people who used the service.

The deputy manager and all staff we spoke with had a good understanding of people's needs, preferences, likes and dislikes.

People were involved in their care planning, signing documents where they had capacity to consent.

Is the service responsive?

Good ●

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be supported.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice.

There was a clear complaints procedure and good access to advocacy. People and staff stated the service manager was approachable and would listen and act on any concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The quality assurance audits at the service had not picked up areas for improvement in relation to care plans and risk assessments which led to safeguarding concerns being raised.

A new management team had come into the service recently and we saw they had taken forward improvement actions.

Staff and people we spoke with felt able to raise concerns with the management team and said they had seen improvements to the service recently.

Swanton Care Supported Living Office

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.

The inspection visit took place on 19 September 2017 and we also spoke with people via telephone on 25 September 2017. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

We undertook this visit following safeguarding concerns that were raised to the local safeguarding authority team regarding care plans and a staffing issue. This safeguarding concern has now been investigated and closed by the local authority following the completion of an action plan by the provider.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

At our visit to the service we focused on spending time with two people who used the service, speaking with staff, and we observed how staff supported people who used the service.

During our inspection we spoke with two people who used the service, three support staff, a team leader

and the deputy manager. We also looked at the personnel files for five members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Is the service safe?

Our findings

We saw that recruitment processes and the relevant checks were not always in place to ensure staff were safe to work at the service.

We viewed five staff files and found that of these, all had required documentation missing or not completed so we could not verify that checks had been carried out by the service. For example, one file did not contain an application form, another did not contain interview records and four files did not contain the required two previous employer references. Two files were also missing proof of identity checks. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees. There were checklists in the front of personnel files that were not fully completed and two files had a completed staff file audit document that did not check whether the appropriate references and documents were included so it did not pick up the omissions. We spoke with the deputy manager who agreed to seek all outstanding documentation as soon as possible and to carry out a full review of all staff files straight away.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults and could identify different types of abuse. When asked the staff knew what to do if they witnessed any incidents. Staff told us; "I'd report any concerns I had. Sometimes safeguarding could even be encouraging people to do more for themselves instead of staff taking over for people." The deputy manager also showed us they kept a concerns log in relation to people's behaviour that was reviewed and discussed weekly so there was a good audit trail for reviewing people's support needs.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff and people who used the service. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. We saw that 95% of staff members had received training in safeguarding within the last 12 months and one new staff member was scheduled to undertake this as part of their induction.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they were confident in dealing with emergency situations and told us there was a clear evacuation plan to assist in the event of a fire for those people who received 24 hour care from the service. We discussed with staff about lone working, and they were confident in telling us the actions to take in the event of an emergency and said they felt well supported by the management team at the service. One staff member told us, "I feel confident to deal with any situation and [Name] the service manager really knows what he is talking about and is very professional."

There were appropriate arrangements in place for obtaining medicines and checking these on receipt to people's homes. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility in people's own homes. Staff informed us they had annual training in relation to medicines and also had their competency checked by a manager. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw all staff had received in the last 12 months. We saw staff were trained in British Institute of Learning Disabilities (BILD) accredited training in conflict management strategies that includes the use of physical restraint as a last resort. Staff told us they had been trained and we saw that any physical intervention use was immediately reviewed. There was a system in place for management review of any incidents and accidents to look for any trends and to reduce the risk of occurrence.

The deputy manager told us that staffing was provided flexibly by the team as it was dependent upon activities that were planned for people. For the five people currently using the service there were 23 staff with people having a core team of staff to ensure they had consistency of approach. Staffing was rostered so that support was available at key times in the evenings, early mornings and weekends. Staff and the deputy manager told us that they provided cover amongst themselves where possible or used the staff from the registered provider's nearby services and had no need to use agency staff. The deputy manager told us the service was working with commissioners to review the support for people using the service and had recently had positive feedback from family members about the improvement in consistency of staffing.

People were supported by staff to ensure their home environments remained safe.

Is the service effective?

Our findings

People received support from trained and supported staff members. We spoke with one person who told us that staff supported them to live as independently as possible and helped with them with daily living tasks, attending college and a voluntary work placement.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw records to confirm that staff had received or were scheduled to receive an annual appraisal. We saw the supervision process reviewed staff achievements, problems, actions, objectives and training in relation to their roles. One staff member told us, "I had supervision a couple of months ago and feel able to talk to the deputy manager as she is approachable." Another new staff member told us, "I had a good induction and had all the training and shadowed experienced staff until I got to know the service users. I read all their care plans before I started work so I felt I knew people a little from that information."

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. Staff had received training specific to the needs of the people they supported and we saw that specific approaches used for people on the autism spectrum such as Picture Exchange Communication systems (PECS) had been implemented. Staff were able to tell us how they used this visual timetable to help someone know what was happening next to reduce their anxieties.

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 when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in a community setting is via an application for a Deprivation of Liberty Safeguard (DoLS) to the Court of Protection. The service had made the appropriate referrals to the Court of Protection.

Staff had received training in the MCA and the management team were aware of their responsibilities with regard to the MCA. Staff were able to inform us that some people using the service who required support were under the Court of Protection in relation to finances and we saw information relating to this was in people's plan of care.

Staff explained to us they planned menus, depending on what people's preferences were. For example, one staff member told us, "[Name] chose to have soup today for lunch." People and staff then shopped for food

and drink items accordingly and all food was prepared with staff in people's own homes. Everyone had a nutrition care plan and staff explained to us that they knew people's likes and dislikes from talking with the person. We saw that people were weighed weekly and food charts were completed. One person told us, "The staff help me make curries as they are what I like."

We saw people had access to a range of external healthcare professionals. The service had good links with people's G.P's and other specialists such as dietitians and speech and language therapists. We saw feedback from a speech and language therapist the service had worked with recently. They said, "Staff responded well to the training and were able to feedback some of their own ideas and experiences of using visual supports with [Name]."

Is the service caring?

Our findings

People who used the service had complex needs and some had difficulty with communication. Staff told us; "We have had support to work better with [Name] and now we see much less behaviour and we are doing more activities which is really good for everyone." We spoke with one person who told us, "The staff listen to me, are kind to me and I get on with them good."

We asked staff how they would support someone's privacy and dignity. They told us about knocking on people's door before entering rooms and always asking before you helped somebody with a task. We observed that staff asked people's consent and explained what they were doing throughout our visit. We saw people were smiling and clearly knew the staff members working at the service well. Interactions were caring and staff used appropriate communication to offer people reassurance.

We saw people were supported to have choices and this was echoed by one person who told us, "Yes they let me choose what I want to do." A staff member also told us, "We encourage people to make their own choices about all sorts of things. [Name] has his picture exchange communication cards and will show us and choose what he wants to do now."

We looked at care plans for two people using the service. People had their own detailed plan of support. The support plans were written in an individual way, which included family information and how people wanted their care and support to be given. Plans were person centred and specific to the needs of the individual. We saw a daily record was kept of each person's care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

The staff we spoke with demonstrated a good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. We were told that staffing was now more consistently provided than it had been previously. One staff member who worked as a bank staff told us, "It feels more consistent and settled, it was previously disorganised and I got fed up and left but now with new management, I am considering coming back full time."

We saw people were involved in their own plan of care and support and one person told us, "Yes I have met with the deputy manager and we talk about me, we have just updated it."

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The service had support from advocacy services if this was required.

Is the service responsive?

Our findings

On the day of the inspection one person had been out in the community and they had a group of places that they liked to go and visit with staff. The deputy manager also told us how the staff were encouraging people to try new places and experiences. One staff member told us, "We are doing more activities with people and that's down to staff being more confident and the management providing us with support and consistent staffing."

We looked at two care plans for people who used the service and saw they were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The deputy manager told us they had worked hard recently with people and social workers to improve the quality of the care plans. It was evident that people had been involved in the development of these plans. We spoke with one person who told us they had recently reviewed their care plan with the deputy manager and were meeting them again to check they were happy with its content. The plans were all set out in a similar way and contained information under different headings such as a key information sheet, physical health, life skills, medication and communication. There were specific communication plans for people that had been written with speech and language therapists in relation to visual communication methods. This showed that staff had relevant information to deliver care and support to people in a way that they both needed and wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious as well as detailed information about the proactive management of behaviour.

Staff explained to us how they recorded any incidents fully and they were reviewed by everyone involved so they could identify any triggers to reduce the likelihood of it happening again. We saw that plans were reviewed every month and that updates were meaningful. For example, for one person they had been completing more household tasks with encouragement since the last review and these specific tasks were recorded so staff could continue to encourage this completion. One staff member also told us about this improvement when we asked about how the service supported people to become more independent.

Staff demonstrated they knew people well. They knew about their individual needs including what they did and didn't like. Staff were responsive to the needs of people who used the service. We saw staff using distraction techniques detailed in the person's care plan when they became anxious about new people being in their environment.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us that they supported people to raise any concerns and would be able to recognise if people were unhappy. One person we spoke with told us, "I'd phone the manager [name] if I wasn't happy about anything."

Is the service well-led?

Our findings

The service was registered with the Care Quality Commission in June 2017 to provide personal care but had been operating prior to this date and there had been an oversight by the provider in ensuring the service was appropriately registered at that time.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. There had been several recent management changes at the service. The registered manager worked across another of the provider's services. On a day to day basis the service was managed by a full time manager and deputy manager as well as a team leader. We were told that the full time manager would take over the registered manager's role in their own right once the registered office had moved to a new location. At the time of our visit, the full time manager was on annual leave and we met with the deputy manager and team leader.

Our observations were positive. Staff all communicated in a kind and friendly manner and there was a welcoming atmosphere within the service. The deputy manager who had been in post for six weeks was open and honest about the issues they had found when they had started at the service and how they had worked with the new full time manager to address these through an action plan. They told us, "We didn't do inductions with new staff, the care plans were dreadful, and things were not up to date. But, we have worked really hard to put things right." The team leader told us, "It's loads better than it was, the manager and deputy manager have been great I get help straight away and its definitely improved. I love it."

One staff member told us, "When I started last year, I saw no care or support plans, now you can see what support you need to give. It was totally reliant on established staffs' knowledge and that's now totally changed."

Observations of interactions between the deputy manager and staff showed they were open and positive. People we spoke with told us the service manager was approachable, supportive and they felt listened to. We spoke with three staff members who all told us they felt supported working at the service. One staff member told us how the service manager had assisted them with a problem with their wages in a supportive way. One person told us, "The managers pop in to see me regularly. I would phone the office if I am not happy in anyway and they try their best to sort it out for me. I am happy."

We saw records to confirm regular meetings took place with staff. We were told that the meetings talked about people using the service, keyworkers, safeguarding and health and safety topics, as well as an update from the full time manager.

Following a recent safeguarding concern about care plans, and risk assessments and management, the service put in place a robust Continuous Service Improvement Plan. This was shared with the provider monthly and we saw the issues raised from the safeguarding concern had been actioned along with details of the person responsible and a deadline date.

The deputy manager showed us audits and checks that were carried out on health and safety and care plans. We spoke about a checklist in the staff personnel files that were not robust enough to ensure that the appropriate recruitment checks were in place as we found multiple omissions of documents that were required by regulation. The deputy manager told us they would remove this checklist which was completed by previous management and review it to ensure it complied with regulations.

We recommend the provider reviews their governance systems to ensure that they capture all areas of the carrying on of the regulated activity, to ensure compliance with relevant regulations.

Any accidents and incidents were monitored by the full time manager to ensure any trends were identified. The deputy manager confirmed in previous months, two people who lived together had an increase in behaviours and it was felt this was due to noise which one person became distressed by. The service supported a review of one person's medicines and they told us that their behaviour had reduced by half the next month. This system helped to ensure any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The law requires that providers send notifications of changes, events or incidents to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There were not robust checks in relation to the recruitment suitability of prospective staff members.