

Swan Care Solutions Limited

# Swan Care Solutions

## 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Swan Care Solutions is a supported living provider, providing the regulated activity of personal care. The service provides support to people with learning disabilities or autistic spectrum disorder, mental health needs, physical disabilities, older people, and younger adults. People have either their own house or flat or share one with other people using the service at multiple different locations.

At the time of our inspection there were 2 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

#### Right Support:

Risk assessments and management plans sometimes lacked detail about how to support people safely. Staff recruitment had not consistently been completed in line with the provider's policy. People were supported by staff who understood how to keep them safe from the risk of abuse and manage risks to their safety. There were enough staff to support people to maintain their safety. People were supported to maintain their independence, to follow their individual interests and maintain important relationships. People had support to manage their health needs and maintain a healthy diet. Staff understood how to minimise the risk of cross infection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

Staff had not consistently had an induction and staff training was not always up to date. People were supported by staff who knew them well and staff were kind and caring. People received their medicines as prescribed. People told us they had choices about how they spent their time and were able to make decisions for themselves. Staff were respectful of people and understood how to support people to maintain their privacy. People had their individual needs and preferences assessed and care plans put in place. Staff understood people's preferences.

#### Right Culture:

Systems had not consistently ensured records completed about people's daily life were respectful. Systems

did not consistently ensure recruitment practice was in line with the provider's policy. A learning from incidents system was in place to share learning from incidents with staff and prevent reoccurrence. People were supported to express their preferences, and these were used with staff to design individual support. People had their protected characteristics understood by staff. People and relatives understood how to make a complaint. People and their relatives were asked for their feedback on the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 24 July 2020 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about staff training, recruitment, and risk management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well-led sections of the full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Swan Care Solutions

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service provides care and support to people living in 7 supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 14 December 2023 and ended on 4 January 2024. We visited the location's office/service on 15 December 2023.

### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person and one relative about their experiences of the service. We spoke with 7 staff including support workers, team leaders and managers. We reviewed 3 care plans and looked at records including recruitment files, audits, and training records.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments and management plans sometimes lacked detail about how people were supported to minimise risks to their safety. Staff however had a good knowledge of people's risks and how these were minimised. The manager was aware the current system did not consistently personalise risk assessments and a new system had been sourced to address this.
- Risk assessments were reviewed every three months or sooner if incidents occurred. Care plans were put in place which gave guidance to staff on how to support people with managing risks to their safety.
- People told us staff helped them to stay safe by managing risks to their safety, for example keeping them safe from antisocial behaviour when going out in the community. Relatives also confirmed people were supported to manage risks to their safety.

### Staffing and recruitment

- Recruitment records did not always follow the providers policy. For example, where there were gaps in employment these had not been fully documented as discussed. The provider was aware of this and had audited recruitment records to address gaps in the information, action was taken to address gaps in information and the provider was confident they now followed safe recruitment practice.
- Staff were available in sufficient numbers to support people. Where risks determined people needed specific staffing levels to keep them safe these were provided.
- People told us there were staff available to help them with anything they needed.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff at the service. People told us they felt safe when staff supported them and understood who to speak with if they felt unsafe.
- Staff were able to describe how they would report any incidents to the appropriate body for investigation and could recognise the signs of abuse. Staff had received training in safeguarding procedures.
- Where incidents occurred, there was a system in place to log these and report them to the appropriate authority for investigation. The provider reviewed incidents to seek learning and this was shared with staff.

### Using medicines safely

- People had a risk assessment and plan put in place to support them with medicines administration. People told us staff supported them to take their medicines as prescribed.
- Medicines were administered as prescribed and recorded on medicines administration records.
- Where medicines were administered on an as required basis there was guidance for staff in how to do this

in line with prescribing instructions.

#### Preventing and controlling infection

- Staff had received training in how to prevent the spread of infection and could describe the procedures they followed to ensure the risk of cross infection was minimised.
- Checks were in place to ensure people's homes were clean and staff were following procedures to minimise the risk of cross infection.

#### Learning lessons when things go wrong

- The provider had a system in place to learn when things went wrong. All incidents were reviewed, and actions taken to reduce recurrence.
- Themes were considered to determine any additional learning from incidents, and these were shared with staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had not consistently received an induction. Some staff had been identified as not having an induction when appointed following an external audit. The provider had taken actions to address this, and staff not inducted had received all relevant information in a documented supervision.
- Staff received regular updates to their training, however some staff were overdue for completing updated training. The provider was aware of this and had taken steps to update staff training with training already being scheduled.

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

- People told us they were involved in their assessment of needs and developing their care plans.
- Assessments were completed when people began using the service and these were used to develop care plans with people to meet their needs and preferences.
- Assessments and care plans considered people's protected characteristics and staff were given guidance on people's individual preferences related to these.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were fully involved in deciding what meals they had, and that staff understood their preferences. Relatives also confirmed people had a choice of meals and were encouraged to eat a healthy diet.
- People were supported to develop skills in meal planning, shopping, meals preparation. Risks were assessed and care plans put in place which indicated the level of support people needed for staff to follow. Staff encouraged people to participate as much as possible.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had their health needs assessed and plans put in place to support them to maintain their health and wellbeing. Staff supported people to attend various health appointments and records were included in people's care plans.
- Multidisciplinary team meetings were in place to support people with some of their needs. Staff were aware of the advice of other health professionals, and this was included in people's care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider understood how to assess capacity and make decisions in people's best interests. There was an MCA assessment and best interest documentation in place to use when required, however the people receiving regulated activity were deemed to have capacity to consent to their care.
- People we spoke with had capacity to consent to their care and support and told us staff sought this when helping them.
- Staff understood the principles of the MCA and could describe how they would support people with making decisions in their best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were mostly kind and caring and knew them well. One person however said, some staff who they knew well had moved on and the relationship with new staff was not as good as before, but they had raised this with the manager and it was being addressed.
- Staff could describe how they supported people and ensured they had their diverse needs met. For example, staff were able to describe how they supported people with social situations and to maintain relationships which were important to people.

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

- People were supported to make decisions which helped keep them safe. People told us they were able to make choices for themselves and decide how they spent their time. Relatives confirmed people were involved in their care plans.
- Staff told us they spent time getting to know people and how to engage them in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to maintain their independence. One person told us how staff supported them to be involved in maintaining their home.
- Care plans included information about how to maintain people's independence. For example, how to support people with managing their finances, personal care and meal preparation in a way that enabled them to do as much for themselves as possible.
- Staff described how they supported people in a way that maintained privacy and dignity for example when supporting people with personal care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were able to have personalised support which they had choice and control in. One person told us they were able to decide everything for themselves and did this with the support of staff. Relatives confirmed people were supported in line with their preferences.
- Staff were able to describe how they supported people with their individual preferences. One staff member told us about building a rapport with people they supported and how this helped them understand people's wishes.
- Care records were not consistently personalised, and the management team were aware of this and taking action to address it through a new care planning system.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibilities. People's communication needs were assessed, and plans put in place to meet them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests were understood by staff. Staff could describe the interests people had and how they were supported to follow these.
- People were supported to maintain relationships which were important to them. Staff could describe how they supported people with this.

Improving care quality in response to complaints or concerns

- People and their relatives understood how to make a complaint. We saw where people had raised concerns these were responded to and investigated.
- There was a complaints policy in place, and this included a process for sharing any lessons learned with staff.

End of life care and support

- At the time of our inspection, people did not require end of life care. However, there were systems in place

to assess people's needs if required and staff had received training.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care plans lacked detail about some aspects of peoples' care. For example, a lack of guidance for staff on the actions to take when people experienced sore areas on their skin. The management team were aware of this and had taken steps to secure a new care planning system, but this was not yet in place.
- People's care records sometimes included language which was not respectful when recording how people had spent their day. We spoke to the management team about this and they took action to address this with the staff concerned and confirmed additional training would be provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems had not consistently identified when improvements were needed. For example, where some risk assessments required more detail.
- Systems in place identified where staff training required updating and alerted staff to complete the training, however there were some updates not complete at the time of the inspection and some staff training was out of date.
- Systems had not ensured staff recruitment was completed in line with the provider's policy. This had been identified following feedback from an external audit and the provider had taken action to address this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. When incidents occurred, appropriate people were informed.

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

- People had their protected characteristics considered as part of their assessment and care plan. We saw people's protected characteristics were considered as part of people's assessment and care plans. Staff were knowledgeable about how to support people in a way which considered these.
- People were able to give feedback on the service they received. For example, meetings were held between staff and people using the service to discuss their views and thoughts about the care they received. Relatives also told us they were able to voice their views about the service.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to apply learning from external audits to make improvements. The provider had an action plan in place, and this showed how they had taken steps to address concerns identified through the external audit.
- The provider had systems in place to identify actions required to make improvements to the service.
- The provider shared lessons learned with staff from any audits, investigations and incidents which occurred.
- The provider worked in partnership with other agencies to support people. There were multidisciplinary meetings in place to offer support to people who used the service.