The London Borough of Hillingdon

Swan House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 and 21 December 2017 and was unannounced. At the last inspection, on 21 and 23 December 2015, the service was rated Good. At this inspection we found the service remained Good.

This service provides care and support to people living in a 'supported living' setting, 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.

"The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

Swan House is a supported living service managed by The London Borough of Hillingdon. Swan House is split across two levels with people with mental health needs living independently upstairs and up to nine people with complex behaviour and learning disability living downstairs.

Each person had their own tenancy and lived in a large self-contained flat. The service only provided personal care to people living downstairs. At the time of our inspection, eight people were receiving care and support and a new person was due to move in shortly.

There was a registered manager in post at the service 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.

The registered manager and site manager were passionate about accessing community resources in order to improve the quality of life of people who used the service.

People's care plans were very comprehensive and detailed people's identified individual needs. They were personalised to reflect people's wishes and what was important to them.

Where appropriate, people's end of life wishes were discussed and recorded.

Care plans and risk assessments were reviewed and updated whenever people's needs changed. People and relatives told us they were involved in the planning and reviewing of their care and support and felt valued.

A wide range of activities were arranged that met people's individual interests and people were consulted about what they wanted to do.

There were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence. Employment checks were in place to obtain information about new staff before they were allowed to support people.

The risks to people's safety and wellbeing were assessed and regularly reviewed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording and investigation of incidents and accidents.

People were given the support they needed with medicines and there were regular audits by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). They ensured people were given choices and the opportunity to make decisions.

The provider ensured people's nutritional needs were met. People were involved in the planning of their meals and where possible, shopped for ingredients and cooked their own food with the support of staff.

People were supported by staff who were sufficiently trained, supervised and appraised. The service liaised with other services to share ideas and good practice.

People's healthcare needs were met and staff supported them to attend medical appointments.

People lived in a comfortable environment which was clean and free of hazards. They were assisted to personalise their flats and the communal areas as they wished.

Staff were caring and treated people with dignity, compassion and respect. Support plans were clear and comprehensive. They recorded people's individual needs, detailed what was important to them, how they made decisions and how they wanted their care to be provided.

Throughout the inspection, we observed staff supporting people in a way that took into account their diversity, values and human rights. People were supported to make decisions about their activities, both at their home and in the community.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

There was a clear management structure at the service, and people and staff told us that the management team were supportive and approachable. There was a transparent and open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and where issues were identified, these were addressed promptly.

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 remains safe.

Good

Is the service effective?

The service remains effective.

Good

Is the service caring?

The service remains caring.

Good

Is the service responsive?

The service remains responsive.

Good

Is the service well-led?

The service remains well-led.

Good

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 and 21 December 2017 and was unannounced.

The inspection was carried out by one inspector 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.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we observed support being delivered to people to help us understand people's experiences of using the service. We also looked at records, including four people's care plans, four staff records, medicine administration records and records relating to the management of the service. We spoke with four people who used the service and three relatives of other people, the registered manager, the site manager, two team leaders and two support workers, one of whom was a regular agency worker. We also spoke with two social care professionals by telephone to obtain their feedback about the service.

Good

Is the service safe?

Our findings

All the people we spoke with indicated they felt safe in their environment and trusted the staff who supported them. One person told us, "I feel very safe" and another said, "Yes. Safe. I like my home. This is my home." A relative echoed this and said, "I have never had any concerns regarding my [family member's] safety."

People told us they received their medicines as prescribed. Most people required support from staff with their medicines. All medicines were stored in locked medicines cabinet in each person's flat. We checked the Medicines Administration Records (MAR) charts for three people who used the service, for the months of November and December and saw that these were completed appropriately and there were no gaps in staff signatures. Each MAR chart contained information about each prescribed medicine, the reason for prescribing it and possible side effects. Individual medicines information leaflets were available for staff to read, so they could understand what these were for, and their possible side effects.

There were protocols in place for the use of PRN (as required) medicines, for example, pain relief medicines. We checked if the amount of tablets in the packs corresponded to the staff's signatures on the MAR charts, and saw that they did, indicating that people were receiving these medicines appropriately and as prescribed.

Most medicines were blister packed and corrected dispensed. Boxed medicines were counted twice a day by staff to ensure they were correctly administered and at the right time. These checks were recorded and kept up to date.

There were policies and procedures in place for the management of medicines and staff were aware of these. Senior staff received medicines training and had their competencies checked regularly, to ensure they were able to administer medicines safely. The senior staff undertook frequent medicines audits and these were thorough.

People confirmed they would know who to contact if they had any concerns. One person told us they would speak with the manager. One relative said, "There have been meetings at Swan House where safeguarding has been talked about."

There had been a serious safeguarding concern at the service a year ago which the provider had handled appropriately. They had ensured that the relevant agencies were informed and involved, such as the Care Quality Commission (CQC), the local safeguarding team and the police. The registered manager told us they had put more robust systems in place to prevent such concerns happening again. These included the senior staff carrying out more frequent spot checks and engaging agency staff in team meetings and in-house training. A social care professional told us, "I do feel people are safe. There have been some safeguarding issues but they were dealt with appropriately."

The provider had taken steps to protect people from the risk of abuse. 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 and staff had access to these. Staff told us they were familiar with and had access to the whistleblowing policy.

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. These were reviewed yearly or more often if necessary and included risks to general health, mental health and the person's ability to complete tasks related to everyday living such as showering, swimming and behaviours that challenged. Each risk was described and analysed control measures were in place for each identified risk. For example, where a person had been identified at risk of falls, we saw an instruction stating, "[Person] to wear appropriate footwear, and to use walking frame both indoors and outdoors."

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. A staff member told us, "Any problem, [Registered manager] is there. Even if we need him at the weekend, he's there."

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. For example, where a person had fallen, staff had put in place half hour checks and had referred the person to the falls clinic. We saw evidence that this was discussed with staff and the person's care plan and risk assessment was up to date.

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. There was also a general up to date risk assessment which included medicines administration, infection control and manual handling. It also included a number of risks staff might face when working alone with people using the service, such as emergency situations and behaviours that challenged. Each risk identified included an action plan to minimise the risk.

The provider had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. There were regular fire drills and weekly fire alarm tests, and staff were aware of the fire procedure. People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS). These included a summary of people's circumstances and needs, and appropriate action to be taken in the event of fire.

People were protected from the risk of infection. The communal areas were clean and free of hazards. People were supported to maintain and clean their own flats. Staff were provided with personal protective equipment such as gloves, aprons, hand washing facilities and sanitisation gels to ensure infection was prevented and controlled. There were systems for reporting maintenance concerns and records showed these were completed in a timely manner. A relative told us, "There was a problem with my [family members'] shower and the manager got straight on to it and sorted out the problem."

People told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection. The manager told us they had some staff vacancies and were recruiting to four new posts. They added that although they were currently using quite a large number of agency staff, they ensured that they used a reputable agency and a core group of eight staff who were reliable and knew the needs of people who used the service. The manager told us that agency staff took part in training offered to

permanent staff so they were well trained, felt valued and included in the staff team. We viewed the staff rota for four weeks and saw that all shifts were covered appropriately.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These 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 was completed.

Good

Is the service effective?

Our findings

People were supported by staff who had the appropriate skills and experience. All staff we spoke with were subject to an induction process that included shadowing more experienced staff members. New staff were supported to complete 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.

Staff received training the provider had identified as mandatory. This included moving and handling, medicines administration, health and safety, infection control, food hygiene, safeguarding and Mental Capacity Act 2005 (MCA). They also undertook training specific to the needs of the people who used the service which included mental health awareness, personal safety, equality and diversity and self-harm.

The registered manager told us that staff were provided with bespoke training around supporting people with complex behaviour such as 'proact skip'. This program enabled staff to develop their skills and understanding in the practical uses of 'Positive Behaviour Support'. The registered manager was a certified trainer in this subject and provider regular training and support to staff. One staff member told us, "We get face to face as well as E-learning courses. Agency staff are trained with us as well and they are motivated and part of the team." An agency staff member confirmed this and said, "We get the training like the permanent staff and we are part of the team, so we know how to support people better." Records showed that staff training was up to date and refreshed yearly. The registered manager told us that staff were also provided with training on the principles of the London Multi Agency Adults and embraced the fundamental basis that the 'person knows best'. This meant that staff employed by the service were sufficiently trained and qualified to support people to the expected standard.

People were supported by staff who were regularly supervised and appraised. Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs. The registered manager and on-site manager told us they conducted regular audits of competence on all staff via appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service 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.

Care and support was being delivered according to the principles of the MCA. Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. The registered manager told us they had been assigned a senior social

worker and a social worker to review people's ongoing needs and mental capacity assessments and we saw evidence of these in the records we viewed.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. Staff supported people to shop for their food and cook their own meals if they wanted to. One person told us, "I do my own cooking. [Other person using the service] showed me what she had cooked and there were plenty of vegetables and protein." Relatives were happy with the food their family members were eating. Their comments included, "I always look to see if there is food in his fridge and I am happy to see that there is always a very good diet for him. The staff support him to cook" and "I was told that [family member] goes on regular walks and that he has lost weight recently because they have been very careful with his diet. Staff support him with his cooking."

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 their needs. People and relatives told us that they were consulted before they moved in and they had felt listened to. One relative said, "When [family member] transitioned to Swan House, there were teething problems but they were very helpful in his transition which I was impressed about. I attended regular meetings and I'm very happy with his care" and another told us, "My [family member] is a different person since she moved to Swan House and I am very pleased with it." The healthcare and social care professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns. At the time of our inspection, the service was ready to welcome a new person. A social care professional confirmed that the management team had ensured they knew and understood the person's individual needs and were confident they were able to meet these.

People and relatives told us the service was responsive to their health needs. One person told us that when they had some medical issues, the manager was very quick to organise a GP appointment. A relative echoed this and said, "If there are any health concerns, they are quick to contact the GP and they inform me." The care plans we looked at contained individual health action plans. These 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. For example, a person was taken to the GP because of a recurrent health problem. We saw that specific advice from the GP had been recorded in the person's care plan and this was regularly reviewed. We saw evidence that action was taken when a medicine's dosage had been increased. We saw another example where a person had been referred to a specialist when a health condition had not improved. People's occupational health needs were also monitored and reviewed. For example, there were regular wheelchair assessments for those who used a wheelchair and whose physical needs changed. Any changes or adaptations were undertaken according to the person's changing requirements. This included a new wheelchair being supplied to a person whose wheelchair was no longer suitable. This showed that the service was meeting people's health needs effectively.

People lived in an environment that was comfortable and free of hazards. People showed us their flats and we saw that these were large, airy and personalised to reflect people's individual taste and choices. We witnessed a younger person who used the service enjoying a musical afternoon with staff. It was obvious that the music playing was of their choice as they were showing clear enjoyment. Staff told us the designs of the murals in the person's flat were chosen by them and reflected their personality. The corridors were decorated by pictures and murals which the registered manager told us had been agreed by people who used the service. Staff had used a black board paint on the wall so that messages and reminders could be

written.

Good

Is the service caring?

Our findings

People were complimentary about the care and support they received and said that staff treated them with consideration and respected their human rights. Their comments included, "They are very kind to me" and "[Staff member] cleans my flat. She is very kind to me." Relatives echoes this and said, "They are very caring and supportive staff who always try to do their best" and "[Staff member] is an exemplary member of staff and a really special person."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. One staff member told us, "It's a joy working here. We make jokes with the service users, see them smile. We make a contribution." A social care professional echoed this and said, "The staff care and really work well with the service users."

The registered manager told us staff were trained in dignity and respect and there was a designated 'dignity champion' in the building. We saw a large 'Dignity tree' in the communal room where each branch identified a particular value such as wellbeing, choice, privacy, enjoyment and individuality. The registered manager told us that the tree had been created by people who used the service with support from staff.

People's cultural and spiritual needs were respected. The registered manager told us that cultural diversity was taken into consideration with themed activities such as Diwali, Eid and Chinese New Year. There was a multi cultural staff team who brought their own cultures and traditions for all to share and learn about. The registered manager told us that all staff and people using the service had recently been educated in Buddhism by a new person who was keen to share their knowledge and practices with others. We were told and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs and if they had a preference in the gender of the staff providing support.

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 and support that met each person's unique needs.

People were consulted during bi-monthly meetings and meetings with their keyworker. A keyworker is a designated member of staff who has particular responsibilities for a person or a small group of people. They were able to discuss any concerns and contribute to ideas about the running of the service and what activities they wanted. In addition, the provider conducted twice yearly meetings with parents/carers to discuss their views and share ideas.

The service kept a record of cards and compliments they received. We viewed a range of them and saw comments such as, "Thank you to all the lovely staff at Swan House for teaching and giving me insight on learning disability and mental health" and, "All the staff display an excellent understanding of people's individual needs."

Good

Is the service responsive?

Our findings

People and their representatives were fully involved in the development and review of their care plans and records we viewed confirmed this. One relative told us, "Yes I am very involved in [family member's] care plan and I have recently received a copy" and another said, "I have a copy of [family member's] care plan and I am asked for feedback from time to time." Staff thought the care plans were detailed and told them all they needed to know.

All the care plans we looked at were comprehensive, detailed and personalised. They provided staff with clear guidance on how to meet each person's specific care needs. People using the service had complex needs and we saw that each person's care plan included details of their preferences in relation to how their care should be provided. Each person's care plan included a 'This is me' document. This provided a detailed picture of the person, including their background, family, behaviours and preferred activities. For example, one person's care plan provided staff with clear instructions when they became anxious or displayed behaviour that challenged. It stated, 'Acknowledge me and reassure me in a positive way, talk to me.' In another person's document, we saw advice to staff about how to keep a person safe stating, 'I need support on keeping myself safe whilst out in the community'. This showed that the care plans were developed specifically to meet people's individual needs.

People's care plans were developed from information provided by people and family members, as well as healthcare and social care professionals involved in people's care. This information was combined with details of people's specific needs identified during initial assessments. Care plans were updated and expanded to help ensure they provided staff with sufficient detailed information to enable them to meet people's individual needs. Care plans were signed by people, or, where appropriate, their representative, to formally record their consent to the care and support as described. Each care plan included specific objectives that had been developed collaboratively with the person in need of support. For example, a person had been supported to attend a group to manage their weight issues and had achieved their goals, thus improving their health as a result. They told us, "I love going to [group]. I really enjoy it and I like all my certificates." This showed that the care provided took into account the person's identified goals. Each care plan included details of the person's background, likes and interests as well as information about their medical history. This information helped staff to understand how people's background influenced who they were and provided useful tips for staff on topics of conversation the person might enjoy.

Each person who used the service had a 'patient passport'. This was to inform staff about the person in the event of a hospital admission. The booklet provided hospital staff with three types of information including 'essential' [red], 'important' [orange] and 'preferable' [green]. It also explained the person's likes and dislikes and individual behaviours so that staff would understand the person and respond appropriately. Such comments included, "I like hand clapping and singing." Each passport was personalised and pictorial and included a thorough understanding of the person's needs and wishes.

Staff completed a monthly summary for each person. This included a short summary of the person and their communication needs and detailed any medical appointments they attended and their outcomes. They

also included a behaviour analysis, activities undertaken and family contact. From this, staff recorded any objectives and recommendations. For example, "Work with [person] to be able to communicate his emotional needs in a pro-active way."

The provider had put in place a 'Positive Behaviour Support' (PBS) plan for each person using the service. This is a framework for improving the quality of life of people with autism and learning disabilities who are at risk of displaying behaviours that challenge. It does this by developing a shared understanding of the person and their behaviour through detailed assessment and using this information to develop effective support. The registered manager told us that PBS focused upon improving the quality of life of people who used the service by helping them get the right support, improving their social networks and teaching new skills. They added that by improving a person's quality of life, behaviours that challenge are less likely to occur. Staff were trained and understood the principles of PBS. They told us that the whole staff team worked together with people who used the service by supporting them to understand and learn more effective and acceptable behaviour. One staff member told us they had become more observant and responsive to people's body language and facial expressions so that potential challenges could be de-escalated before they developed. They said, "Facial expressions and body language will indicate how a person is feeling."

We asked people and their relatives if the service was responsive to their needs. Their comments included, "Swan House is responsive to any concerns I might have", "Great communication" and , "They know [family member's] routine. My [family member] is particular about his routine in the morning and they work around him." One social care professional told us that any advice was always followed by the staff and communication was very good. The company operated a bespoke service where they tried to meet the needs of the people who used the service and the staff to ensure mutual satisfaction. This confirmed that the service was responsive and ensured that people's needs were met by a motivated staff team.

People and relatives told us staff provided support and encouragement for them to do things independently and within their local communities and pursue their interests. Their comments included, "My [family member's] activities have recently stepped up. He goes to Sunday club and Tuesday club, he has gone to the pantomime and recently went up to town to see the Christmas lights. My [family member] is actively encouraged to do things", "He's been on a boat trip and a pantomime. They also go on regular walks", "On Monday and Wednesday I go swimming, Tuesday shopping, Thursday I like a quiet day and Friday [club name] and I do my own cooking", "I like to go to bingo and Tuesday club" and "I like it at Swan House. I go shopping, picnics and cinema."

Staff told us they ensured people were involved in activities they enjoyed and supported them to go out. One staff member told us, "We have tenant's meetings and we try to show visually things they could do. Like we went to the Christmas lights in London. We'll have music on. We try to engage everybody. They like each other's company. When we have something on, we put posters up to let people know and they can decide if they want to go." A social care professional commented, "There's quite a variety of things happening including outings. Somebody used to live in residential care and now identifies himself as having his own place. That's amazing."

A pictorial activity plan was created for each person and was displayed in their flat. A pictorial weekly planner was in place and detailed a variety of activities on offer. These included walks, bowling, bus ride, housework and dinner out. People living downstairs were encouraged and had formed friendships with people who lived independently upstairs and they often joined in outings organised by the service. For example, when a river boat trip had been organised, the whole boat had been hired and a person using the service had been 'Captain of the ship'. The registered manager told us people were supported to attend social clubs such as those organised by a well-known mental health organisation, and one to one outreach.

The service worked in partnership with other organisations to deliver a personalised a meaningful activity program for each person who used the service. For example they liaised with a well-known mental health organisation which provided a 10 week program in the community for people who were at risk of social isolation. They also worked with a local organisation which provided weekly activities such as line dancing. Some people attended a social club twice a week and others had attended a local college to access adult education such as pottery classes.

People were fully involved in the development of the service by attending regular meetings organised by the management team and volunteering their ideas. The registered manager told us and records showed that people and their representatives participated in review meetings where their needs and wishes were discussed. The registered manager told us they would also invite advocates and translators as needed by liaising with the person's care manager in advance to organise. This ensured that the person was given every opportunity to understand what was discussed and to have a voice.

The site manager told us they organised regular meetings with the local GP in order to facilitate better communication and a better understanding of each person's needs. They told us that these meetings had improved the relationship thus providing better healthcare provision for people who used the service. The registered manager told us they were planning to work with people to create a 'grab bag'. This would include all appropriate and relevant information to share with emergency services in the event of medical treatment or emergency hospital admission. They also planned to liaise with health providers in relation to providing support around health awareness to all people who used the service.

The provider ensured that people's communication needs were met and constantly tried to make improvements. Some staff were trained in Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. Staff also used talking mats, used pictures, and observed people's sounds and body language when communicating with them.

Technology was used to support people and ensure their needs were met. Each person's flat was equipped with an easy reach call system so people could alert staff when they needed support. They also used epilepsy sensors for people who lived with this condition. These sensors were designed to pick up body convulsions and alert staff, thus ensuring the person would get immediate medical support. There was a computer available in the communal room for people who wished to use the internet or email. The registered manager told us they were looking at introducing tablets and other forms of technology to further develop means of communication with people who used the service.

The site manager told us they were 'absolutely determined and passionate' about accessing every available resource for people who used the service, in particular for a person whose needs were complex. They told us they were in the process of accessing a local service which included a hydro pool and a 'magic carpet'. A magic carpet is a computerised system which can be adapted to the individual and projects images onto the floor so people can play with and control by moving on or over the projected image. The site manager told us, "There is so much out there for people. I know how important it is for people to have access to these resources. I am liaising with these services. [Person who used the service] is going through panel to try to get extra funding to access these facilities."

The registered manager told us the service facilitated a 'ladies group' which helped to develop friendship and this had proved popular. The men had been reluctant to develop a similar group so discussions were ongoing to explore other social settings where they would be happy to meet.

People were encouraged and supported to maintain relationships through visit, phone calls and emails. Relatives we spoke with told us they felt welcome anytime and communication was 'excellent'. One person told us, "I am going home for Christmas. My [family member] is coming to collect me but when she does come to visit me she is very welcome." The registered manager told us they liaised with a 'door to door' holiday company who specialised in organising holidays for people with learning disabilities and mental health needs. This offered the opportunity for people to enjoy a holiday if they wish to do so.

The service had a policy and procedure in place for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service and were available in an easy-read format. People told us they understood how to report any concerns or complaints about the service. People reported they had rarely made a complaint but when they had, their concerns were taken seriously and the issues were resolved in a timely manner.

Where appropriate, people's end of life wishes were recorded in a 'When I die' document. These included how the person wanted to be cared for at the end of their life. These were developed with people who used the service and their relatives or representatives and in their best interests. Some people had funeral plans in place and staff were aware of these. They told us that people's end of life wishes were discussed in care plan reviews if people were comfortable with this.

Good

Is the service well-led?

Our findings

People and relatives were also complimentary about the management team and felt that they were approachable and they could speak with them at any time. Relatives' comments included, "The new manager is very good and I have no worries that they would deal with any problems that I had" and another said, "I have known [registered manager] for a long time and he is an honest upstanding man. The new manager has stepped up and has shown to be very capable", "Overall very happy with the setup, commitment by the staff, their knowledge and skills. No concerns at all" and "I know when [registered manager] says something, it's going to get done. He's very good as a manager." The social care professionals we spoke with echoed these comments and said, "I am very happy in terms of response and person centred approach with [site manager]. Communication is really good. Very happy with our relationship with the service. The seniors all know the service users and their needs very well. I have no concerns" and "[Site manager] is an excellent manager. This is a project that needs a good manager."

There was a registered manager in post at the time of our inspection. They were also managing another service within the same organisation. They were supported by a site manager who had been running the service since July 2017, and an established senior team.

The provider placed people at the heart of the service. Their values were based on the person coming first, respect for people, promoting people's independence, honesty, consistency of care, improving the service and maintaining people's confidentiality. Staff told us these values were embraced by the whole team. People told us they were treated with dignity and respect at all times. One social care professional told us, "The service is a credit to them. People who live there get a very good standard of care."

Swan House provided care and support to their work force. We heard of examples from staff where the management team had provided them with support through periods of personal difficulties. The registered manager told us staff had access to support services such as an 'employee assistance programme' and occupational health department. They also added that staff were supported and encouraged to further their career and undertake qualifications to support their progression. One staff member confirmed this and said, "I think you get good support from management. If you have a problem, the managers are always supportive. 110%. We do work as a team."

Staff told us the managers were approachable and they felt very well supported by them. Their comments included, "[Site manager] has brought a lot to the service and the staff. Staff feel comfortable and relax with her. If you knock on the door, she'll be there. It gives you the incentive to go to work" and "[Site manager] is an excellent manager." A senior staff member added, "[Site manager] is very helpful in every way. We can approach her. She is very knowledgeable and here to support all of us. I can see there have been improvements in the last year. Staff's faces are more alert. The staff are very consistent, flexible and competent."

The registered manager recognised the importance to keep themselves abreast of changes within the social care sector by attending registered managers' meetings. From these meetings, relevant information was

cascaded to the staff team during meetings to improve knowledge and share information. They also attended regular 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. They also consulted the Care Quality Commission (CQC) website and provider's handbook to keep abreast of the Regulations.

There were systems in place to monitor the quality of the service provided to people. The registered manager undertook monitoring visits, based on the CQC's key questions, and we saw these were regular and thorough. The site manager had effective auditing systems in place which included checks of people's files, medicines, staff's files including recruitment checks, training, incidents and accidents and complaints. We saw evidence that where issues were identified, these were addressed without delay. The site manager told us they continually strived to improve the service. They said, "There's always room for improvement so that's what we aim to do. We just want to offer the best service delivery we can. It's a good place to work."

There were systems in place to monitor the standards of care provided and identify any areas in which the service could improve. These included regular meetings with people who used the service, and 'parent/carer' meetings. The provider issued 'feedback cards' to further gather feedback and make improvements. Comments from people indicated they were happy with the service. These included, "It's nice here", "Lovely here because the staff are gorgeous" and "People are friendly and I am very happy here."

The provider had a development plan that had been created using feedback from people who used the service, relatives, staff and external professionals. The results of these had been analysed and areas for improvements had been identified. We saw that based on feedback, two action plans had been created in areas such as 'Promoting independence' and 'Meeting the needs of each tenant as an individual'. We saw that as a result of the action plans, there had been improvements which included introducing a 'dignity champion' to the service and creating pictorial feedback forms for people who used the service.

A team of social workers were also allocated to work with the service and liaised regularly with people who used the service and the staff team. This helped to develop effective communication and address concerns before they developed.

Records showed there were regular staff and management meetings. Regular agency staff were invited to the meetings to ensure they were part of the team and felt valued. Issues discussed included training, safeguarding, medicines, fire evacuation and any relevant operational matters. These meetings gave staff a forum to raise issues and be involved in the development of the service.