

Swanton Care & Community (Autism North) Limited

Lily House

Inspection report

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Date of inspection visit:
15 November 2022

Date of publication:
19 December 2022

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

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

Lily House is a residential care home providing personal care to 4 children and young adults at the time of the inspection. The service can support up to 4 people.

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

Right Support:

The service gave people care and support in a safe, clean and well-maintained environment that met their sensory and physical needs. People were supported to follow their interests although some people spent a lot of time indoors by choice. They were encouraged to spend time outdoors by staff, the management team and relatives. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines safely. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff received training for their roles including how to safely undertake physical intervention as a last resort. Known risks were assessed, mitigated and reviewed regularly.

Right Culture:

People and those important to them, including advocates, were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff knew and understood people well. The registered manager sought to drive continuous improvements in the service for the benefit of people living there.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This is the first inspection of this newly registered service. The last rating for the service under the previous provider was requires improvement, published on 17 February 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lily House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector. We visited the service during the day, and we also completed an unannounced out of hours visit early in the morning.

Service and service type

Lily House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lily House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 short 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.

What we did before inspection

We reviewed information we had received about the service since the registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed 2 people and their interaction with staff during the inspection. We spoke with 2 relatives of people living in the service. We spoke to and/or received written feedback from 9 staff which included the registered manager, deputy manager, day staff and night staff.

We reviewed a range of records. This included aspects of 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records and meeting minutes were reviewed.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding processes when required.
- People were cared for safely. Staff received safeguarding training for children and adults to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's care and safety were assessed and reviewed, including when their needs changed. One person's behaviour and emotional responses had changed recently and they were showing more distress. Their care plan was updated to reflect this and advice was sought from other professionals, which was all clearly recorded.
- People had detailed positive behaviour support plans. These provided information and guidance about people's individual behaviours and how staff should respond to provide safe support. This minimised the need for restricting people's freedom through physical intervention, as every effort was made to use de-escalation techniques. Physical intervention was only used as a last resort when required to keep the person or others safe.
- Hospital passports ensured essential information was available which could be shared in the event people were admitted to hospital. Personal evacuation plans were up to date which could be shared in the event of an emergency evacuation of the building. These documents supported people remain safe when dealing with emergency situations.

Staffing and recruitment

- Safe recruitment practices were followed for staff working with children and adults. Checks were carried out including references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to provide safe care to people. Staff feedback confirmed this. Agency staff worked in the service when required and the same staff attended regularly so they knew people and their needs. Recruitment was ongoing to fill vacant posts with permanent staff members.
- Some relatives commented on staff turnover as people living in the service responded better to consistency in their routines and staffing. One relative told us, "Although there has been a complete change of staff, some are consistent. I can't fault the staff team, they know what they're doing and they know how to manage my [family member]."

Using medicines safely

- People received their medicines safely from staff who were trained to do so. Staff knew how people preferred to take their medicine. For example, we saw a person take their medicine on two occasions and this was done at their pace and in the same way each time. It was evident this was a familiar part of the person's routine and they responded immediately to verbal prompts from staff.
- The registered manager responded promptly when gaps were identified during the inspection. For example, one person took a medicine 'as needed' and so clearer guidance was put in place for staff to refer to. Also, a body map was added to a person's medicine file which was colour coded to show where a cream should be applied. These documents supported good practice in safe medicines administration.
- Staff understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). Where people were given medicine to control their behaviour, for example, if they became distressed, this was recorded and reviewed regularly by prescribers.
- Systems and processes were in place and followed to ensure medicines were ordered, administered, stored and disposed of safely. Regular checks ensured any issues were identified and resolved promptly.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely. Staff did not wear masks unless they were in close contact with people living in the service or supporting them with personal care. A risk assessment was in place to keep this under review. During the inspection we observed a person sit on a staff member's lap in the living room and remove a mask the staff member was wearing, so we could see why the practice of not routinely wearing masks was in place. Should staff show any symptoms of illness or government guidance change, staff practice would be reviewed to ensure people's safety.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting arrangements were followed in line with current government guidance.

Learning lessons when things go wrong

- Staff completed incident and accident records and behaviour forms which recorded when people expressed emotional distress. These were supported by detailed daily notes. A new electronic system had been recently introduced so there was a transition period while new ways of recording were embedded into practice.
- The registered manager reviewed all accident, incident and behaviour forms and took follow up action appropriately. They agreed they needed to strengthen their recording to show their oversight and analysis on a regular basis. We saw examples of when they had done this in detail earlier in the year.

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.

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

- People's needs were assessed and reviewed regularly and as their needs changed. Care plans were person centred and included information about people's preferences and choices. We saw when a person's needs changed their care plan was updated.
- Care plans contained limited information about some important aspects of people's identity, for example, their cultural or diversity needs. The registered manager agreed this was an area which could be strengthened. People were supported by a diverse staff team so benefited from their broad range of knowledge and skills about particular aspects of care. For example skin and hair care. Staff told us they would benefit from further training and learning in this area.

Staff support: induction, training, skills and experience

- When staff joined the service they had an induction which involved online training before starting in the service, practical training and shadowing experienced staff members. This provided new staff with skills and knowledge to provide good care.
- Staff received training to support them deliver safe and effective care. This included mandatory and refresher training as well as specialist training which was relevant to people living with a learning disability or who are autistic.
- Staff were trained in positive behaviour support and physical intervention. Staff told us that only staff who were trained to do so supported people when they were showing an emotional response or were distressed.
- A system of one to one staff supervision was being re-introduced and embedded. Staff told us they felt supported.

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

- People were supported to eat and drink in a way that met their personal preferences as far as possible. Throughout the inspection we saw people have meals at the dining table or in their bedroom at their own pace. Staff offered guidance to try and support people make nutritious choices. For example, at breakfast time we saw staff offer several types of cereal to a person and each time the person indicated they didn't want it. Staff proceeded to make the person toast in line with their preference, but confirmed they always offered a variety of cereal first which sometimes the person wanted.
- Care plans included information about people's eating preferences, and in the dining area there were many picture cards to support people communicate their food choices. During the inspection we saw one person putting away all of the weekly shop and staff offered verbal prompts to support them know where to put some of the items.

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

- Staff worked together with health and social care professionals to ensure people received consistent, effective and timely care. This included regular communications and meetings, when required, with staff from different disciplines to talk about people's care and support.
- A professional log was kept to record the communication staff had with other agencies about each person. This showed contact with the GP, community learning disability team and social workers, amongst others.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised according to their preferences and with their belongings. Some rooms had areas of soft padding which was beneficial to some people when they showed an emotional response.
- The service was fresh and clean. Communal areas included the kitchen diner, lounge, conservatory and a sensory room. The registered manager had plans to refurbish a separate outbuilding into an improved sensory area which people living in the service could enjoy and spend more time in.
- A new medicines room had recently been built. This provided a secure and quiet area for all aspects of medicines provision to be managed, which reduced the risk of errors.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with relatives and other professionals, and kept under review.
- For children under the age of 18, consent was provided by parents or representatives as appropriate, and they were also involved in making decisions.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and we saw people being supported to make decisions throughout the inspection.

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 were well cared for. Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- People were not able to tell us their views verbally, but we observed people to be comfortable in the service and able to spend time where they wanted to. One relative told us, "[family member] is doing good and seems settled." Another said, "I think staff are doing really well. They understand [family member]. They do the best they can."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed one person in the morning who sought out physical contact with staff. This included sitting on one staff member's lap and leaning in closely to another. Staff responded comfortably and the person was content.

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

- People were involved in their care and making day to day decisions. For some people living in the service, maintaining a stable and consistent routine was important to them. Staff knew people's routines and preferences, and followed these as far as possible.
- People were supported to access advocacy services. Advocates make sure a person's own voice is heard and support them to do this. One relative told us about their family member accessing advocacy support to help with making significant decisions. We saw information about these services were kept in people's care records.
- Recruitment processes for new staff involved people in the decision making. As part of the interview process candidates spent time in the service meeting and interacting with people. How people reacted and responded to potential new staff was a key part of the decision making in whether the applicant was successful or not.

Respecting and promoting people's privacy, dignity and independence

- People were supported to follow their preferred routines and were encouraged to try new things. Some people living in the service wanted to spend a lot of time indoors, and in their rooms. Some relatives were worried about this, which the registered manager was aware of. Everyone, including management, relatives and staff, were keen to support people spend more time outside of the service for their wellbeing and enjoyment.
- People's privacy and dignity was respected and promoted at all times. For example, bedroom and bathroom doors were closed when people were supported with personal care.
- Systems were in place to protect people's confidential information.

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 had personalised care plans in place which included information about their personal needs, choices and preferences. These were reviewed regularly, and updated as needed.
- Staff had built positive, professional relationships with people and knew them well. This meant people received care that was tailored to their needs and wishes.
- Staff told us they worked well as a team together. One staff member told us, "It's a team, but also feels like family." Handovers took place so key information was passed between day and night staff to ensure consistency in care and support to people. This contributed to people receiving good quality, personalised care.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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

- Some people were at risk of social isolation because over time they were spending more time in their rooms on their own. Staff told us how they encouraged people to do things outside of their rooms and the service. One person enjoyed going out in the vehicle, so this was encouraged. Staff told us they wanted to spend more time outside with people building up their skills and confidence, but it could be difficult when people were reluctant to do so.
- People regularly spent time with family members who were important to them. Relatives told us they were kept informed by staff of relevant updates and information. People were also supported regularly to keep in touch with loved ones by phone.

Improving care quality in response to complaints or concerns

- Although no formal complaints had been received in the last 12 months, a policy was in place to ensure

complaints were responded to in an appropriate and timely way.

End of life care and support

- In the event this type of care was needed, there was a policy in place for the registered manager to be guided by.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection the provider has changed. Improvements had been made to systems and processes. A transition to an electronic system was in progress. Staff told us they were getting used to the new system, which needed time to be fully embedded.
- There were effective systems in place to monitor the quality and standards of the service. The registered manager completed a monthly audit which was detailed and effective. In addition, they planned to start doing regular analysis of accidents and incidents to strengthen their oversight in this area.
- The provider sought to continuously improve. For example, by having a recent external audit of the service. The registered manager promptly implemented the recommendations. For example, they developed a plan for use of the vehicle, setting out who could and couldn't travel with each other and other considerations to support people travelling safely.
- Policies were in place to support the operation of the service.
- The registered manager was aware of their regulatory responsibilities. This included submitting notifications to the CQC as required.

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

- The registered manager promoted an open and learning culture where staff were encouraged to share their views, work together as a team and seek ways to continually improve the care and support to people living in the service. One staff member told us, "It's definitely a nice place to work, I wouldn't be here if it wasn't. I can't imagine not working here."
- Staff we spoke to enjoyed working at the service, found their roles rewarding and placed people living there at the forefront of everything they did. Staff told us about the challenges when people showed emotional distress and some felt improvements could be made to debriefs to ensure staff wellbeing was fully supported.
- The registered manager was available and approachable. Staff and relatives spoke positively about their style of management. One staff member said, "I feel supported by [registered manager] and [deputy manager]. Both are passionate about the job. If I have any issues I know I can see them, I have never once felt they did not have enough time."

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 registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were involved with their care and decision making, with the support of staff and other professionals where required.
- People living in the service had access to advocacy services when needed to ensure their views and wishes were heard and made known.
- Surveys were used to gather feedback from relatives and other professionals who worked with the service. These were submitted directly to the provider for review and used to drive improvements of the service.
- Team meetings took place regularly and detailed minutes were shared with the staff team. Staff told us the meetings were useful and informative.
- The registered manager and team were supportive of the inspection process and keen to take on board any recommendations of how to further improve the service for the benefit of people living there.