

# Swanton Care & Community (Autism North) Limited

## Park Lodge

### Inspection report

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Date of inspection visit:

03 February 2016

04 February 2016

Date of publication:

29 February 2016

### Ratings

Overall rating for this service	Good ●
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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

Park Lodge provides care and support for up to eight people who have autistic spectrum conditions. At the time of the inspection there were five people living at Park Lodge all of whom had been placed there from out of area due to the specialist care that could be provided.

Due to the complex needs of people living at the home not everyone was able to share their views about the service with us but we did spend time with people in communal areas observing the care and support they received.

A registered manager was in post and had been registered since 26 January 2016. They had been in post since November 2015. 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.

We carried out a comprehensive inspection on 29 and 30 June 2015 and breaches of legal requirements were found. We issued warning notices and requirement notices. We asked the provider to take action to make improvements. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service, staff or visitors. Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. Staff had not received all the training they needed or professional development, supervision and appraisal. The provider submitted an action plan detailing how they would achieve improvements. The service was expected to be compliant by 21 September 2015.

During the inspection on 3 and 4 February 2016 we found improvements had been made.

Some relatives told us they thought communication from the organisation could improve. They felt communication around the care of their family member was good.

Comprehensive risk assessment and management plans were in place. Staff explained they were involved in completing care records and their experience was being used to benefit people.

Accidents and incidents were recorded and analysed to identify trends and triggers. Support strategies were reviewed in response to findings from the analysis.

Medicines were managed safely. Some people received their medicines in liquid form as staff had identified they did not like the texture of certain tablets. Staff understood why people had been prescribed certain medicines.

Staff said they felt well supported by the registered manager and had attended supervisions on a regular

basis. Appraisals were being completed and staff had been asked to assess their own performance over the past year.

Training had been delivered. Staff told us it was more in-depth and informative than previous training they had received. Staff were knowledgeable about positive behaviour support and had all attended relevant training to enable them to provide appropriate support and understanding to people whose behaviour may, at times, challenge.

Mental capacity and consent was understood. People and their relatives were involved in decision making and assistive technology was being used to support people to communicate. The registered manager had plans to increase the use of technology in the future.

There was a lot of laughter in the service and we observed warm and compassionate relationships between people and staff. Staff were respectful of people and asked permission before sitting with people or providing care and support.

Relatives told us they were more involved with the staff in thinking about activities and goals for their family members. Staff were enthusiastic and motivated to support people to have a presence in the local community. Goal plans were in place to support people to do this.

Staff said they thought the service was well-led. They commented that changes had been made for the better. One staff member said, "We now have a leader."

A range of audits were completed to identify areas that needed to improve and action plans were developed. The registered manager also had a future planning document which identified actions they wanted to complete over the next 12 months to improve and develop people's quality of life.

## 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.

Medicines were managed and administered in a safe way by trained staff.

Risk assessments and emergency plans were in place.

Incidents were analysed and support strategies reviewed to reduce the likelihood of repeat incidents.

There were enough staff to support people.

### Is the service effective?

Good ●

The service was effective.

Staff training was up to date, including training in managing behaviour which may challenge staff.

Supervisions had been held regularly and staff said they felt well supported.

Mental capacity was understood and people were supported to make decisions.

People had access to healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

We observed caring and compassionate relationships with people.

People were treated with dignity and respect.

Relatives told us they were more involved with their family members care and had no concerns.

### Is the service responsive?

Good ●

The service was responsive.

Care records were individual and gave specific strategies for how the person needed and wanted to be supported.

Activities were meaningful and goal plans were in place to introduce people to new experiences and outings.

Complaints were investigated and recorded.

**Is the service well-led?**

**Good** ●

The service was well-led.

Relatives said communication from the organisation could be improved upon.

Staff told us they felt supported and well-led.

A range of audits had been implemented and actions identified.

A future planning document was in place.

# Park Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 and 4 February 2016. Day one of the inspection was unannounced which meant the provider did not know we would be visiting.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

During the inspection we met all five people who lived at the service and spoke with three relatives. We spoke with seven members of staff including the registered manager, the assistant manager, senior care staff and care staff. We also spoke with the cook and the service administrator. We contacted the local authority safeguarding team and the local authority commissioning team.

We looked at three people's care records and five staff files including recruitment information. We reviewed medicine records for three people and supervision and training logs as well as records relating to the management of the service.

We looked around the building and spent time with people in communal areas.

# Is the service safe?

## Our findings

During our scheduled inspection on 29 and 30 June 2015 we found risks to the health and safety of people were not robustly assessed or managed. Best interest decisions and relevant risk assessments were not in place for the preferred methods of medicine administration for some people. Routine checks to ensure the safety of the building were not up to date.

During the inspection on 3 and 4 February 2016 we found improvements had been made.

A safeguarding file was in place with relevant procedures and guidance. Staff were aware of the signs of abuse and were confident with the action they would take to report any concerns. The registered manager confirmed there had been no safeguarding concerns since the last inspection.

Staff were aware of the whistle-blowing policy and procedure. The organisation had a confidential telephone line that staff could use to raise concerns in confidence.

Risk assessments were detailed and identified the harm people may come to, how the risk should be managed and preventative strategies for minimising the risk and supporting the person.

One person had recently been assessed by the speech and language team. The registered manager explained they were putting a risk assessment in place as the person had a gag response to some foods. The registered manager was conscious that this may be due to the person's sensitivity to the texture of the food so they were also monitoring this via a food chart. This risk assessment was in place on the second day of inspection.

Other risk assessments were in place for people going swimming, using sensory equipment, the use of hoists and also for people living with epilepsy.

People had individualised personal emergency evacuation plans (PEEPS) which included information on how to support the person should there be a need to evacuate the building. The PEEPs had also been combined to produce a consolidated plan which included detail on how to support a safe evacuation of every person living in the service.

One staff member said, "We have a designated fire marshal each day, so they would take control if the alarm went off." Staff were able to describe how they would evacuate people to a safe space. An emergency plan was in place and was in the process of being updated by the registered manager.

Appropriate checks of equipment and services were completed on a routine basis, including fire checks, emergency lighting and lifting equipment. A fire log book was in place and the fire service had recently visited and had made recommendations which had been reported to the maintenance department for action.

Accidents and incidents were recorded and a weekly overview was sent to the quality and governance team.

Each incident was analysed to look for triggers for the incident and whether staff's responses needed to be changed. The registered manager explained they had completed a scatter plot analysis for one person and identified an increase in incidents at dusk. Staff assessed this as meaning the person found the transition from day light to darkness quite difficult so they introduced daylight lamps for the person.

Staff told us they thought there were enough staff to meet people's needs and it was increased if people had planned activities. The assistant manager said, "Some people have shared hours and some people have one to one hours commissioned or two to one. If there are planned activities we have more staff on the rota." The display board showed which staff were on shift and this matched the rota's. There were generally four staff during the day and three waking night staff overnight.

Effective recruitment procedures were followed which included the receipt of a minimum of two references and a disclosure and barring service check (DBS). DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Medicines were administered and recorded in a safe way. There were no gaps on people's medicine administration records (MARs) and staff did not sign the MAR until people had taken their medicines.

Risk assessment and management plans were in place for routinely prescribed and 'as and when required medicines.' These included warning signs for staff to observe in case people were becoming anxious and how staff should support people. Strategies included another staff member administering the medicines, or moving to another room. All medicines were administered by two staff so it was possible to safely complete these strategies.

People's GPs had signed documents for the administration of homely medicines, such as cold remedies. Best interest decisions had been held in relation to the administration of medicines in food, however it was noted that this person now had their medicine prescribed in liquid form so this was not needed.

Some people had 'as and when required' medicines but there were no protocols for administration for staff to follow. Staff were knowledgeable about when these medicines needed to be offered and how people would communicate they were in pain.



## Is the service effective?

### Our findings

We asked relatives of people for their view on staffing. One relative said, "Staff are positive, the training is really helping. We need to work together to understand [family members] behaviour."

One staff member said, "I've done loads of training! Safeguarding, mental capacity and autism about a year ago but it's in the pipeline again with mental health training. I've done Makaton training and I'm using it more, especially with [person]." Another staff member said, "We've done lots of training but it's much better, much more detailed and informative than it used to be,"

One senior care staff member said, "I've really enjoyed the training, we've done great with it. We are using Makaton more, another person uses PECs to show if they are in pain or anxious or for choosing things." PECs is a picture exchange communication system originally devised to teach people with autism the basic concept of communication, the system is built on established psychological principles (ABA – Applied Behaviour Analysis) which include shaping and reinforcement. This supported and encouraged the person to understand what was going to happen next as well as involving them in decision making.

A training matrix was in place. Staff had recently attended courses in Non-Abusive Psychological and Physical Intervention (NAPPI) which specialises in British Institute of Learning Disabilities (BILD) managing challenging behaviour training. This has an emphasis on the approaches of Positive Behaviour Support (PBS) when working with people whose behaviour may challenge services. NAPPI includes the principles of positive behaviour support which is both positive and proactive. Positive means increasing and strengthening helpful behaviours through 'reinforcement' (not using punishment or negative consequences to reduce the challenge). Proactive means anticipating where things may go wrong and preventing that from happening rather than just reacting when things go wrong. This gave staff a detailed understanding of people's behaviour and how to implement strategies to support people if they were anxious or distressed. Staff had attended positive behaviour support training and non-abusive psychological and physical interventions (NAPPI); epilepsy; Makaton and autism training as well as mandatory training. Plans were in place for those staff who still needed to attend training.

One staff member said, "We are well supported, it's much better now. [Registered manager] is professional, they listen, we can talk in a private space, it's much more professional." Another said, "Yes, we have supervisions, we just had a team meeting a week ago." They added, "I've done some training, there's lots more on the next rota." Another staff member said, "I had supervision about a month ago, I've had quite a few really. We have a team meeting every month with [registered manager]."

A supervision log was in place which showed that staff had attended supervision on a routine basis every six to eight weeks. The registered manager had sent appraisal forms to all staff so they could review their own performance over the past year. These were due to be returned and reviewed by the registered manager who had meetings planned to discuss performance and set objectives for the forthcoming year.

Team meetings had been held on a monthly basis since July 2015. Staff were thanked for attending the

meetings and for their support and hard work at the service. Agenda items included the team ethos and working together to implement change and improvements, care plans and goals for people, and activities and choices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications had been submitted for each person. Some had been authorised and others were being progressed. We saw that there was regular communication requesting updates on the status of applications.

Staff understood about mental capacity and DoLS. They were aware that best interest decisions needed to be made for people who had been assessed as lacking capacity. Best interest decisions had been made and recorded in relation to the key pad entry on the door and the administration of medicines.

Staff knew the dietary needs of people in terms of ensuring people had choices which were healthy but this was balanced with occasional treats being offered to people. One person had been assessed by speech and language therapy (SALT) as needing a soft diet which needed to be cut into small pieces. Staff described how different sauces and gravies were used to soften certain foods and how it was cut into appropriate sized pieces for the person.

Staff said they had discussed converting one of the rooms into a dining room rather than having a lounge/diner. One staff member said, "We have plans to change a room into a dining room. It'll be easier at meal times as there'll be more space for people."

Each person had a detailed hospital passport which included the key things hospital staff would need to know about the person if they were attending hospital. Information included the person's known medical conditions, such as allergies, as well as their current medicines, how they communicate, and how best to support the person.

'OK' health checks had been completed which gave an overview of the person's current health, including epilepsy, diet and nutrition, skin, mobility, dental care, opticians and chiropody. A summary was included together with space for an action plan if any further investigation or action was needed in relation to the person's health.

People had regular appointments with health care professionals and outcomes of the meetings were recorded.

# Is the service caring?

## Our findings

During our inspection on 29 and 30 June 2015 we found people's care and support was not always delivered in a person centred and respectful way.

During the inspection on 3 and 4 February 2016 we observed staff engaged in meaningful and warm interactions with people.

One relative said, "I'm happy with the care [family member] gets." They added, "We are trying to work as a team, it's about how you understand behaviour." They added, "Things are in place now. They have [family members] interest at heart."

Another relative said, "I'm happy with the care, the staff are excellent." They added, "I get updates about [family member's] appointments and things. Staff have asked for input on activities and likes so from that point they are involving parents more." Another relative commented that communication had always been good around their family members care. They said, "We have no concerns from a care point of view."

We observed warm, affectionate and compassionate relationships between people and staff. There was a lot of laughter and we saw staff actively support people to engage in household tasks, like preparing meals and doing the dishes. Staff spent time with people in their rooms singing together and enjoying listening to music. Care staff supported people to meet their sensory needs by using sensory lights or sensory objects. Other people chose to spend time in their rooms listening to music or watching DVDs. Staff made sure people were okay at regular intervals.

Meal times were a positive experience for people and staff were organised so they were able to sit with people and enjoy a home cooked meal together in a sociable manner. Staff engaged the person they were eating with in some conversation but this was not overpowering for the person. The television, which had been on but in the background, was turned off during lunch which created a relaxed, peaceful environment for people.

When the registered manager joined the table they asked people if it was okay to sit with them before doing so and waited patiently and respectfully for a reply.

People were asked if they needed help during the meal and if they said not, this was respected. After the meal people went into the kitchen to choose a dessert and were supported with washing their dishes. Staff offered lots of praise to people. The smiles and laughter showed people were clearly pleased with their achievements.

After tea, people spent time in the lounge area sitting with staff, chatting quietly about the day. The lights were dimmed and it created a warm, cosy and homely environment for people.

We asked the registered manager whether anyone had an advocate. They said, "No, not at the minute,

parents advocate on people's behalf but I think it would be useful for people to have advocates as well."

# Is the service responsive?

## Our findings

During our scheduled inspection on 29 and 30 June 2015 we found care plans were not effective in meeting people's current needs. There was limited evidence of meaningful activities and complaints were not always recorded.

We found improvements had been made. One relative said, "We need to work together. [Family member] comes home and it's about how we manage that when they are home and when in the community."

One staff member said, "We write the care plans as a team, we do it all together as we all know people. Risk assessments are done by [registered manager] but we get involved now."

We saw staff using PECs to support people with decision making. Some people used Makaton signs to communicate. Staff explained that some people had developed their own signs to communicate things. We saw care staff using people's individual signs to communicate with them.

Each person had an individualised care file which included their photograph and preferred name. There was information on people's preferences and their likes and dislikes. One page profiles had been written which gave a summary of what was important to the person, how best to support them and what things others appreciated and admired about the person.

Care records also included a one page document about 'My story.' This gave a summary of people's upbringing, education and family until they moved to Park Lodge.

Goal plans were in place for people. Associated care plans broke each goal down into manageable tasks for people. Information included the number of staff needed to support the person, the observations staff needed to make, and how staff should respond if people showed signs of anxiety or distress. There was also detailed information on the strategies staff should use to support the person, including that staff should offer lots of praise and reassurance to people. One relative said, "They have goals for [family member] which is good." They went on to describe how they were making suggestions for how goals could be achieved and that they were making suggestions for activities.

In addition to care plans, the support people needed on waking and retiring were recorded as routines, as was the support they needed with eating and drinking. These included people's preferences for how they liked to be supported as well as how staff should provide support for people.

Detailed communication passports gave pictorial information on how people communicated when they were feeling happy, sad, frustrated, in pain, poorly, hungry or bored. There was also information on how people expressed their choices, if they wanted company or to spend time alone, if they didn't understand something or were feeling confused. Detail on the tone and volume of voice staff should use to communicate with people was also noted, for example, a soft, humorous voices.

Behaviour support plans were in place which identified triggers which may lead to people feeling anxious or distressed. Strategies for staff to follow were detailed and reflected the way people liked and needed to be supported.

One staff member said, "People are getting out and about more, everything happens now."

Another staff member said, "There's much more engagement with people, we go out all the time with people."

Staff were keen to ensure people went out on a daily basis. During the inspection people went out for meals, one person had been for a picnic and a pamper session. Another person had been to the park and had enjoyed picking leaves which gave them sensory stimulation through touch and smell.

People's goal plans included strategies for supporting people with activities, such as swimming, accessing sensory environments going to the beauty salon and enjoying day trips.

Daily records were completed and included information on activities the person had done that day, any incidents and how staff had responded and a summary of the day. Monthly reviews were also completed which gave a summary of the month and any actions that needed to be completed, including updating care records or risk assessments.

People had pictorial information on how to make a complaint in their care files. A complaints policy was available which had appropriate time frames for acknowledgement and responding to any concerns or complaints. Complaints had been logged and investigated and complainants had been offered the opportunity to meet with a senior manager. One relative said, "I would go to the manager if I had any concerns." A staff member said, "If we do have any concerns we can raise them, [registered manager] listens, it's exactly the same with [assistant manager]. There's nothing that needs to change."

The registered manager was planning to introduce meetings with people using assistive technology, such as talking mats so people could be fully involved and participate in the meetings. Talking Mats are mats to which pictures can be attached and re-arranged as required to support people with communication needs to participate in conversations.

# Is the service well-led?

## Our findings

During our inspection on 29 and 30 June 2015 we found the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.

We found improvements had been made during the inspection on 3 and 4 February 2016.

An assistant manager had been in post since August 2015 and a new manager since November 2015. The manager had completed their registration with CQC.

Relatives were aware of the organisation going through a restructure and they commented that communication from the company about organisational changes could be improved upon. One relative said, "I was disappointed to find out about the failings in [the press]. There was no contact from Swanton on the changes," They went on to say, "Things seem fine now. It's been difficult to meet with the manager as we both work the same hours but we have spoken on the phone and hope to meet during half term."

Some of the relatives we spoke with had mixed views about changes that had been introduced. One relative explained there had been changes made to the security of the building which hadn't been communicated to them. They said the registered manager had, "admitted to the poor communication." Another relative was positive about these changes and said, "The manager has strengthened up on things, they needed to, like the security. I can see the reason for it."

One staff member said, "Lots of things have changed for the better, things are happening now. There's nothing else that needs to change. We have big plans and are listened to." They added, "We can voice any concerns now, it's easier, we share lots of info."

Another member of staff said, "We've got a leader with [registered manager]. There's lots of changes for the better." They went on to say, "[Persons] behaviour is calmer, the strategies we use to support are better. The staff are motivated more and we are doing our jobs."

We saw supportive relationships between the management and the care staff as well as with the people living at Park Lodge. The registered manager spent time supporting people and led the care staff by example.

A system had been introduced where there was a shift leader who designated roles for the care staff that day. One staff member said, "There's a designated shift leader who directs us, we have a fire marshal and a first aider. It's all organised and put on the board so we know what's happening."

Another staff member said, "Things are good, really good, much better. Things have changed for the better. Leadership is in place, and I think we are well-led. It's really positive. I feel better coming into work, things run smoothly. People are happier and I'm happier." They added, [Registered manager] and [assistant manager] are very positive for the house, staff and service users."

The registered manager had a future planning document which was to be implemented over the next six months to a year. This plan included developing the use of assistive technology to support people's communication. They also planned to implement a specific autism audit which had been provided by 'Living Autism' which is a specific resource for advice and support on autism.

The registered manager was also assessing the environment with a view to developing it further to meet individual needs and make it more autism friendly. After considering the specific needs of the people living at Park Lodge, the registered manager made a decision to move the office space from an upstairs room to the ground floor. This meant the office was closer to the communal areas and more accessible for people. It also meant the previous office could be converted into a quiet lounge, for people who were sensitive to noise.

A range of audits had been introduced and were completed regularly which generated action plans for improvement. We could see from reviewing documents that actions had been completed however it was not always recorded on the action plan.

The local pharmacy had completed an audit of medicines in September 2015. All actions that had been required had been completed in a timely manner such as numbering MAR charts and ensuring GP's signed MAR charts after issuing verbal orders for changes to medicine administration.

Various audits had been completed by the assistant manager including housekeeping; documentation and medicine audits. Actions were recorded such as updating risk assessments or goal plans and it was evident from reading care records that these actions had been completed. The action plans would benefit from a record of when actions had been completed to the required standard.

Governance and quality reports were produced by the organisation and showed an analysis of findings from services. These included behavioural incidents, medicine training, complaints management and positive behaviour support plans being in place for people.