

Swanton Care & Community Limited

Swanton Community

Support

Inspection report

Treeview Court
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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

About the service

Swanton Community Support is a supported living service. The service supports people to live in their own home as independently as possible. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the regulated service was supporting 27 people with a mental health need.

At the time of inspection 20 people were supported in flats at Treeview Court on the same site as the agency office, and seven people were being supported in their own homes in the community.

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

Swanton Community Support provides support to people with complex needs who find it difficult to live in other services. The service kept people safe both physically and emotionally. They managed risks associated with people's mental health to keep people safe and promote their independence. Systems were in place to ensure that appropriate staff were recruited to work in the service. They went through a thorough induction process and received the training they needed to support people. People were supported to receive their medicines as they were prescribed. When incidents occurred, there were systems in place to ensure these were recorded and reviewed by management so that action could be taken to improve things for the future.

There was a robust assessment of people's needs prior to them moving into the service. The assessment was holistic and considered physical, social and emotional needs. People were supported to cook healthy meals and some people had specific plans in place for staff to follow where they had specific dietary needs. The service worked well with other professionals and supported people to access healthcare. However, there were some concerns amongst professionals that recent changes in management had affected some aspects of the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the staff were kind and caring and got to know them well. They felt in control of their support which focussed around their needs. There had been recent issues in relation to the rotas which meant some people's support had not always been with the person or at the time they preferred. This was being addressed. Staff promoted people's privacy and dignity and there was a focus in the service in supporting people to become more independent.

The service was responsive to people's individual needs. Care plans were regularly updated by keyworkers who knew people well. People were supported to access the community and attend activities of their choice, as well as training or work-based activities. People knew who to speak to if they had concerns and there was a robust complaints system in place. The service was not supporting people at the end of their life but had processes in place to enable them to do this if required.

Overall the service was well led. However recent changes in management and less regular team meetings had an impact on communication within the team and had affected morale of staff. The managers were addressing these concerns. The registered manager had recently returned from maternity leave and new team leaders had been appointed so they anticipated management would return to being more stable in the future. People and staff told us they could talk to managers and felt listened to. They said they were open and honest. There were systems in place to monitor the quality of care and to act to improve things if necessary.

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

Rating at last inspection:

The last rating for this service was Good (published 4 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swanton Community Support on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Swanton Community Support

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 Care Act 2014.

Inspection team

This inspection was carried out by an inspector and an assistant inspector.

Service and service type

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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had recently returned from maternity leave. The interim manager who had been in post in their absence was also present at the inspection. They are referred to as the registered manager and interim manager respectively.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection because the management team sometimes spends time away from the office supporting staff and the people who use the service. Notice was given to ensure the management team were available to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners. The provider had not been asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, interim manager, team leader, and care workers.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We gained feedback from two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the service. They said they could speak to staff or the registered manager for reassurance if they needed it.
- Staff had been trained and knew how to identify signs of abuse and report concerns. We saw from the records that appropriate action was taken where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed. These included physical health risks such as skin care, falls, or choking as well as risks relating to people's mental health needs such as harm to themselves or others, safeguarding, or risks when out in the community.
- Staff could describe in detail the risks individuals faced and were knowledgeable about how to manage those risks.

Staffing and recruitment

- On the whole there were enough staff to meet people's needs. However recently there had been a change in the management of the rotas and people told us that this had sometimes meant that their preferences were not always met or there had been confusion around the timing of support. The management was aware of this and was addressing the concerns.
- Staff told us that they felt there were enough staff and they also had bank staff that covered staff absence. The rotas showed that people's support was covered, and this was matched to people's preferences. The interim manager told us they were addressing the difficulties with the rota to make sure that everything was covered according to people's needs going forward.
- There were systems in place to make sure that people were suitable to work in this type of service.

Using medicines safely

- There were systems in place to ensure people received their medicines as they were prescribed. Staff had been trained and assessed as competent by a manager before being allowed to administer medicines.
- People were supported to be as independent as possible with their medicines. One person told us that they had an app on their phone that reminded them to take their medicine. They said if they got low they told the staff who gave them more support with their medicines.
- Daily stock checks were carried out and the registered manager carried out a monthly audit of medicines to ensure procedures were followed.

Preventing and controlling infection

- Staff had been trained in infection control. Personal protective equipment was available such as gloves

and aprons to support people with personal care.

- Staff told us they supported people and tried to encourage them to keep their home clean and tidy.

Learning lessons when things go wrong

- Incidents were recorded on an electronic system which enabled the registered manager to review the incidents and record actions taken.
- Action was taken to prevent incidents happening again. So, for example one person who had started to have falls, had a risk assessment drawn up and the service was also supporting them to get an emergency pendant they could wear in their flat to call for help in an emergency.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 clearly assessed prior to them coming to the service.
- The service used information and the assessment from an individual's care team. They then went to visit the person to carry out their own assessment. They assessed the level of support the person required in areas such as medicines, eating and drinking, behaviour, healthcare, domestic tasks, clinical involvement and personal safety.
- People visited the service before moving in, and managers only admitted people to the service if they felt they could meet their needs and, for those moving into Treeview Court, they ensured they would get along with other people using the service.

Staff support: induction, training, skills and experience

- Staff told us they felt they had the training they needed to do the job.
- Staff had an induction period where they had to complete mandatory training as well as be observed as competent carrying out their role by a line manager.
- Staff were trained in relevant areas such as safeguarding, mental capacity, manual handling, first aid and mental health. Staff told us that they received additional training appropriate to people's needs if new people came to the service. For example, they had recently had epilepsy and ligature training.
- The staff also raised that they would like more training in areas such as the Mental Health Act and sections. We spoke to the interim manager about training and they told us they had been trying to source further face to face training in specialist areas such as this and including other areas such as drug and alcohol abuse and personality disorder.

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

- Some people told us staff helped them prepare food. One person told us, "I tend to microwave food on my own but for fresh food staff help with that." Several people told us staff supported them with shopping for food.
- Where people had specific dietary needs for example in relation to diabetes or eating disorders this was recorded in their care plan and staff understood how people needed to be supported. We observed staff following these care plans throughout the day.

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

- People told us the staff supported them to access healthcare professionals. One person who had recently been in hospital told us, "Staff were brilliant visiting me and bringing stuff up."

- One person told us they make their appointments to see their doctor with the support of staff during their one to one time.
- We saw from the records the service worked in partnership with a range of professionals including doctors, dieticians and mental health care professionals. Advice from professionals had been incorporated into people's care plans.
- Feedback from professionals was mixed. They were positive about the ability of the service to manage people with complex needs and overall found them responsive and caring. However, there were some concerns raised regarding recent changes in management which had affected the delivery of the service and communication within the team.

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 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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the MCA. People told us staff always gained consent before supporting them.
- DoLs applications had been made appropriately and staff understood and followed the conditions associated with the authorisation. However, the records in the care plan were not up to date.
- The service also supported people who were subject to a section of the Mental Health Act (MHA). Staff understood this, but this was not always recorded clearly in care plans. The registered manager told us that the provision to record this in the electronic system had only just been added so they had not updated the records.

We recommend the provider review all the care records in relation to MCA and MHA to ensure they are accurate, and up to date and any conditions are clearly stated.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they got on well with staff. One person said they are, "Very kind, very mild mannered, co-operative, very nice." Another person told us, "Yes they get to know us. They find out new things every day. We meet them half way and they meet us half way."
- Staff told us they got to know people from the information in their care plans, as well as spending time with people and talking to them. One member of staff told us, "One to ones is where you get to know more about a person. If they feel they want you to know them they will open up a bit more."
- People were treated fairly according to their individual needs and were supported with individual needs around protected characteristics such as access to places of worship.

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

- People told us they felt involved in their care. One person we spoke with said, "I can always speak out and will."
- Each person was given an allocation form for their one to one hours. They used this to say which staff they would prefer to support them and what time they would prefer the support. On the whole these wishes were met, however some people told us there had been 'teething problems' recently as a new person was doing the rotas.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy and dignity. We observed staff asking permission before entering people's rooms. One member of staff told us that if people have limited mental capacity that can make them more vulnerable, they ensure they are treated with dignity and respect, at all times including when out in the community.
- People's independence was promoted. One member of staff told us they found out what people wanted to do in the future and then put steps in place to help them achieve their goal. For example, if someone wanted to move on to independent living they would work on support with bills, cooking and domestic tasks and then look at voluntary work or training.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care was highly personalised to people's needs and delivered on a one to one basis. People chose when they wanted the support and what activities they wanted support with.
- Care plans were reviewed either if needs changed or every month by keyworkers to ensure they provided up to date guidance on people's needs. Each person was allocated a key worker who knew the person well and so could identify changes in needs.
- People had positive behavioural support plans which gave a lot of detailed information about how to support people with anxieties or distressed behaviours.
- Care plans reflected peoples needs and preferences. One person told us they wanted to go out more and we saw in their care plan it stated, "To become more integrated in the community and feel [name] has a social network and improve sense of self-worth."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individual communication plans within their care records that gave guidance to staff on how people preferred to communicate.
- Information was displayed in Easy Read format on noticeboards for people who had difficulty reading.

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

- People were supported with hobbies and interests, such as a drumming club, swimming, going to the gym, or going out for meals. The service was also in the process of putting a band together as several people were interested in music.
- People were supported with a range of education and training, including courses at the local university, or the Recovery College (the Recovery College provides a range of courses and workshops to mental health service users).
- Some people had been supported into voluntary and paid work placements that they now attended independently.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and a form for recording complaints made verbally.

- People told us they knew how to make a complaint and the complaints procedure was displayed on a noticeboard in the foyer of the complex.
- We could see that complaints had been dealt with in a timely way and outcomes recorded and communicated to the person making the complaint.

End of life care and support

- People were not receiving end of life care at the service.
- The service had recorded where people had a DNAR (Do not attempt resuscitation) in place.
- Staff had been trained in end of life care. The registered manager told us they had provided some end of life care and had worked with other health professionals to ensure that anticipatory medicines were available.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Over the past year there had been several changes in management including the deputy manager and team leaders. As a result, there had been some disruption to the normal running of the service. There had also been some difficult incidents recently in the service that had unsettled staff, as a result morale amongst the staff team was low.
- We saw these issues had been raised in an audit by the provider. The registered manager and interim manager told us they were taking steps to address the concerns. They said they understood it had been difficult recently for staff and that, "Staff work exceptionally hard in difficult situations in the community."
- The culture of the service was very person centred, focussed on people's individual needs and this was apparent from talking to staff about the way they supported people and people described the support they received as focussing on their needs.
- The service had a flexible approach to supporting people with very complex needs which delivered positive outcomes for people. Several people had been supported to move on from the supported living accommodation into their own tenancies in the community while still receiving support as a first step towards independence.

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

- People and staff told us management was approachable and listened to them and responded to their concerns.
- There were robust auditing systems in place which enabled the registered manager and the provider to monitor the quality of care. If things had gone wrong managers were open and honest and looked to improve things for the future. Staff were encouraged to reflect and learn from mistakes and additional training was offered to support them to improve for the future.
- Issues and concerns were raised in staff supervisions as well as team meetings as well as via email. Where necessary the interim manager had arranged additional meetings with staff to discuss concerns.
- Team meetings had not happened as frequently recently which the managers were addressing as they felt this was affecting the delivery of the service including communication within the team.
- Managers understood their obligations to report certain incidents including safeguarding incidents, breaches of conditions to mental health orders as well as statutory notifications to the CQC.

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

- People were engaged in the service through regular tenant meetings. At these meetings people made requests for activities such as dog walking, swimming and DVD nights. Other issues were discussed including, reminding people they can look at their care records if they wish and emergency fire procedures.
- People were involved in the recruitment of new staff and asked to what questions they would like to ask applicants at their interview.

Working in partnership with others

- As well as working with other professionals, the service worked in partnership with a range of organisations. They had a 'Pride' folder which gave examples including work with The Men's Shed, workshops people attended at a 'user-led' music project for people with disabilities who cannot access mainstream music and a local community centre.