

Swivel Healthcare Ltd

Swivel Healthcare

Registered office

### Inspection report

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Website: [www.swivelhealthcare.co.uk](http://www.swivelhealthcare.co.uk)

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24 May 2023

25 May 2023

30 May 2023

31 May 2023

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12 July 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Swivel Healthcare is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 40 people were receiving support with personal care. 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.

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

Systems and processes were in place to monitor the quality of the care provided; however, these had not always resulted in areas of improvement being identified and acted upon in a timely manner. The provider had developed an action plan to address the issues and we could see progress was being made.

Risks to people's healthcare needs were assessed, however these were not always identified and plans to mitigate the risk were not always detailed sufficiently to direct staff. The provider was in the process of addressing this at the time of the inspection.

People generally received their care from a team of staff identified to provide their care. Staff, in the main, arrived within the times agreed and staff said they had sufficient time to support people.

People were cared for safely. Staff knew how to keep people safe from abuse or harm. People received their medicines safely and there were effective practices to protect people from infection. Safe recruitment practices were in place.

Needs were assessed prior to people receiving support and their independence was promoted. People generally were confident staff knew how to support them; staff had undertaken training to enable them to fulfil their roles. Staff were supported in their roles.

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 were cared for by staff who were kind and caring, treating them as they would a family member. Care was provided in a dignified and respectful way and people's confidentiality was maintained.

Care was person-centred. People made choices about the way they wanted their care provided and were encouraged to do things for themselves to remain as independent as possible. People knew who to speak with if they had any complaint or concern. Complaints were responded to effectively and in a timely way.

People and staff had confidence in the registered manager to manage the service well and were encouraged to give feedback. The registered manager understood the regulatory requirements of their role.

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

#### Rating at last inspection

This service was registered with us on 16 December 2021 and this is the first inspection.

#### Why we inspected

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

.Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Swivel Healthcare Registered office

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was undertaken by 1 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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 who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2023 and ended on 31 May 2023. We visited the location's office/service on 24 and 30 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. 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 spoke with 5 people who used the service and 3 family members to find out their experience of the care provided. We spoke with and contacted 6 members of staff including 3 care workers, supervisor, scheduler and the registered manager. We reviewed a range of records which included 5 care plans, 3 staff recruitment files and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Improvements were required to the assessing of risks to people. Not all risks to people's health and well-being had been identified for example, use of a wheelchair. Where risks had been identified such as for falls and self-harm the information in the plans to mitigate the risk were basic and lacked information to fully support the staff.
- The registered manager was in the process of revising and completing more detailed risk assessments at the time of the inspection. They took immediate action to remedy any gaps in risk assessments found during the inspection. This needed to be sustained and embedded into staff working practices.
- Staff understood people's individual risks and how to support people to mitigate these.

### Staffing and recruitment

- People told us they were happy with the staff who came to support them. However, we received varying comments in relation to the consistency of the staff. One person said, "There are lots of different carers, I have to keep explaining what needs doing." A family member said, "We tend to have the same carer for each day, they have built up a good rapport with [Relative]."
- The registered manager informed us they tried to put a team of 5 to 7 carers together to support each person to ensure people have the same care staff. This ensured any staff absences are covered and people are visited by carers who they have met.
- Staff told us they usually had enough time to spend with people and knew to speak with the registered manager if more time was needed. The registered manager was proactive in seeking additional funding to increase staff time with people.
- Safe recruitment and selection processes were followed. The provider had recruitment procedures in place, and records showed these were adhered to.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe.
- Staff received safeguarding training and knew how to recognise and report any concerns of abuse. There were up to date procedures and information available to support them.
- The registered manager understood their responsibilities to keep people safe and had notified the

relevant authorities when safeguarding issues had arisen.

#### Using medicines safely

- People's medicines were managed safely.
- Staff received training in administration of medicines and checks were in place to ensure medicines were being administered as prescribed.
- Staff competencies were checked and action taken to address any shortfalls.

#### Preventing and controlling infection

- People were protected from the spread of infection. The service had effective infection prevention and control measures to keep people safe.
- Staff followed current government guidance when using PPE.

#### Learning lessons when things go wrong

- Systems and processes were in place to ensure lessons were learned when things went wrong.
- The registered manager looked at complaints, incidents and accidents and safeguarding to identify any trends or patterns. This information was shared with staff to ensure lessons were learnt and improvements embedded. For example, following a complaint from one family all staff were advised of the outcome and changes made to how information with the family was shared.

# 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 before the service took on their care and support. People along with their families were involved with the assessment process.
- Care records showed all aspects of a person's needs were considered including their preferences, choices, cultural and spiritual requirements. This ensured their care was provided in line with the principles of best practice.
- Care plans were reviewed regularly with the person and adjusted to meet people's needs and expectations.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training appropriate to their roles and responsibilities.
- Staff were encouraged and supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles and the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed an induction which included shadowing more experienced members of staff, including the registered manager, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff received supervision. One staff member said, "I have regular supervision and feel supported."

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

- At the time of the inspection the service was not providing any support to people who had any nutritional needs. The people using the service were independent and if needed had support from their families.
- Staff had received nutrition and hydration awareness training and the registered manager was aware of the need to have plans in place for people who needed support with their nutrition.

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

- The service worked closely with social care and health professionals. One family told us the registered manager had offered to support them at a meeting with the local authority.
- Staff knew to contact health professionals in an emergency.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA

- People were supported to make decisions about their care in line with the Mental Capacity Act 2005.
- People's consent was sought before any care was given. One person said, "They [staff] always ask me before they do anything."
- People's care records contained signed consent forms.

# 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 cared for by staff who were described as kind and caring, treating them as family. One person said, "They [care staff] are kind and caring. They always help me in the very best way they can." A relative said, "The carers are perfect. They always chat and make [Family member] laugh. They treat them like family."
- Care staff met people's equality and diversity needs. These were identified in people's support plans, so staff knew how to respect people's preferences.

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

- People and their relatives were involved in the planning of their care and making decisions about how their support would be delivered. Care plans and records were held electronically and could be accessed by people and their relatives. A paper copy was made available if preferred or required.
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. The registered manager was aware of advocacy services which people could access.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible. One staff member said, "Whilst attending to personal care I encourage the person to take part be it washing their face, if they can't do the other parts of their body, I enable them to do as much as they can."
- People's privacy, dignity and independence was respected. For example, staff described asking people how they wished to be cared for and how they entered a person's home, knocking on the door waiting to be asked to go in.
- Staff recognised the importance of confidentiality and records were stored securely.

# 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's care was personalised. Care plans detailed people's preference as to how they wished their care and support to be delivered.
- People were actively involved in their care and discussed with staff their preferences. One person said, "They [care staff] look after me how I want to be looked after. I tell them what to do."

Meeting people's communication needs

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

- The registered manager was aware of the requirement to provide people with accessible information should they require it.
- People's care plans had information regarding their communication needs.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and were confident they would be dealt with properly. One person said, "I have no complaints, but I would contact the registered manager if there was a problem. They seem to respond well to comments and any suggestions I make."
- There was a complaints policy and procedure in place. We saw that when complaints had been made, they had been responded to within the timescales laid down and action taken to address the issue.

End of life care and support

- End of life training had been completed and an End of Life Policy was in place.
- At the time of the inspection, the service was not supporting anyone who required end of life support.

# Is the service well-led?

## Our findings

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

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

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

- Systems and processes were in place to monitor the quality of the care provided; however, these had not always resulted in areas for improvement being identified and acted upon in a timely manner. For example, in relation to assessment of risks and plans to mitigate risk.
- The registered manager was aware the systems to maintain oversight needed to be more effectively implemented and developed and had already begun making improvements. These improvements need to be sustained and embedded.
- The registered manager who was also the nominated individual had regular meetings with the directors and senior staff. Minutes of these meetings showed a focus on improving the service for the benefit of people and staff and an action plan had been created to drive the improvements required.

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

- People were at the heart of everything the service did. The registered manager and staff were focused on providing individualised care and achieving good outcomes for people.
- Staff felt supported and able to raise any issues or concerns they may have without fear of what might happen as a result. Staff told us, they felt supported and respected at work. One said, "[Registered manager] is very receptive to suggestions and ideas and takes these on board."
- The registered manager was visible and available within the service, at times working alongside staff to provide the care and support needed. This enabled the registered manager to fully understand the needs of the people and challenges the staff may face.

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 understood their duty of candour responsibility. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information. Policies and procedures were in place.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People's feedback was encouraged. The provider had worked recently with commissioners of the service on a survey where people using the service were randomly selected and contacted for their feedback. We saw an action plan had been put in place to address the shortfalls found and discussed at a management meeting. For example, all people were to be provided with a copy of their care plan either electronically or as a paper copy or both if preferred.
- Spot checks were in place which, in addition to monitoring the performance of staff, also provided an opportunity to seek feedback from the people using the service. These needed to be consistent and sustained.
- A daily meeting was held with senior staff to discuss the delivery of care scheduled and gave an opportunity for staff to raise any issues or concerns and share information.
- All staff had access to a message service which ensured they were kept up to date with information about the service and enabled them to give their feedback.

#### Continuous learning and improving care; Working in partnership with others

- The provider was working closely with the local authority to make improvements to the service following a recent monitoring assessment. An action plan was in place.
- The registered manager was receptive to suggestions as to how the service could be improved and took action in response to any shortfalls.
- Staff worked closely with other professionals involved in people' care and supported people to access other health professionals.