Swanton Care & Community (Autism North) Limited

All Saints Vicarage

Inspection report

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11 September 2018
14 September 2018
17 September 2018
25 September 2018

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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

This inspection took place at the service on 11 and 14 September 2018 and was unannounced. We made telephone calls to speak with relatives on 17 and 25 September 2018.

All Saints Vicarage is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. All Saints Vicarage is registered to provide residential care and support for up to six adults with a learning disability or autistic spectrum disorder. At the time of our inspection four people were living at the home.

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

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection, the service was rated requires improvement. We found some supervisions and essential training were overdue; team meetings were not taking place and relatives told us communication was poor.

During this inspection we found improvements had been made. Regular team meetings were held with full staff involvement. The registered manager had introduced a plan for supervisions and appraisals and we saw evidence of these taking place. Relatives told us communication had improved.

There was a positive atmosphere at the service, staff were passionate about ensuring people received quality care and support. People were at the centre of everything and the staff team worked well together.

The provider had systems in place to safeguard people from the risk of abuse and discrimination. Sufficient experienced and skilled staff were deployed in the service to support people in line with their assessments and preferences. The provider had a robust recruitment procedure in place which included ensuring appropriate checks were undertaken before staff started work.

People lived in a safe environment. Health and safety checks were completed regularly. Interiors were designed to ensure people remained safe. Identified risks were assessed and managed to reduce the risk to people who used the service and others.

Medicines were managed safely. People were supported to access health professionals when required, including opticians, dentists, GPs and nurses. The service was proactive in obtaining the correct support and challenged potential poor care on behalf of people living at the service.

People were provided with meals and drinks they enjoyed and were supported to make healthy nutritional choices. Staff supported people to maintain family relationships and links with the local community.

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

Relatives and external healthcare professionals we spoke with told us staff were kind and caring. Staff we spoke with had extensive knowledge about the people they were supporting. We observed staff treating people with dignity and respect.

People were supported to follow a range of activities they enjoyed. Staff worked with people and Positive Behaviour Support (PBS) practitioners to develop new goals to work towards.

Care plans were detailed and reflected people's individual needs. Information was displayed in accessible formats throughout the service.

The provider had systems to monitor the quality and safety of the service provided. There was a positive culture and staff were supportive of each other. The service had developed a strong partnership with the local PBS team. The registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

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 remains good.

The provider operated a robust recruitment process. All appropriate checks were conducted prior to an applicant starting work at the service.

Staff demonstrated a good awareness of safeguarding and the process of reporting concerns.

Medicines were managed safely.

Is the service effective?

Good

The service improved to good.

The service provided people with a nutritional diet and encouraged people to make healthy balanced choices.

People were supported to have access to healthcare professionals.

The provider had systems in place to ensure people were not restricted unlawfully.

Is the service caring?

Good

The service remains good.

Relatives told us staff were kind and caring.

People's confidential information was held securely.

People were supported to maintain relationships important to them.

Is the service responsive?

Good

The service remains good.

Care plans were personalised and detailed how best to support

the person.

People were supported to pursue their hobbies and interests.

Relatives we spoke with told us they had no complaints about the care provided at the service.

Is the service well-led?

Good

The service improved to good.

Staff worked well as a team and supported each other when required.

The provider had effective quality assurance processes to monitor the quality and safety of the service provided.

The registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

All Saints Vicarage

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.

We visited the service on 11 and 14 September 2018 and made telephone calls to relatives on 17 and 25 September 2018. The inspection was unannounced and was conducted by one adult social care inspector.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed three people's care plans. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

People who lived at the home were not always able to verbally communicate with us. Therefore, we spoke with their relatives to gain their views on the home. We spoke with four relatives, the registered manager, two team leaders, and three support workers. We also spoke with two external healthcare professionals who were visiting the service.

We undertook general observations of how staff interacted with people as they went about their work and looked around the home and visited people's bedrooms with their permission.

Good

Is the service safe?

Our findings

Relatives we spoke with told us their family member was safe at All Saints Vicarage. One relative told us, "Yes [person] is safe. The staff are amazing. The atmosphere is homely and friendly." Another relative commented, "They know how to keep [person] safe, it's so important."

The provider ensured people lived in a safe environment. Health and safety records were up to date including fire risk assessments, water temperatures and gas and electrical safety. Communal rooms contained minimal furniture and décor, where these may have presented a specific risk, to ensure people remained safe. Risks were identified and risk assessments were introduced to manage and reduce the risk. The service had general environmental risk assessments and specific risk assessments for people.

A business continuity plan was in place to ensure people would receive continuity of care in the event of an emergency. Personal emergency evacuation plans (PEEPs) described the basic assistance people required for a safe evacuation. Daytime simulated fire drills had taken place. We noted a night time drill had not been completed. The registered manager explained that this was because of people's complex needs and the impact such noise and action would have on people's wellbeing. They advised that staff were fully briefed and experienced to support people in the event of a fire.

Safeguarding concerns were fully investigated and prompt action was taken to refer to the matter to the appropriate agencies. Records indicated that staff had completed safeguarding training. Staff we spoke with were clear on what action to take if they had concerns regarding people's safety and were aware of the provider's whistleblowing scheme. The provider analysed the information gathered from safeguarding concerns and accidents and incidents and any lessons learnt were cascaded to all its services.

Relatives and staff told us sufficient staff were deployed to ensure people's needs were met. Staffing rotas confirmed the staffing levels determined by people's assessments and the local authority funding. Staff members told us they worked well together and responded to requests of additional work when staff members phoned in sick.

Medicines continued to be managed safely. Medicines were stored securely in locked medicine cabinets attached to a wall in the main office. Each person's medicine record held a photograph of the person and a clear as and when required (PRN) protocol record. The medicines administration records (MAR) we viewed showed no gaps or discrepancies. The service had effective systems for the receipt, return, administration and disposal of medicines. Audits were regularly conducted and staff had completed appropriate training to enable them to safely administer people's medicines.

The provider continued to operate a safe and robust recruitment process. Pre-employment checks were conducted including obtaining full employment history, checks on identification, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults. The service had recently completed an audit of recruitment files.

The service was clean. Staff members were responsible for maintaining the cleanliness of the premises with checklist and rotas in place to ensure this was completed regularly. Infection prevention and control quality improvement audits were completed which included management of equipment and waste management, hand hygiene and food hygiene.

Accidents and incidents continued to be recorded and monitored within the service. The service gathered and analysed information about safeguarding concerns, physical interventions and accidents and incidents.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they felt staff had the appropriate skills and knowledge to support their family member. Staff had completed a range of training including fire awareness, nutrition, moving and handling and restrictive intervention. The majority of training was up to date or staff members had training sessions booked.

At the last inspection we noted supervisions and appraisals were not fully up to date. The service had made improvements and had introduced a monitoring plan to ensure staff received supervisions and had the opportunity to discuss their development. Staff we spoke with told us they had received supervisions and appraisals and records confirmed these were held regularly.

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 so that they can 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). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS applications were made in a timely manner and monitored whilst waiting for an outcome by the issuing authority. MCA assessments and best interest decisions were present in people's care records. Best interest decision assessments had been completed in relation to specific decisions. For example, the use of a monitoring camera in a person's room to support the person to remain safe.

Care records outlined the best way to support people in making day to day decisions including picking clothes, meal choices and activities. For example, one person was to be offered two choices as giving too many options overwhelmed the person.

The registered manager completed a full assessment with people prior to their move to All Saints Vicarage to ensure their needs could be met. People were fully involved with their assessments. Relatives and external healthcare professionals also took part in planning people's moves, with the pace of the move designed around the person.

The premises were adapted to meet the needs of the people living at the home. Communal rooms were designed to ensure people remained safe. People were supported to design and plan the decor of their own bedroom.

People were supported to access healthcare professionals including GPs, dentists and nurses. One person disliked the local hospital, the service recognised this and liaised with another local regional hospital for all future appointments.

Two external healthcare professionals visiting the service were extremely complimentary about the support staff gave to people. One healthcare professional told us about an occasion when the service had contested the level of medication a person was prescribed. They went on to tell us that the service had embraced the STOMP methodology (Stopping Over Medication Of People with a learning disability, autism or both with psychotropic medicines.) They told us about how the service had successfully reduced a person's medication and were evaluating other people's to hopefully achieve the same success.

People were supported with their nutritional needs. Care plans described the support people needed with eating and drinking, as well as any specific strategies or equipment people required. We observed people leaving on a mini bus taking part in shopping for the weekly groceries. Whilst staff prepared people's meals, people were encouraged and supported to be involved as much as they were able.

Good

Is the service caring?

Our findings

People living at the service were unable to tell us about their experiences of living at All Saints Vicarage. Relatives we spoke with were complimentary about the care and support their family member received. Comments included, "[Person] seems to live a full life." And "Personal care is fantastic, the care is the best," "The support staff are brilliant and have looked after [person] so well," "Lots of confidence in [staff member] understands us."

Following a person's hospital stay one healthcare professional emailed the registered manager and praised the professionalism of the staff. They said, "…very caring and professional your team are." A visiting external health care professional also commented on the caring nature of the staff.

During our inspection we observed friendly interactions between staff and people using the service. People appeared to be relaxed in the company of staff members. One person smiled when their key worker arrived and the person ushered them into the room. Staff clearly knew people well and were able to discuss with us people's likes and dislikes, family structure and how people preferred to be supported.

Relatives told us they were always made welcome at the service. One relative said, "The staff are friendly and let us know how things are going." Another relative said, "The atmosphere has changed it is more friendly and homely."

Staff were knowledgeable about situations which might distress people. Staff were responsive to changes in people and used developed strategies and protocols to support people when they became anxious.

Care records described people's preferred methods of communication including signing, gestures or offering options. We observed staff using people's preferred methods to enquire if people were okay or what they wanted to do.

People were supported to be as independent as possible. One staff member told us, "Even the small things are important. [Person] might not be able to put the washing machine on but they bring their clothes."

Staff were sensitive and afforded people privacy when they wished to be alone. The provider had an equality and diversity policy to protect both people living at the service and staff. Human rights information was displayed in the foyer in an accessible information format. One staff member told us, "People are supported to be individuals."

Relatives advocated on the behalf of their family member. The service had information and guidance available about a local advocacy service if people were to need additional independent advice.

People were encouraged and supported to maintain relationships with people important to them by having regular contact with friends and relatives including visiting people in the service and also on outings.

Good

Is the service responsive?

Our findings

Care plans were in a transitional period, moving from one format to another. The registered manager had a plan in place to monitor the completion. The service had introduced a 'My plan' care record format which incorporated the accessible information standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The new format contained a 'quick info' section with contact information, 'making decisions and giving consent' and 'things you really need to know.' Images and photographs were used throughout the plan to support people in understanding the care records. Care records were held electronically.

Care plans were personalised and described how people wished to be supported. Sections included, 'About me,' 'communication,' 'keeping safe' and 'health.' A 'living my life' section described people's routines and how best to support a person throughout their day. For example, 'looking after myself,' doing everyday things,' and 'what I do during the day.' The communication section offered a holistic approach with information about the use of all the senses including touch, smell and taste.

The service liaised and worked in partnership with the local Positive Behaviour Support (PBS) team. PBS is a person-centred approach to people with a learning disability and/or autistic people, who display or are at risk of displaying behaviours which challenge. It involves understanding the reasons for the behaviour and considering the person as a whole - including their life history, physical health and emotional needs - to implement ways of supporting the person.

Key workers worked with each person, their relatives and PBS practitioners to identify future goals. Through positive behaviour support strategies and sensitive person-centred support people were able to achieve their goals.

This had resulted in a number of success stories for people. One person had used public transport for the first time, another person had been supported to access the community to purchase items for the design of their room and were supported to have their medication levels reduced.

One relative told us how their family member was reluctant to allow any medical intervention. They advised that the service had supported their family member whilst in hospital. They said, "It's incredible, they have worked with [person]. [Person] would not engage with anything medical they couldn't even have a flu jab."

Staff consulted with people and their families to build activity programmes. One relative told us, "They[staff] suggest and try different activities some work some don't." Activities were designed around people's likes and interests. People were encouraged and supported to access the local community including going swimming, climbing, to the pub, out for a meal and shopping. The service had access to its own minibus. We observed people leave for a shopping trip to buy groceries for the week ahead. One person enjoyed spending time in the large garden and listening to music. One relative told us, "[Person] went to Disneyland Paris it could not have happened with out [staff member]."

Accessible information was available throughout the service including the human rights information, how to raise concerns or complaints, daily routines and care records. The provider had an equality and diversity policy in place to support both staff and people living at the service.

Relatives we spoke with told us they were aware of the provider's complaints procedure and were confident issues raised would be addressed. One relative commented, "If I had concerns I would speak to [the registered manager]." At the time of our inspection no one at the service required end of life care. Records showed people and people important to them were offered the opportunity to discuss how they wanted to be supported at the end of their lives.

Good

Is the service well-led?

Our findings

Poor communication between the service and relatives was highlighted during the last inspection. Relatives we spoke with had differing views in regard to the level of communication from the service. One relative told us, "I didn't have any issues with it last time." A second relative told us, "Most of the time it's brilliant." However, a third relative advised that whilst individual support staff were proactive in contacting them, direct communication from the provider was still lacking.

We noted the service had consulted with relatives to establish their preferred communication methods and frequency. We also saw family meetings were held. Following one safeguarding concern the service had completed extensive work with the person, their relatives and staff. Relatives were fully consulted and involved with examining the issue and revaluating the support provided to the person.

At the time of our inspection there was a registered manager in place. Staff members we spoke with told us the registered manager was approachable. One staff member told us, "[The registered manager] is very fair." Another staff member said, "[The registered manager] listens to us and if they can help they will."

There was a positive culture at the service. Staff we spoke with told us they enjoyed working at the service. Staff members supported each other and ensured people received the appropriate level of support. One staff member said, "I can't cook so I do the washing up." Another staff member told, "We work well as a team."

The provider had recently removed the roles of cook and housekeeping support this resulted in staff members gaining additional duties. We enquired with the registered manager if the additional duties for staff had impacted on meeting people's needs. They advised that the change in duties was a pilot and was under review. They ensured people still received the levels of support as determined by the social work teams involved in the person's care and it present. Relatives we spoke with did not raise any concerns about the staffing levels but were not aware of the recent changes.

Staff told us they were supported by the provider. Staff meetings were regularly held were staff were able to discuss the running of the service. One staff member told us, "I feel supported, everything I've asked for I've got."

The registered manager told us the provider constantly listened to managers. The provider had recently agreed that services were able to have greater autonomy within their own service. Following consultation with staff the service was reverting back to paper versions of documents for daily notes, handovers and communication diary. Staff we spoke with felt this was a better system and didn't take staff away from supporting people as computers were allocated in offices.

The provider had recently introduced a new ethos 'PRIDE' - potential, responsibility, integrity, diversity and empathy. Staff members we spoke had embraced the ethos and spoke passionately about their work. One staff member told us, "It can be the smallest thing but it makes a difference." Another staff member said,

"Everything we do matters, the way we talk, smile and act."

Systems were in place to continuously assess and monitor the quality of the service. These covered areas such safeguarding concerns, accidents and incidents health and safety, medication, infection prevention and control.

The registered manager advised that the service sought feedback from people using the service and their relatives. Relatives we spoke with told us they were asked to complete an annual questionnaire and were updated on their family member's wellbeing in line with their requests. One staff member told us, "People can't give us direct feedback but we watch people and know people well, so we know when people don't like things."

The registered manager had notified the Care Quality Commission of all significant events which had occurred, in line with their legal responsibilities. The service worked in partnership with a number of agencies, including the local authorities, safeguarding teams and multidisciplinary teams. The partnership with the local PBS team had clearly resulted in positive outcomes for people. One external health care professional told us, "[The registered manager] is on board with ideas," and "[staff member] is so dedicated."