



Inspection Report on

Swanton Community Care - South Wales

**124A St Teilo Street
Pontardulais
SA4 8RE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

11/07/2019

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Description of the service

Swanton Community Care (South Wales) is a domiciliary support service that provides support to people aged 18 and over with a learning disability in a supported living setting. Currently they provide support to five people.

The Responsible Individual is Gary Thompson and the manager is registered with Social Care Wales. The registered office is located in Pontardulais with support being provided to people living in the Swansea area.

Summary of our findings

1. Overall assessment

People are supported to do what matters to them by kind and caring staff. People have a voice and are respected. Care documentation in place shows people's involvement with their personal plans and the goals they identify. Core and specialist training is in place for staff. Improvements are required with the regularity of individual supervision and staff meetings. Quality assurance processes are in place to ensure continued improvement and development of the service.

2. Improvements

We saw that the issues identified at the last inspection were addressed with the following improvements in place:

- The manager has recruited staff to minimise the use of agency staff
- Risk assessments seen were detailed and reviewed in a timely manner.

3. Requirements and recommendations

Section 5 of this report sets out our recommendations to improve the service and areas where the service is not meeting legal requirements. These include the following:

- Individual Supervision and Appraisals: Regulation 36(2)(c) Supervision is not consistently provided three monthly and annual appraisals are not evident
- Recruitment: Staff files to have recent photos and consistency required when exploring employment history
- Statement of Purpose: To be updated
- Staff meetings: To be held bi-monthly.

1. Well-being

Our findings

People can be assured their rights are upheld and people are enabled to have control over their day-to-day life. We saw people were treated with dignity and respect with caring interactions and involvement in person centred plans. People were positively encouraged to respect each other's privacy. An example observed, was one person being sensitively encouraged to leave an area that they did not have permission to be in, such as another person's bedroom. We observed staff request permission before accessing people's bedrooms and knocking the doors to respect privacy. The manager told us *"it's so important that people can empathise and put themselves into the position of people we support and treat people as they would want to be treated themselves"*. Mutual respect was shown to people within the supported living setting and the importance of compatibility was appreciated and reflected in the assessment process. Individual circumstances are considered and people are listened to.

People's physical, emotional and mental health are supported to ensure optimum well-being. What matters to people was central to their plan. One care worker told us *"We work well as a team to establish new staff to learn the role and do what matters to people"*. Daily activities such as preparing homemade meals and going shopping were observed during the inspection. People were enjoying the tennis season and talked of plans for the weekend of a themed barbeque for the Wimbledon championships. We were shown the 'Pride' book, which consisted of photographs of social events people had participated in over the past 12 months. These included a fun day social event; pamper days; horse riding and train journeys. People took ownership of the file and could recognise the events and the emotions they felt at the time from the photographs. One person spoke about attendance at a day centre within the organisation. They showed us an ornament they made in their pottery class. They also talked about a 'Touch Trust' session, which included dance and massage and promoted relaxation. One person told us *"Yes I am supported to be as independent as I can be – I visit my home at the weekend"*. The manager and care workers could identify people who were able or preferred to communicate in Welsh and ensured Welsh speaking care workers were available if required. The service did not have literature available in Welsh as there had not been requests for such. We conclude people are happy and supported to do what matters to them.

The safety of people accessing the service is maintained with measures in place to protect them and reduce risk. A missing person's form was available if required within their care documentation. An easy reference form was completed with red, amber and green sections. This enabled staff to identify and prioritise health and personal information about people at a glance. Staff completed safeguarding training on induction and refresher training as required. The manager and care workers demonstrated awareness of processes

to follow in the event of issues arising and gave examples. Both Whistleblowing and Safeguarding policies were available and updated this year. People had access to user-friendly information on how to raise a concern, make a complaint and a 'Your Well-Being' easy read guide. This shows that care workers and the manager are informed, confident and able to deal with safeguarding issues and people accessing the service are enabled and supported to raise such issues.

2. Care and Support

Our findings

People receive support from a service that provides appropriate numbers of staff who enable them to achieve their personal outcomes. Care workers told us staffing levels were appropriate to meet the needs of people. The manager informed us agency staff had not been used since last November and staffing levels were at maximum capacity with a low turnover. We saw both care workers and people accessing the service relaxed with each other and support was delivered in a relaxed manner. People receive support from staff who know them well.

People can be assured that care workers have an accurate and up-to-date plan for how their care is to be provided in order to meet their needs. New care documentation was in the process of being introduced and was evident in the two care files seen. One document was entitled 'What I do and own contribution to care plan' which evidenced people's contribution and focused on what people were able to do. Areas covered within the care documentation included choice and control; health and well-being; living safely and taking risks. Individual goals and how these could be achieved, were recorded. Detailed risk assessments were in place and three monthly review of personal plans were recorded. People's individual needs and goals were evident in personal plans with people being supported to speak for themselves within their care planning process, review process and monthly meetings. One member of staff told us "*Getting them involved is important, it's their support and their plan*". One person accessing the service could identify their keyworker and told us the system worked well. The new documentation was not reflected in the Statement of Purpose. People and their representatives are involved with all aspects of their care; however, the Statement of Purpose needs to be updated to reflect the new care documentation and actual review periods.

Safe systems for medicines management were seen. Medications were stored securely in individual locked cabinets. Temperatures were recorded to ensure medications were stored appropriately. Balance checks were completed for medications daily. Staff completed online training and face-to-face training with annual competency checks. Medication administration records (MARs) were seen for two people. These were completed correctly and two signatures present for stock checking and any medications added manually. Risk assessments and medication policies were also seen with the MARs for all staff to access as required. We conclude that as far as possible, people are protected by the medication management system in the home.

3. Leadership and Management

Our findings

The manager of Swanton Community Care, domiciliary support service is also managing a residential service within the same organisation, therefore providing half a week to each service. The manager demonstrated that she was able to fulfil her responsibilities within the domiciliary support service and said, *"I have a good team behind me on both sides"*. We spoke to the care workers within the domiciliary support setting who all confirmed that the manager was supportive and accessible. It was evident the manager had a good rapport with people who accessed the service and knew them well. Interactions were observed throughout the inspection that showed people could communicate with the manager and felt comfortable to share information with them about their week and upcoming plans. People can be assured that the service is managed adequately with processes in place to ensure care is delivered reliably and consistently.

People can be assured arrangements are in place for the effective oversight of the service, through ongoing quality assurance processes that review standards of care and compliance. The manager showed us audits that were completed including medication audits and a first impression audit, which was related to the environment within the supported living setting. The manager completed a monthly audit report for the provider and this was seen on the day of the inspection. The latest quarterly report from the responsible individual visit was also seen and both reports informed areas to improve and supported continued development and improvement of the service. Processes were in place for the 'Quality Care Review' report. We were shown questionnaires that were given to people accessing the service. These were adapted to suit people's communication levels. We were shown the data from staff responses to an online survey; however, this represented all staff employed by Swanton across different regions so was not a true representation of feedback from staff within Swanton, South Wales. We were told the response from people's representatives was not significant and the manager intended to contact family/representatives direct to gather feedback. A report had been produced however; reference was made about people's care and diagnosis throughout. Attempts were made to anonymise this information with the use of initials but we requested the details were removed from the report to ensure confidentiality was maintained. This was amended on the day of the inspection by the manager. The provider is committed to improving the service for people using and working at Swanton Community Care; however this needs to be reflected appropriately within the Quality Care Review report in future.

People receive support from staff who are suitably fit and have the knowledge, competency, skills and qualifications required. Three recruitment files were checked. Disclosure Barring Service (DBS) checks were in place with identification and references as required. Two files did not have a recent staff photo and one required further clarity around employment

history. The training matrix was seen and core training such as Health & Safety, Infection Control and Safeguarding met between 80 and 100% compliance. Specialist training such as Epilepsy and Positive Behaviour Support (PBS) had been provided to all staff with a quarter of the team still requiring training for Communication and Mental Capacity Assessments. One senior care worker told us they were in the process of organising a course around Communication and Signing. All core training was completed on line with additional face-to-face sessions for safeguarding and medication. We were told of an annual training day called 'The Ethos day' where learning took place around people's potential, responsibility, integrity, diversity and empathy. We saw an induction pack that had been prepared in line with the All Wales Induction Framework for Health and Social Care (Social Care Wales SCW) in conjunction with Swanton Competency framework. This was in place for future recruitment. Care workers spoken to were positive about the training received. A supervision matrix was seen alongside individual supervision notes. Whilst supervision was provided this was not consistently provided three monthly with some intervals in-between being as much as five months. Annual appraisals could not be evidenced. We notified the provider that improvements were required in relation to the provision of supervision and annual appraisals. When we spoke to the care workers they all told us they felt supported by the manager with one care worker stating "*I am very happy and supported by the manager – she is very human and easy to approach*". People benefit from a service where staff are supported by the management team however, improvements are required with the provision of individual supervision and appraisals.

People working for Swanton Community Care and accessing the service have information available to them about the service. Although the Statement of Purpose required some updating this was available and seen in people's care files. A handbook was available to staff upon commencement of employment. People had access to a Service User Guide that was in a pictorial format and person centred. This was seen in people's care files. Monthly meetings were held in the supported living establishment for people accessing the service. Staff meetings were held separately with minutes seen for two meetings held this year. Minutes included a comment "*morale at X (supported living establishment) is very positive and staff have good working relationships*". Communication is encouraged and supported within Swanton Community Care however; we would recommend staff meetings are held regularly.

4. Environment

Inspection of the quality of the environment does not form part of the domiciliary care Inspections, however we saw that information was held securely in the office on the days of our visits.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

During this inspection, we have advised the provider that improvements were needed in relation to the following in order to fully meet the legal requirements:

- Provision of Individual Supervision and Appraisals: Regulation 36(2)(c). This is because the provider was not consistently providing individual supervision three monthly and annual appraisals had not been completed.

A notice has not been issued on this occasion, as there was no immediate or significant risk for the people using the service. We expect the registered person to take action to rectify this and it will be followed up at the next inspection.

5.2 Recommendations for improvement

- Recruitment: Staff files to have recent photos and consistency required when exploring employment history.
- Statement of Purpose: To be updated to reflect actual service provided such as, meetings, supervision, care plan updates
- Staff meetings: To be held bi-monthly

6. How we undertook this inspection

This was a full scheduled inspection as part of our inspection programme.

An announced visit was made to the registered office by one inspector on 11 July 2019 between the hours of 9:30am and 13:15pm. We then went onto visit people receiving the service in a supported living setting from 13:40pm to 16:00pm.

The manager was present for the inspection.

The following methods were used:

- We considered the RISCA (The Regulation and Inspection of Social Care (Wales) Act 2016) re registration report, Statement of Purpose and Quality Care Review prior to the inspection.
- Discussions with the manager throughout the inspection.
- Visits to three people who receive a service from Swanton Community Care in a supported living setting, to gain their views on the service they receive.
- Discussion with three members of staff.
- We looked at a wide range of care documentation and audits in place.
- We looked at three staff files and checked recruitment; supervision and training records.
- We viewed the statement of purpose, service user guide, staff handbook and quality care review report.
- We distributed questionnaires to the home to give residents, their representatives, staff and visiting professionals the opportunity to provide feedback on the service.

Feedback was given to the registered manager on the day of the inspection.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	Swanton Care and Community (Maesteilo Care Homes) Ltd and Swanton Care & Community Ltd
Manager	Fiona Bush
Date of previous Care Inspectorate Wales inspection	15 November 2017
Dates of this Inspection visit(s)	11/07/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: This service is working towards providing an 'Active Offer' of the Welsh language. It intends to become a bilingual service if required.	

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