

# Raphael Medical Centre Limited (The) Swanborough House

## Inspection report

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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

We inspected Swanborough House on the 6 June 2017. We previously carried out a comprehensive inspection at Swanborough House on 11 April 2016. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to people's choices, dignity and independence being promoted. We also found further areas of practice that needed improvement. This was because we identified issues in respect to the management of medicines, assessments of capacity and the provider acting on feedback received. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 11 April 2016. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made the required improvements. We found that improvements had been made. The overall rating for Swanborough House has been revised to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service to ensure the improvements have been sustained.

Swanborough House provides accommodation, care and rehabilitation for up to 31 people aged over 18 with acquired brain injury. On the day of our inspection there were 29 people living at Swanborough House. Some people stay for a structured time specific period of rehabilitation, but others are living more permanently at the service due to their specific needs in relation to their acquired brain injury. The service follows the Rudolph Steiner philosophy of holistic living. All catering, furnishings, decor and therapies offered follow this philosophy.

People told us they felt the service was safe. People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. 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. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People felt staff were skilled to meet their needs and provide effective care. One person told us, "I have lots of seizures. I used to be at home with my Mum, but it wasn't fair on her, so I came here. I like it, they look after me and know what to do for me".

People were encouraged to express their views and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us, "It's all organic, so it's better for you".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us, "[Registered manager] is strict with supervisions. The team will ask her if they have a concern. She tells staff not to wait for supervision. She uses the Skills for Care as a guide when carrying out supervisions".

Everyone we spoke with spoke highly of the caring and respectful attitude of the staff team which we observed throughout the inspection. One person told us, "I like living here, people are nice and friendly".

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People and staff found the management team approachable and professional. A member of staff said, "I've seen lots of changes in the last 12 months since our new manager has come. She's very good and supportive of us. I like her and I think she will be good for the home".

We have made a recommendation in relation to adapted occupational therapy settings in neuro-rehabilitation.

Further information is in the detailed findings below.

## 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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

### Is the service effective?

Good ●

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

### Is the service responsive?

Good ●

The service remains good.

The service remains good.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments.

### **Is the service well-led?**

The service was well-led.

People and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

**Good** ●

# Swanborough House

## 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 checked 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 inspected Swanborough House on the 6 June 2017. We previously carried out a comprehensive inspection at Swanborough House on 11 April 2016. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to people's choices, dignity and independence being promoted. We also found further areas of practice that needed improvement. This was because we identified issues in respect to the management of medicines, assessments of capacity and acting on feedback received. The service received and overall rating of 'requires improvement' from the comprehensive inspection on 11 April 2016. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach.

Two inspectors and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had 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 observed care in the communal areas of the service. We spoke with people and staff, and saw how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, five staff files and other records relating to the management of the service, such as training records, policy and procedure documentation, accident/incident recording and audit documentation.

During our inspection, we spoke with 11 people living at the service, four care staff, the maintenance worker, a speech therapist, an art therapist, a dance and movement therapist, the chef and the registered manager. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

## Is the service safe?

### Our findings

At the last inspection on 11 April 2016. We found areas of practice that needed improvement. This was because we identified issues in respect to the management of medicines. The service did not have adequate guidelines in place to guide staff in the correct use of PRN (as required) medication. Improvements had been made and the rating for this domain has been revised to good.

The registered manager told us a review of all PRN guidelines had taken place and that documentation had been amended to show why PRN medication had been administered. They told us, "PRN protocols have been expanded and discussed with the GP. We also ask residents where they would like to take their medication". A member of staff added, "There has been a lot of work done with the medicines procedures".

We looked at the management of medicines. Care workers were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. We saw a member of staff administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

People told us they felt the service was safe. They were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us, "[Registered manager] updates us with local or national changes. We know which safeguarding cases are open or closed. We used to be apprehensive about the safeguarding process, but now we use it as a tool to keep people safe. It's not to punish or blame anyone".

Staff were recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People and staff felt there was enough staff to meet their needs. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff

handover meetings. The registered manager analysed this information for any trends.

Robust risk assessments were in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, access the community and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

## Is the service effective?

### Our findings

At the last inspection on 11 April 2016. We found areas of practice that needed improvement. This was because we identified issues in respect to the assessment of capacity. We could not always see evidence of involvement with the individual or their representatives in how their decisions had been made. Improvements had been made and the rating for this domain has been revised to good.

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. We checked whether the provider was now working within the principles of the MCA.

The registered manager told us that the details recorded in people's assessments of capacity had been expanded and showed involvement with individuals and family, and the steps taken to reach a decision. We saw this was the case in the documentation we viewed. Staff had a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. One member of staff told us, "DoLS, MCA and evidencing everything has been discussed with staff. We explain to staff the importance of recording evidence and it protects the service user. We meet throughout the day and carry out a handover. Staff tell each other where they struggled. We talk about lessons learnt and re-enforce issues. We document on the care plan who has capacity, along with the assessment and result of the assessment. DoLS are incorporated into the care plan".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People felt staff were skilled to meet their needs and provide effective care. One person told us, "I have lots of seizures. I used to be at home with my Mum, but it wasn't fair on her, so I came here. I like it, they look after me and know what to do for me".

People received consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as Speech and Language Therapy and Occupational Therapy. Staff kept records about the healthcare appointments people had

attended and implemented the guidance provided by healthcare professionals.

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, medication, infection control and health and safety. Where training was due or overdue, the manager took action to ensure the training was completed. Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. One member of staff told us, "[Registered manager] is strict with supervisions. The team will ask her if they have a concern. She tells staff not to wait for supervision. She uses the Skills for Care as a guide when carrying out supervisions".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed lunch and people enjoyed their meals and snacks throughout the inspection. One person told us, "It was lovely, it always is". Another person said, "It's all organic, so it's better for you".

## Is the service caring?

### Our findings

At the last inspection on 11 April 2016, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to people's care and treatment not being delivered in a way that supported their independence, ensured their dignity and treated them with respect at all times. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we saw examples of people not having their dignity and choices respected. The registered manager told us, "We have expanded the dignity policy and put in place a dignity champion. We have discussed dignity with the resident's and staff and have developed a dignity tree that is displayed in the lounge to remind people". We saw this was the case and staff had also received further training and additional meetings had been put in place to discuss dignity. A member of staff told us, "We have put a lot into the area of dignity". Another member of staff said, "We have a dignity tree and we have done dignity training". In relation people's choices, the registered manager added, "We have expanded resident's meetings to get feedback from them. We use picture format to involve them in choice. For example, the menu choices have been expanded with the use of pictures".

Additionally, at the last inspection, people were not allowed to eat or drink in the lounges of the service and visitors were not permitted after 6:00pm. This had now changed and we saw people eating and drinking when they wished in the lounges. A sign on the front door now stated that visitors could arrive at the service after 6:00pm. The registered manager told us, "It has been discussed with residents that they can eat in the lounges, they just have to ask and staff will support them. Visitors are fine to arrive after 6:00pm, we just ask they let us know they are coming. I'm proud to say it has improved". Further choice was also being offered as to where people could take their medication, with the registered manager stating, "We also ask residents where they would like to take their medication".

At the last inspection the kitchens in the independent living flats and the occupational therapy kitchen were not adapted to assist people with the rehabilitation of daily living skills. We saw that the kitchens had not been adapted since our last inspection. However, the registered manager told us, "We have assessed the people living in the independent flats and they do not require adapted kitchens and regularly use the kitchens they have. The occupation therapy kitchen has not been updated yet, but it is due to be improved as part of our phased maintenance programme". We saw this was the case and viewed documentation that supported this.

We recommend the provider should take into account guidance available on the benefits of adapted occupational therapy settings in neuro-rehabilitation.

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with

respect and dignity, and had their independence promoted. One person told us, "The girl who looks after me is a kind and caring person. I don't remember things, but she does, so she helps me. She's lovely".

People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "Our aim is to help people recover as much as possible through treating the whole person. It's about taking care of what they eat, treating them with respect and kindness, and encouraging them to do as much as they can do for themselves. When they achieve something new, you build on that. It takes a lot of time and patience, nothing happens quickly with this sort of condition, but over time you do see differences bit by bit". People told us that their independence and choices were promoted, that staff were available if they needed assistance, but that they were encouraged and able to continue to do things for themselves. Records and our observations supported this.

The service aimed to rehabilitate people as much as possible and we saw examples of people's rehabilitation including, a person living in an independent flat being able to cook a meal for another person and invite them round. Another person was now able to access the shops. Previously, they used to get very angry and impatient if there was a queue at the shops, but through speaking about this, explaining to the person about their condition, they now access the local shops and spend a lot of time independently out of the service. Further examples included as person who received physiotherapy at the service, who was now able to walk four lengths of the corridor, whereas they had previously had significant mobility problems. A further person had very impaired short term memory. Through input from the service and developing specific techniques, their short term memory had improved. The registered manager told us, "We record goal setting in people's care plans. Around 70% of goals are being achieved".

Positive relationships had developed with people. One person told us, "I like living here, people are nice and friendly". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. Friendly conversations were taking place. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. One member of staff told us, "I love it here. You can make people happy. It makes me happy too. I like looking after them and supporting their day to day needs".

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. A member of staff told us, "We still ask what residents would like to drink even though we know they like orange juice, it gives residents choice and empowerment". Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to. We were told how one resident was a Muslim and had asked if they could pray in peace at night, as they were getting disturbed. A risk assessment was done to ensure that the person was not disturbed between certain times unless there was an emergency. We saw how staff had worked with the person to put a plan in place so they could attend a local Mosque to pray at 4:00am. The person told us, "It's working well".

People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved people when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt staff respected their privacy and dignity. Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

## Is the service responsive?

### Our findings

People told us that staff remained responsive to their needs. One person told us, "I like the music and dance activity".

We saw the staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. People told us they were involved in the initial care plan and on-going involvement with the plans. A member of staff told us, "We do goal planning every month now and everyone is involved, including the therapists. Each resident has a key worker and they meet before the goal planning. We ask the resident what they want, rather than telling them".

People told us they continued to be listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response.

The provision of meaningful activities remained good and staff undertook activities with people. Activities on offer included arts and crafts, exercise, games and themed talks. We were shown photos of activities and people's artwork was displayed around the service. Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people singing and engaging in a themed talk, as well as spending time with staff discussing various topics. People were clearly enjoying the activities and often engaged with other people in the room. We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which enabled staff to provide activities that were meaningful and relevant to people. One member of staff told us, "At the goal planning meeting, the multi-disciplinary team meet and we come up with ideas, such as trips out and how to fund them".

## Is the service well-led?

### Our findings

At the last inspection on 11 April 2016. We found areas of practice that needed improvement. This was because we identified issues in respect to the provider acting on feedback received to improve the service. Improvements had been made and the rating for this domain has been revised to good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us, "We have regular team meetings to obtain staff feedback and we have changed the way that we record them. On the minutes we now have a section for the Director to sign to ensure that they have read it and comment on what actions will be taken". We saw minutes of meetings that confirmed this and evidence that feedback from staff in relation to improvements at the service was being acted upon.

People and staff all told us that they were happy with the way service was managed and stated that the management team was approachable and professional. A member of staff told us, "Things are a lot more organised now and well planned. [Registered manager] has implemented so many things for the better, especially with speech and language. For example, using visual aids in resident's meetings". Another member of staff said, "I've seen lots of changes in the last 12 months since our new manager has come. She's very good and supportive of us. I like her and I think she will be good for the home". When asked why the service was well led, one member of staff told us, "[Registered manager] has an open door policy. I can go to her. I'm happy with the team".

The registered manager showed passion and knowledge of the people who lived at the service. They told us, "Goal setting is massive for me. The goals that we are setting people are being achieved. There have been major developments, consistent staff and consistent care. I'm proud of what we have improved. We look ahead at what we can improve as a service". A member of staff said, "I think we do a brilliant job, I am proud of our work here. We are much more resident focussed than we used to be. We are confident with the paperwork. Shifts are organised. Communication is good between the teams. The team is great and well led by [registered manager] and the resident's needs are met".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication and care planning. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Staff continually looked to improve and had worked extensively with the local authority and clinical commissioning group (CCG) in order to develop systems and best practice in relation to people's care.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.