

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Swallowfields Care Centre

45 Alexandra Road, Epsom, KT17 4DB

Tel: 01372745903

Date of Inspection: 03 September 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Notifications – notice of changes ✓ Met this standard

Details about this location

Registered Provider	Aims Care Partnership
Registered Manager	Miss Nandanee Rampersad
Overview of the service	Swallowfields Care Centre provides 24-hour care, support and accommodation for a maximum of night adults with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out an inspection at Swallowfields to look at the care and support provided to the people who used the service. We spoke to four people who used the service, three members of staff, the deputy manager and two relatives. People told us that they liked living at Swallowfields. They said that staff were kind and treated them with respect. One person told us "There is nothing I don't like about living here."

People said that they had opportunities to take part in activities they enjoyed and they had opportunities to take part in outside activities (such as swimming) in a way that supported their independence.

People's care needs were monitored and the relatives we spoke to told us they were kept informed and involved in the review of any care.

Both the people who used the service and their relatives felt they were safe at Swallowfields. We were told "I feel safe" and "No qualms."

We looked at the staffing rotas during our inspection and found that the provider ensured that a sufficient number of staff were available during each shift to care for the people who used the service. We found that staff received the training, supervision and support they needed to do their jobs.

The provider showed us the most recent quality assurance surveys which told us that both the people who used the service and their relatives were happy with Swallowfields and the care and support it provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and we involved in making decisions about their care and treatment.

We saw that staff held regular house meetings which enabled the people who lived at Swallowfields to have their say about how the service was run, discuss in-house activities and preferred social activities. People also met regularly with their keyworkers to discuss the care they received and any changes they would like to make. We saw from the notes of one of the house meetings that people had asked for a trip out to Portsmouth and for a sports day to be held at the centre. We were told by staff that both of these had taken place.

People told us that each Monday they met to plan the menu for the week. We saw that the menu contained a choice of food for breakfast and a different meal each day. We also observed that one person each week was supported to type up the menu plan. The people that we spoke with told us about the menu planning and how they were involved. They told us the food was nice and they could choose what they wanted to each. One person said "We have a weekly menu planner." This meant that the provider ensured that they took people's views into account.

Staff told us that they always ensured that people's privacy and dignity was maintained when they provided personal care. We were told "I encourage them to wash themselves as much as they can." We observed that the interaction between staff and people who used the service was positive and friendly. Staff were polite, professional and spoke to the people they supported in a respectful way. One person told us "The staff are nice, they speak to me nicely." Staff also told us that they would respect a person's wish to spend time alone in their room, but would check on them from time to time to ensure they were okay. This told us staff treated people in an appropriate way and recognised people's need for privacy.

We saw that people regularly went shopping or to outside activities, such as swimming or college. On the day of our inspection we observed one person leave the centre with a

member of staff to go shopping for a birthday present. Staff also encouraged people to maintain their independence and to involve themselves in the routines of the home. We observed photographs of each person undertaking different household tasks (such as helping to cook, cleaning the table or hovering) and saw that there was a rota for these tasks. The rota was displayed in a way that it was easy to understand. People who used the service told us that they managed their own laundry and helped to keep the home clean and tidy. This meant that people who used the service were supported in promoting their independence and community involvement.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw evidence that care plans had been developed in a way that identified what people could do for themselves and in which areas they needed support. Where support was needed, the plans contained guidance for staff about how the person preferred their care to be provided. Each care plan that we reviewed contained a person centred plan which included information such as their individuals likes/dislikes, personal history, spiritual preferences and educational needs. This showed us that people's care plans ensured their reflected individual needs.

People who used the service told us that staff were available when they needed them. We observed that staff were attentive to people's needs, for example supporting people to make decorations for a birthday party the following day. We saw that there were various activities for people to participate in and the house had a small gym which people could use. The people we spoke with told us "I like my room and I like going shopping" and "I like playing games and doing jigsaws. All of the people we spoke with were happy in the home and one person said "We're friends." One relative told us "She's always busy."

The relatives we spoke with all had positive comments about Swallowfields. They included "It's a beautiful place" and "He's improved in the time he's been there."

We saw evidence that people were supported to stay healthy and that they had checks with their GP, dentist, optician and chiropodist. Each person underwent a medical assessment each year, together with an occupational health review in relation to their independence. We found that the home responded appropriately and sought the input of healthcare professionals when needed. For example one person had attended the dentist on the day of our inspection and staff had arranged a GP assessment for another person who complained of a mobility problem.

Each person's care plan was reviewed every six months by their keyworker and relatives told us they were invited to be involved in these reviews. They said ""They ask if we want to be involved and we are always notified." Relatives also told us that staff were good at

keep them informed on a regular basis and they "Always tell us everything that's done." Staff held handover meetings between shifts and we saw a daily log file for each person which recorded daily activities and moods, etc. This showed us that the provider ensured staff were aware of the most up to date information about a person and people's needs were reassessed on a regular basis.

We asked the deputy manager about the arrangements should the home have to close (for example, due to a fire or flood) and were told that they had an arrangement with a neighbouring house which would accommodate everyone. This meant that there were arrangements in place to deal with unforeseeable emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke to staff and asked them what they understood about safeguarding vulnerable adults. They told us they had received training and were able to give us examples of what would constitute abuse. When we asked who they would speak to if they had a safeguarding concern they said that they would speak to the manager in the first instance.

We saw that the provider held in-house safeguarding policies on safeguarding vulnerable adults. We also saw a copy of the Surrey County Council (SCC) safeguarding guidance. We saw that staff had signed to say that they had had read the guidance. This meant that staff would be able to follow locally and nationally agreed procedures in the event of an allegation or suspicion of abuse.

We observed that each person who used the service had a petty cash log in which staff recorded expenditure. We saw that this was checked regularly and often signed by two members of staff. This meant that people who used the service were at a reduced risk of financial abuse.

We asked what checks had been made on staff suitability to work with vulnerable people, including children. We were told that the provider had carried out a risk assessment on staff and had ensured that those who required it had undergone an enhanced criminal records bureau check.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

We asked people if they received the support they needed in a timely way. They told us they did. We observed this during our inspection when we saw staff assist people with their meals, activities or going on an outing. The relatives we spoke with had only positive comments about the staff. They told us "The staff are lovely" and "He's improved in the time he's been there."

On the day of our inspection there were eight people who lived at Swallowfields. The deputy manager told us that there were normally five staff on duty during the morning and afternoon shifts and two available at night. We looked back at the staff rotas for the previous eight weeks and saw that, apart from one Sunday, that the appropriate numbers of staff were on duty.

We spoke to staff and asked them if there were sufficient staff to meet people's needs. Comments were mixed and included "Yes, but sometimes need additional staff" and "We need more male staff." Staff told us they used to work very long hours, but things had changed. Staff added that they did not feel people missed out on any activities due to lack of staff.

We discussed staffing arrangements with the provider and were told that things had recently changed which ensured that people did not work too many hours. In addition staff and management told us that they had been recruiting more male staff, due to the ratio of males and females living in the home. We were told that if they were short of staff they had a pool of staff who were trained who they could call in. This showed us the provider were aware of staffing levels, had listened to comments from staff and had taken steps to remedy things.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

During our previous inspection in March 2013 we noted some shortfalls in staff supervision and training. We reviewed this area again during this inspection to assure ourselves that the provider had made the necessary changes.

We spoke to the staff on duty about the training and support they received. We found that staff received appropriate professional development and were able to obtain further relevant qualifications. Staff told us that they had been given an induction when they started work and that they had access to the training they needed to do their jobs, including refresher training in core areas such as health and safety, safeguarding vulnerable adults, fire safety and moving and handling. They said that the provider enabled staff to achieve further qualifications relevant to their roles. For example, one member of staff had recently completed their NVQ Level 3 qualification.

Staff said they had one-to-one supervision sessions with the manager, which gave them an opportunity to talk about any areas of their work in which they needed guidance or support. Staff told us that they had an annual appraisal. We saw evidence of both of these when we reviewed staff files.

We asked staff if they felt supported. They told us they did. We were told "Greatly" and "100 per cent – definitely supported." Staff also commented "Things have really changed – there is more for staff and the service users."

We saw that staff used team meetings to provide updates about any changes to people's needs or the way in which their care should be provided. We also saw that staff underwent regular training. This showed us that people were cared for by staff who were supported to deliver care to an appropriate standard.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Staff showed us that they carried out a service user survey each year, which included questions about the home, staff and activities. We saw from the most recent survey that all the people who used the service were happy with the way they were treated, the food, the activities that took place and the outings that they went on. We noted a comment from one person who had asked for the curtains to be changed in their bedroom and the deputy manager confirmed that this had been done.

In addition, relatives were asked for feedback on the care they felt their family members received. We saw that from the six responses received that people were happy. We noted some general comments which included "We are pleased with everything and everybody", "Has done a lot better than she would anywhere else" and "Loves the outings and the quality of life."

We asked staff what other quality assurance checks they did in relation to the service and saw, for example, that they carried out an internal audit every six months, an infection control audit, vehicle checklist and water temperature check. This showed us that the provider was not only monitoring the quality of the care that was given in relation to the people who lived there or their relatives, but they carried out other appropriate checks in relation to the service.

We asked staff if they were happy working at Swallowfields and were told "I have enjoyed working here" and "I feel proud that I can make such a difference – that's why I do the job."

Notifications – notice of changes

✓ Met this standard

If the provider or manager of the service changes we must be told

Our judgement

The provider was meeting this standard.

The provider was meeting this standard.

Reasons for our judgement

During our inspection in March 2013 we noted that the provider had not notified the Commission that the previous manager had left and a new manager was in post.

We saw on this inspection evidence from the provider of a certificate supplied by the Commission in relation to the last manager and a notice from the provider to the Commission with details of the newest manager who commenced in 2013.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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