

# Rajanikanth Selvanandan

# The Swallows

## 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

### About the service

The Swallows is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

### People's experience of using this service

People continued to remain safe at the service. Staff identified risks for people and developed management plans to mitigate these. People had activities that took place in the home. However, there was a lack of dementia specialist activities in place for people. We have made a recommendation about the availability of specialist activities for people living with dementia.

Staff understood the provider's safeguarding process. Staff had the knowledge to identify potential abuse and manage safeguarding allegations to protect people.

People were supported by enough staff during the day and night to meet their individual needs. The registered manager completed robust recruitment checks to ensure experienced staff were employed.

Medicines were managed so people had their medicines as prescribed and in a safe way.

People had their nutritional needs met by the service. People said they enjoyed the meals that were provided to them throughout the day.

Health care support was made available to people when their needs changed. People had plans in place so prompt actions were taken to respond to an emergency.

Each person had an assessment and staff identified their health and support needs. Care plans provided staff with enough detail to manage people's assessed needs.

People said staff were kind and caring towards them. Care and support was carried out in a dignified way that respected their privacy.

There were systems in place to support people who required end of life care. Staff had an understanding of how to provide care at that time.

People had access to a complaints process if they were unhappy about an aspect of their care.

The registered manager assessed the quality of the care through a robust monitoring system.

Partnership working occurred with staff and health and social care professionals.

We have made a recommendation about dementia friendly activities.

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

#### Rating at last inspection

The rating for this service was Good. (The inspection report was published on 8 December 2016).

#### Why we inspected

This was a planned inspection based on the rating of the service at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Swallows

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

#### Service and service type

The Swallows 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection visit was unannounced.

#### What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service. We spoke with the registered manager, deputy manager

and three care workers. We looked at five care records and medicine administration records. We also looked at five staff records and other documents relating to the management of the service and completed observations of the service.

After the inspection

We did not receive any feedback from any health and social care professionals we contacted.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff cared for people in a safe way. People told us that they felt safe living at the service. Comments included, "They make me feel safe" and "The staff are great, very good at their job and keep us all safe."
- The safeguarding policy and processes equipped staff to keep people safe. Staff had training in safeguarding adults which gave them an understanding of abuse and the actions to take to report this.
- Any allegations of abuse were reported to the local authority for investigation. Staff kept records of any safeguarding investigations with any outcomes and actions taken.

Using medicines safely

- Staff followed the provider's medicines policy. This helped staff to support people with taking their medicines in a safe way.
- People and relatives said they had their medicines when needed. Staff had medicines training to ensure they were first safe in this task.
- Records used for the management of medicines were completed accurately. The medicine administration records (MARs) were reviewed for accuracy and each MARs we looked had no unexplained gaps in them.

Assessing risks, safety monitoring and management

- Risks were assessed and identified by care staff. This ensured people received safe and appropriate care.
- Each assessment reviewed people's health and well-being needs and any associated risks.
- Staff completed management plans that defined each risk and the actions staff would take to manage them. Management plans were reviewed on a regular basis to ensure these captured people's changing needs.

Staffing and recruitment

- People said there were enough staff available to support them. Comments included, "Always staff around, they know me so well they come and sit down here and chat and if I need any help they are here straight away. The carers are very good at helping me at night time when I need to use the toilet or just doing anything" and "Yes plenty of staff always helping and you can call on anyone whenever you want to, and they come and sit and chat."
- There were robust recruitment processes used to employ suitably skilled and experienced staff.
- Before employment was confirmed pre-employment checks were completed. Checks included references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

#### Learning lessons when things go wrong

- The registered manager monitored all accidents and incidents that occurred at the service.
- The registered manager shared any concerns found and shared these with the staff team and used them as a learning opportunity.

#### Preventing and controlling infection

- The provider's infection processes provided staff with guidance to protect people from the risk of infection.
- On arrival at the home we smelt an odour of urine. We also noted that the commodes in two people's bedroom were stained with urine or had not been emptied during our visit. The deputy manager saw this and took action resolve this concern. The registered manager shared with staff what we found during the inspection.
- Personal protective equipment (PPE) in the form of gloves and aprons were worn by staff to help reduce the risk of infection and cross contamination.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider's induction prepared staff and enabled them to become familiar with people and understand the organisation.
- The provider had a training programme for staff. This included moving and handling, medicines management, food hygiene and infection control. All staff said they enjoyed the training they attended because it was valuable learning for them.
- The registered manager arranged supervision and appraisals for all staff. Supervision and appraisal meetings allowed staff to reflect on their employment, personal development needs and training needs. The registered manager supported staff to complete their jobs as required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments with people before they began living at the service.
- People's views and opinions were given and their needs were assessed with their individual support recorded.
- A plan of care was developed which provided staff with guidance about how to care for people to meet their needs.
- Staff followed health care professionals' guidance to keep people safe. For example; a person required a mobility assessment due to a change in this need. Following the assessment the OT implemented guidelines which staff followed so the person's changing needs were met and they remained safe.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health care service when their needs changed or when they became acutely unwell.
- People had access to specialist support when this was needed. People comments included, "The doctor is here every week, the doctor is very good and you can always ask to see a doctor any time" and "Yes if you want to see the GP and they do regular checks, I see the dentist or optician they do have regular visits here."

Staff working with other agencies to provide consistent, effective, timely care

- People received additional support when this was needed from health, social and voluntary services.
- Staff contacted professionals from social care services for additional assessments or equipment to support people.

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

- People said they had enough food and drinks to eat throughout the day.
- Meals were prepared by an onsite cook. The cook told us that they understood people's individual nutritional needs. People told us, "The food here is fantastic you get so much to eat and drink. I love eggs every morning I have a poached egg" and "A great choice, wonderful cook, they know how to serve it up here and look after you well, plenty of good food."
- We completed observations at lunch time. We saw that lunch was introduced to people seated in the lounge area by a member of staff they said, "Ladies and Gentlemen your lunch is served". Staff respectfully assisted people into the dining area, using names and being careful and taking their time to support them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Care and support was consented to before staff supported people.
- Staff took action to support people effectively if they were unable to make decisions for themselves. Staff had made DoLS applications to the local authority for assessment and authorisation.
- Referrals were made to the local authority for mental capacity assessments and best interests meetings when people were unable to make decisions for themselves.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People commented, "Staff are lovely and gentle always. They are so caring" and "Wonderful, so gentle and supportive."
- People were able to continue to practice their religious beliefs. People attended church services as they chose. There were notices displayed in the service that showed details of the next church service occurring at the service.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's dignity when supporting them. A person said, "Staff are very respectful you feel like you are well looked after and they use your name and are very good at night with personal care."
- Staff encouraged people to be as independent as possible whilst following their individual care and support plans.
- Staff and people developed mutually respectful relationships. People said staff understood their needs and were kind and caring towards them.

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

- People's needs were understood by staff who provided care and support in a kind and compassionate way.
- People and relatives were involved in and contributed to their support and this was respected by staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People took part in activities that interested them and they enjoyed. Activities include bingo, dominoes, holiday celebrations and entertainers.
- People said that they enjoyed the activities at the service. Comments included "They have stuff here to make your hands keep going, like balls and things to play with and stretch your fingers so they keep working" "They could do some different activities some more stimulation" and "I love my knitting and reading they always help me get new wool and I get a daily paper every day."
- The service celebrated dementia week. One member of staff said, "We have training I have just been on the Dementia week, there was purple everywhere, purple flowers, purple clothes we learnt about working one to one, about music and signing that helps." However we found that there was a lack of activities offered to meet the needs of people with dementia.

We recommend the provider consider current guidance on specialist dementia friendly activities for people who use services and take action to update their practice accordingly.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded on the care records. This ensured staff had access to this information so they could communicate with people effectively.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Pre-assessments were completed with people and their relatives to ascertain whether they would be suitable to live at the service.
- Assessments were person centred. These gathered people's views of their care and support needs. They also captured people's medical conditions, hobbies, likes and dislikes and how people wanted to have their care and support delivered.
- Assessments and care plans were reviewed on a regular basis to ensure these captured people's needs so they continued to reflect people's current needs.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place. The registered manager had received a recent

complaint and had managed this appropriately.

- People were familiar with who to speak with If they were unhappy with an aspect of their care and support. One person said "I would talk to the manager and all the staff, everyone listens to you hear and [the registered manager] is so kind and good, his door is always open, he cannot do enough for you."

#### End of life care and support

- The registered manager and staff understood how to support people who required end of life care. A member of staff said, "I asked the doctor to be involved more in the end of life care plan for one person as I was concerned we needed more support at one stage and this happened."
- Staff had training in end of life palliative care. Staff had developed links with a local hospice who provided support and advice for people who required specialist care to manage a life limiting illness that met the people's individual needs.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits on the quality of the service was carried out. Reviews on care records, safeguarding, complaints and medicines management records took place.
- Where issues were found these were shared with staff. An action plan was also developed to address any areas of concern found.
- The registered manager sent notifications of incidents and events that occurred at the service to the Care Quality Commission (CQC) as required.

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

- Staff said they felt supported by the registered manager. Comments included, "The management listen and take action this straight away" and "The management team are excellent with a friendly manner. [Registered manager] is very nice, I feel so happy."
- People said they had the care they needed. They had positive feedback about the service. management and staff people said, "Everything is good, I absolutely love living here. I like that they asked me what colour I would like my new room and I said mint green" and "A great place, I would say that have everything running well here,"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had an understanding of the duty of candour and their legal responsibility to share information when concerns are raised or when things go wrong.

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

- People gave positive views of the management of the service. People said they enjoyed living at the service and liked the staff caring for them. Their comments included, "The staff are on top everything, they are a great team and the manager knows everything and they could not help enough" and "[Registered manager] is lovely, he is always chatting to us and telling us about the extension we can't wait for it to happen. [Deputy manager] is very good she is always here and looks after us well."
- People were asked for their feedback. The feedback from people showed that they were happy with the care and support received.

- The registered manager had regular communication with staff and people through a newsletter, residents' meetings and staff meetings. People and staff were aware of and kept updated of the developments within the service.

#### Continuous learning and improving care

- Regular checks took place within the service. This included reviewing the menus, infection control and hygiene.
- A member of staff was appointed as a continence champion. This role helped to improve staff knowledge and learning of continence care while supporting people to maintain their independence with their toileting needs in a comprehensive way.

#### Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services.
- Records showed that staff frequently contacted district nurses, occupational therapists and speech and language services when this was needed. Staff also worked closely with the Care Home Intervention Service (CHIT), a service that supports people aged 65 and over, whose behaviour has become challenging in the context of a dementia or mental illness and currently living in a day care, residential or nursing home setting. This enabled people's needs to be understood and continued to be met.