

Swillbrook Limited

Swillbrook House Residential Home

Inspection report

Swillbrook House, Rosemary Lane
Bartle
Preston
Lancashire
PR4 0HB

Tel: 01772690317

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Swillbrook House Residential Home is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 23 people in one adapted building.

People's experience of using this service and what we found

People could not be assured medicines were always managed safely as improvements were required. We have made a recommendation about the safe management of medicines. Records did not always reflect the care people needed or received, or that prospective employee's full employment history was explored and documented. We have made recommendations about the safe management of risk.

People told us they felt safe and staff were effectively deployed so people received support when they needed it. Risk assessments were carried out to minimise the risk of avoidable harm and staff knew the help and support people required.

People were supported to be involved in decisions about their care and given surveys to share their views. Meetings took place with people to gain their opinions and staff were able to attend staff meetings to discuss changes and give feedback on these. Care records were secure, so people's private information was protected. Audits and checks did not always identify the shortfalls we found on the inspection.

The provider and acting manager took swift action during the inspection process to reduce risks and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 08 February 2019).

Why we inspected

We undertook a focused inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about medicines, the provision of meals, staffing, the environment and care provided. A decision was made for us to inspect and examine those risks. We looked at the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We discussed our concerns with the provider who took action to ensure improvements were made and risks minimised.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swillbrook House Residential Home on our website at www.cqc.org.uk.

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?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Swillbrook House Residential Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Service and service type

Swillbrook House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. We were informed there was a manager in place who was in the process of registering with the CQC to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service. The provider was not asked to complete a provider information return prior to the inspection. This is information we require providers to send us to give us key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We sought feedback from the local authority commissioners of the service to help us plan the inspection effectively. We used all this information to plan our inspection

During the inspection

We spoke with four people who used the service and three relatives shared their views of the service. We spoke with three members of care staff, a housekeeper and a cook. We also spoke with the acting manager, the provider and the senior manager. During the inspection we reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We looked at seven records linked to people's care and the management of the service. We walked round and reviewed the environment and the equipment provided to support people. We also observed interactions between staff and people who used the service. Following the inspection, we requested additional information including policies and equipment certification.

After the inspection

We continued to communicate with the provider and senior manager, and further information was sent to us in response to the feedback provided during the inspection visit.



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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider had processes to ensure medicines were managed safely. Staff received training and practical assessment to ensure they were competent to administer medicines.
- Staff administered medicines in person centred way, spending time with people and meeting their personal preferences as to how and when their medicines were administered.
- Staff did not always follow agreed processes to ensure medicines were managed safely. For example, a medication and administration record did not match with the actual amount of medicine remaining and daily medication room and fridge temperature checks were not always carried out. This posed the risk of medicines not being managed safely.

We recommend the provider seeks and implements best practice guidance to improve practice in relation to the safe management of medicines.

Staffing and recruitment

- The provider carried out checks to ensure prospective employees were suitable to work with people who may be vulnerable. Information was available to view; however one recruitment file did not contain a detailed employment history and there was no documentation to show this had been explored.

We recommend the provider seeks and implements best practice information on the recording of information in relation to employment records.

- Staff responded to people promptly during the inspection and staff had no concerns about the availability of staff to support people. One person shared they sometimes had to wait for support and expressed their dissatisfaction with the service provided, we passed this to the provider and acting manager for their consideration.

Assessing risk, safety monitoring and management;

- The provider did not always ensure risk was managed to prevent avoidable harm occurring. We viewed the weights of three people and found the equipment the people used to help maintain skin integrity was set significantly higher than people's documented weight. The audit system did not check the equipment was on the right setting for people's individual needs.
- On the first day, care records were not always completed consistently, for example, care records recorded two people required help to reposition to maintain their skin health. The records of the help people were given were not consistently recorded. A care record did not record the support a person needed to manage

their behaviours which may challenge. Staff could explain the help people received; but this was not documented. This posed a risk of people receiving care that did not meet their needs.

We recommend the provider seeks and implements best practice guidance on the management of individual risk.

We discussed this with the provider, senior manager and acting manager who changed their processes to ensure equipment was set and checked, in accordance with people's individual needs. On the second day of the inspection, care records were reflective of people's needs and care provided.

- Risk assessments in areas such as falls, nutrition and moving and handling were completed and actions carried out to help ensure people's wellbeing was maintained. For example, we saw a person had been referred to a health professional for further medical advice. Staff followed the professional's instructions to support the person's well-being.
- Nutritional risk assessments were completed and reviewed to ensure people's dietary needs were identified. We found sufficient and varied supplies of food at the service and people told us they liked the meals. We observed snacks being offered throughout the day and people could choose what they wanted to eat. Alternative meals were provided if people did not like the first choice offered.
- Equipment such as fire extinguishers, appliances and lifting equipment was checked and maintained to ensure it was safe for use. There was a schedule of equipment servicing to help ensure this was carried out when required.
- The home was undergoing refurbishment. New flooring had been laid in some areas, new furniture had been purchased and decoration had taken place in a bathroom. There was a plan to continue to improve the environment and this included the installation of an accessible wet room to support people's independence. Some areas of the home had chipped paint on bannisters and door frames, however we were assured there was a plan to continue improvements and decoration throughout the home.
- Emergency plans were in place to enable staff to support people safely, if the need arose.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We observed a member of ancillary staff did not wear a mask when walking through the dining room and people were present. We discussed this with the acting manager and senior manager who responded to our feedback and took action to minimise the risk and spread of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to explain the action they would take if people were at risk of harm or abuse. Training in safeguarding had taken place to help ensure staff understood their responsibilities to raise concerns with the management team and external bodies. Staff told us they were confident the acting manager and provider would respond to concerns.

- The contact number of the local safeguarding authority was accessible to staff to enable concerns to be raised if this was required. We noted this number was not in the safeguarding policy, and the policy contained the contact details of a previous manager. We informed the provider of this who said they would amend the policy to accurately reflect current contact details.
- Staff were kind and respectful with people and were patient when they supported them. People told us they liked the staff.

Learning lessons when things go wrong

- The provider, senior manager and acting manager reviewed incidents to ensure risks were reassessed to prevent reoccurrence. Staff knew the reporting procedures for incidents and accidents and followed these to enable reviews of accidents and incidents to be carried out by the management team. Action was taken to minimise the risk of reoccurrence, for example equipment to minimise the risk of falls was implemented to help people maintain their safety.

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 promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and checks had not consistently identified shortfalls and driven improvement. It had not been identified that the medicine room temperature had not been recorded consistently and the audit system did not check equipment was checked to ensure it met people's individual needs. Internal audits had not identified records of care given to support people's skin integrity were not always completed.

We discussed this with the senior manager and acting manager who took action. Prior to the inspection concluding we saw audits had been amended and extra checks implemented to ensure shortfalls were identified. These changes need to be embedded within the service and we will check this has been carried out at the next inspection.

- There was no registered manager at the service. The service was being managed by an acting manager with oversight and support from the senior manager and provider. The acting manager was in the process of applying to the CQC to become registered. A new management structure was being introduced. A deputy manager had been introduced to strengthen the management support at the home.
- Relatives commented they felt collaborative working between themselves and the service could be improved. They shared there had been management changes at the home and they could not always speak to management if they wished to do so. One relative said they had not been informed by management about the changes. They commented, "As [family member's] representative I do think I should be kept informed of management changes."
- The provider maintained oversight of the service, we saw records of meetings which indicated the provider monitored the home through discussion and review of information.
- The provider engaged with other care home providers to share and receive best practice and guidance. They said this had been helpful in maintaining adequate knowledge and resources during the first wave of the COVID-19 pandemic.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff told us there had been management changes at the home on two occasions within the last 12

months and they had found these challenging. Staff said the new management team had made many positive changes and they were hopeful this would continue. They said there was good teamwork at the service.

- The provider sought people's views. Surveys were periodically provided to people, relatives and visitors within the home to drive improvement.
- The complaints procedure was in the reception of the home and the provider and acting manager said they would act openly and transparently with others.
- The senior manager told us they completed investigations when needed. We asked to see the investigation report of a specific event. This was not provided to us before the end of the inspection. We will follow this up outside of the inspection process.