

HC-One Limited

# Swallownest Nursing Home

## Inspection report

Chesterfield Road  
Sheffield  
South Yorkshire  
S26 4TL

Tel: 01142540608

Website: [www.hc-one.co.uk/homes/swallownest/](http://www.hc-one.co.uk/homes/swallownest/)

Date of inspection visit:  
23 July 2019

Date of publication:  
13 August 2019

### 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

Swallownest nursing Home is care home providing care and support for older people, including nursing needs and people living with dementia. The service can support up to 64 people.

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

On the day of our inspection there were predominantly adequate numbers of staff available to meet people's needs. However, on the upstairs unit due to the layout and ineffective deployment of staff, we found people's needs were not always met in a timely way. The registered manager had already identified this and since our inspection we have received confirmation that staffing levels have been increased to ensure people's needs are met. Safe recruitment systems were in place and followed. Medication management was safe, although we found some of the documentation could be improved. Risks associated with people's care and support had been identified, however, some lacked detail to ensure risks were managed safely, these were being updated at the time of our inspection and were all completed by the end of the day.

People were safe, and staff understood safeguarding and whistleblowing procedures and when they would be required to instigate. Accidents and incidents were monitored, and lessons were learnt.

Staff were very knowledgeable about people's needs, care was person-centred and individualised. Staff said training was good and from talking with staff and our observations it was effective. Staff were supervised and supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received a balanced diet. People told us they enjoyed the food provided. People had access to health care professionals. The environment was well maintained and homely. There was also access to outside space.

When staff engaged with people they were kind and caring and compassionate. People told us the staff were lovely and genuinely cared. People were involved in their care planning to ensure their decisions and choices were reflected.

We looked at care records and found although they were not always easy to follow had identified people's needs and reflect people's choices. People received individualised, personalised care. People were listened to and complaints were appropriately dealt with and resolved. End of life care was included in care plans to ensure people's decisions were respected.

The service had an activities coordinator and a varied calendar of social stimulation was provided, including entertainment, faith meetings, outings and in-house activities.

A new manager had been appointed and commenced employment at the service in January 2019. They were registered with CQC. Quality monitoring was carried out using various audits tools. These were effective. Although we had identified some minor issues during inspection these had already been picked up by the registered manager and were being actioned. The service promoted an open, inclusive and positive culture. People and relatives were involved in the service, quality questionnaires were sent out and regular meetings were held.

#### Rating at last inspection

The last rating for this service was good (published 22 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We have received written confirmation that staffing has been increased and the works required to install a kitchenette on the upstairs unit have been approved.

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

## 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.

# Swallownest Nursing 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.

#### Inspection team

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Swallownest Nursing Home 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 who was 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 was unannounced.

#### What we did before the inspection

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We asked the provider to complete 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 used the PIR as part of our planning. We also spoke with other professionals supporting people at the service, to gain further information about the service.

#### During the inspection

We spoke with eight people who used the service. We spent time observing staff interacting with people. We spoke with eleven staff including care workers, senior care workers, a nurse, the cook, the kitchen assistant, the laundry staff, the activity coordinator, the regional support and the registered manager. We looked at documentation relating to four people who used the service, a staff file and information relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data sent to us by the registered manager. We have also received confirmation of staffing increases and the provision of a kitchenette.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. The manager kept a log of safeguarding concerns and recorded actions taken to keep people safe.
- Staff we spoke with were aware of the safeguarding and whistleblowing systems. Staff informed us that they received training in this subject. People we spoke with told us they felt safe. One person said, "I chose to come here, I saw what it was like when I visited, nice and safe. I never really felt safe at home, now here everyone cares."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified. However, new documentation had been introduced by the provider to manage risks associated with moving and handling people safely. This had not been fully completed at our inspection, but the registered manager ensured staff completed it on the day of our visit. Staff also ensured all people who required to use the hoist had their own sling which was labelled.
- Staff we spoke with were knowledgeable on how to manage risks which ensured people's safety.
- People had personal emergency evacuation plans [PEEP's] in place to show what support people required in case of an emergency. However, these could be more detailed, and person centred.

Staffing and recruitment

- The provider had a recruitment policy which assisted them in the recruitment of staff. We saw the policy was followed.
- We spent time observing staff interacting with people who used the service. We found there were predominantly enough staff to assist people. However, on the upstairs unit we identified there was lack of staff to meet people's needs in a timely way. For example, staff were busy during the morning, so people were not always supported with their drinks. The registered manager had identified this as part of the quality monitoring and since our inspection has confirmed in writing that an additional eleven hours of care hours are to be provided during the day to ensure people's needs are met.

Using medicines safely

- People's medicines were managed safely. We identified some minor issues which were related to documentation, the registered manager ensured us these would be rectified. People we spoke with told us they got their medicines on time and if they required any pain relief they only had to ask, and staff responded appropriately.

- The medication rooms were above the recommended temperature on the day of our inspection and had been for a number of days. One room was having air conditioning installed and the registered manager told us this would be installed in all medication rooms.
- Staff received training in medication management and administration. Staff also told us they were competency assessed once a year, to ensure they maintained the skills to administer medicines safely.

#### Preventing and controlling infection

- People were protected by the risk and spread of infection. We completed a tour of the home with the manager and found it was well maintained and clean. We identified some minor issues which were rectified immediately.
- Staff received training in the prevention and control of infection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends and patterns.
- The manager completed a monthly audit to ensure any lessons were learned and action was taken to minimise the risk of further accidents and incidents occurring.



# 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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care and support were person-centred and delivered in line with people's choices and preferences.
- People's diverse needs were met in all areas of their support. Therefore, protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were taken into consideration.
- Staff we spoke with were knowledgeable about people's needs and choices. People we spoke with confirmed that staff met their needs and knew them well.

Staff support: induction, training, skills and experience

- Staff received training to fulfil their roles and responsibilities. From our observations and speaking with people this was effective.
- Staff told us they felt supported and worked well as a team. We observed staff working well and the atmosphere was calm and inclusive.

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

- People received food and fluid which supported them to maintain a healthy balanced diet. The registered manager had also worked in consultation with people to improve the experience and as a result a kitchenette was to be installed on the upstairs unit. One person said, "We get plenty of nice food it's varied, and we get a choice." Another person said, "If we don't like what's on offer, that's not a problem they [kitchen staff] will make us something else."
- We observed staff serving drinks and snacks during the day. One person said, "There is always food between meals like cake or biscuits and lots to drink." However, on the upstairs unit people were not always supported. We have had confirmation since our inspection that staffing has been increased so this will be addressed.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals when required.
- We looked at care plans and saw that when healthcare advice had been given, staff had followed it to ensure people were supported appropriately.

Adapting service, design, decoration to meet people's needs

- The service was appropriately decorated and designed to meet people's needs. The communal areas were well thought out and had access to well-maintained enclosed outside space. The environment was very homely.
- There was pictures and items of interest displayed and tactile stimulation for people who were living with dementia was available.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA and DoLS applications had been made, some of which were awaiting authorisation.
- Where decisions had been made on behalf of people, they had been completed in the person's best interests and documented within their care plan.

# 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 remained the same.

This meant 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

- We spent time observing staff interacting with people who used the service. We found staff were very kind and caring. People we spoke with all told us the staff were lovely. One person said, "The staff are very caring, nothings too much trouble"
- Staff were sensitive to people's needs, care was individualised and person-centred.

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

- During our observations we saw people were involved in decisions about their care. Staff always explained the tasks they carried out, why it was required and gave reassurances during any care and support provided. People we spoke with told us staff helped them with decisions and involved them. One person said, "The staff are very kind, they take time to encourage me help me with decisions and get me books and papers."
- Care plan documentation reflect people's choices and decisions this showed they had been involved in creating their plans of care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. We saw staff knocked on bedroom doors before entering and kept bathroom and toilet doors closed when carrying our personal care.
- People's independence was promoted. For example, we observed staff giving support to encourage people to do things for themselves. One person said, "I was not mobile when I came in here six months ago, they [the staff] helped me and now I can get about with just one stick, that's down to them."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

# 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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care which met their needs and preferences. One person said, "I only have to ask if I have a problem and they respond quickly." Another person said, "The staff know what they are doing and are very helpful."
- We looked at a sample of care plans and found they reflect the care and support people required. The provider Although we found care plans did contain old information and they were not always easy to follow. However, the provider was in the process of transferring paper documentation on to an electronic system. The registered manager told us the plans would be fully reviewed and updated as they were transferred onto the system and that they would be easier to follow to ensure people's needs were met.
- There was an activity co-ordinator employed. The hours worked were flexible depending on activities arranged. We saw many activities were arranged, these were varied, including entertainment, faith meetings, outings and in-house activities. Although from documentation it was not clear if all people received appropriate social stimulation. We discussed this with the registered manager who agreed to discuss with the activity coordinator, as they said people did receive stimulation and it was lack of documenting the activities provided.
- We observed staff interacting with people and saw the care and support was individualised. People we spoke with confirmed this and said the care provided was in line with their, choices, decisions and preferences. One person said, "I know that I can ask anything, and they will try their best to help."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and appropriate actions were taken when concerns had been raised.
- People we spoke with were complimentary about the home and felt able to raise concerns is necessary. One person said, "I can ask anything of any of the staff and they will help me." Another person said, "If I had any complaints I know that the staff or manager would listen."

End of life care and support

- At the time of our inspection nobody using the service required end of life care.
- The manager told us that end of life care planning was in place in all care plans and would be added to when required.

# 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 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

- The home had a registered manager who was supported by a deputy manager and a team of nurses and care workers.
- Staff understood their roles and responsibilities and worked with the management team to ensure people received a good service.
- People we spoke with had confidence in the registered manager and found all staff to be approachable. One person said, "I know who the manager is and can talk to them if I want."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and 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 management team promoted a culture which was positive, open and person-centred.
- The registered manager was keen to ensure the service belonged to people living there and remained homely and supportive in a naturally kind way. The registered manager was keen to promote person-centred care and to ensure staff respected people as individuals.
- Throughout the day of our inspection there was a relaxed and pleasant atmosphere.
- The management team were committed in providing high quality care and understood their duty of candour.

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

- People who used the service, their relatives and staff, were involved in the home and their views and opinions mattered.
  - The service promoted the involvement of people living at the home. Some people were involved in completing audits in areas such as the dining experience.
  - People and their relatives told us they were provided with opportunities to share their views about the quality of the service. One person said, "We have regular meetings and get forms to fill in often to ask us what we think." Another person said, "We have regular meetings and can say anything. We get lots of information."
- told us they did not know about the meetings and had not received any notes from them.

- The provider had a 'kindness in care' initiative, where staff could be nominated for their kindness.

#### Continuous learning and improving care

- The service had a range of audits which were used to ensure the service-maintained standards expected by the provider.
- The area quality director supported the registered manager and visited the home frequently to complete an audit.
- The home had an overarching action plan which showed issues from all audits had been addressed.
- The registered manager conducted daily walk rounds of the home and out of hours visits to ensure the care and support people received was consistent.

#### Working in partnership with others

- The provider worked in partnership with others to ensure people received optimum care and support.
- Healthcare professionals were requested as required and staff followed the advice they gave to meet people's needs.