

Cuerden Developments Ltd

Swallowfield Garden Care Home

Inspection report

653 Chorley New Road
Horwich
Bolton
BL6 6LH

Tel: 01204916600

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Swallowfield Garden Care Home is a residential care home providing personal and nursing care to 24 people at the time of the inspection. The service can support up to 30 people.

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

Some improvements were required to ensure risks were appropriately assessed and policies were robustly reviewed. We have made a recommendation about how the service assess risk and review their policies. Staff spoke positively about the service and management. The registered manager reported incidents when necessary and completed lessons learned. Staff, service user and relative surveys had been sent out and were in the process of being reviewed. People and staff took part in regular meetings and the service worked in partnership with various organisations and healthcare professionals.

Staffing levels and recruitment practices were safe and medicines were being appropriately managed. Infection Prevention and Control (IPC) measures were in place and were being adhered to and people were safeguarded from abuse. People received the care and support they needed and care plans reflected this. Staff were supported and received appropriate training. Necessary health care referrals were being made, though people needed to be registered with a dentist, which had been made more difficult due to the COVID-19 pandemic. The home had made some adaptations to support people, but further improvements were required.

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.

The service promoted equality and diversity and people were supported to be as independent as possible. People and their relatives was involved in their care, and the service supported people to access advocacy when required.

People were receiving person centred care and care plans detailed people's communication needs. Complaints were being actioned in line with their policy, however the policy needed updating, this was done during the inspection. The service supported people to maintain contact with loved ones in line with guidance during the COVID-19 pandemic. Service users were able to take part in various activities and the home had a dedicated activities co-ordinator. An end of life policy was in place and staff received end of life training.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities which most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were given choices and the service promoted independence where possible. Staff knew people well and person-centred care was being provided. The service was supportive, and staff spoke positively about the manager and told us how they supported people to take part in various activities which was focussed around service user choice.

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

Rating at last inspection

This was the first inspection of a newly registered service.

Why we inspected

This service was registered with us on 31/03/2020 and this is the first 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 the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Swallowfield Garden Care 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.

Service and service type

Swallowfield Garden Care 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 had a manager registered with the Care Quality Commission. This means 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

We gave the service 24 hours' notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 two people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, quality assurance manager, a nurse, senior care worker, care worker, team leader and an activities coordinator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some risks required further assessment. Since the inspection these assessments had been completed to ensure peoples safety.
- Systems and processes were in place to safeguard people from the risk of abuse and necessary safeguarding referrals had been made.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff received safeguarding training and were able to provide examples of what they would report.
- Relatives told us they felt their loved ones were safe. Comments included, "Yes (I feel my relative is safe), if anything happened, they always tell me."
- Accidents and incidents were being recorded and information was shared with staff. We saw lessons learned were taking place, to reduce the potential of re-occurrence.

Staffing and recruitment

- Staffing levels were adequate and recruitment processes were safe.
- We reviewed a sample of staffing rotas and sufficient staffing levels were in place. Staff told us the service had enough staff.

Using medicines safely

- Medicines were safely managed.
- Medicines administration records (MAR's) were in place and were audited monthly.
- Clinic rooms were regularly audited to ensure they were compliant with guidance and best practice.
- Medicines policies and procedures were in place and staff received medicines training.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 and choices were assessed. The care and support people needed from staff had been captured and was recorded within care plans.
- The service encouraged people to make choices and supported them to be as independent as possible.
- The service had an equality and diversity (EDHR) policy in place, and staff completed training in this area.

Staff support: induction, training, skills and experience

- Staff were supported and received appropriate training.
- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- Staff supervisions and appraisals were taking place, but not in line with policy. Since the inspection the service have reviewed their supervision policy to ensure compliance.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with meals and necessary healthcare referrals were made.
- Oral healthcare plans were in place, but people were not registered with a dentist, this was due to the difficulty the service faced during the pandemic in registering the home with a dentist. However, when a person needed dental support, the service accessed an emergency dentist.
- Referrals were made to healthcare professionals as required.
- People's dietary needs were assessed, and any allergies were recorded.
- The service used a company to provide meals, which they believe are nutritionally balanced. They service had audits on food preferences based on taster sessions and they altered their menu to reflect preferences.

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

- Some adaptations had been made to the home to meet the needs of the people living there, including installing a sensory room and fidget boards (fidget boards help stimulate people living with dementia, support hand control, finger dexterity and can help keep people occupied).
- The service supported people who were living with dementia, work was needed to make peoples doors, toilet seats and disability aids more easily recognisable. The registered manager confirmed during the inspection they were in the process of making these improvements.

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, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training and were knowledgeable about MCA and the meaning of this.
- Signed consent forms were in place within care plans. This documented where the person had given their permission to receive care and support from Swallowfield Garden Care Home.
- Staff supported people to make decisions about their care for themselves. They understood the provider policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for service users who might have impaired mental capacity.
- Staff undertook a capacity assessment with all service users.
- There was a clear policy on MCA and DoLS and staff knew where to get accurate advice about MCA.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- Equality and diversity was respected.
- The service had an equality and diversity policy in place and provided staff with dignity training.
- All staff we spoke with told us they would be happy for their relative to live at Swallowfield Garden Care Home.
- Staff supported people to be as independent as possible and respected their privacy and dignity.

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

- People were able to express their views.
- Regular meetings were held involving people, to ensure they were happy with the service being provided.
- Where possible people and their relatives were involved in planning people's care. One relative told us "They update me all the time. Any situation they have had to deal with, or medical advice they have, they always telephone and tell me. I can't fault them."
- The service had accessed advocacy services, to help support people when needed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

Since 2016 onwards all organisations which 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 being met.
- People's care plans detailed their communication needs, and the registered manager understood the need to ensure people were able to access information in a format suitable for them.
- A complaints policy and procedure was available on request, and this explained the process people could follow if they were unhappy with the service they received. However, the complaints policy required updating to ensure this was inclusive of necessary information, this was updated during the inspection.
- A complaints log was maintained, along with details of the responses provided.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities which were socially and culturally relevant to them

- Visitors were being allowed back in the home following recent lock down rules and the service were working in line with current guidance.
- The home was working on improving outdoor space for people to try and encourage and facilitate more outdoor visits. We saw people were involved in the planning of this and the home had made a start on this project.
- One person was supported to complete further education and take part in some administration duties within the home, as this was something they wanted to do.
- The service had an activities co-ordinator who planned and lead on a variety of activities for people living in the home. During our inspection we were able to see baking taking place and some games being played. We were also shown photographs of how the home celebrated special occasions and how people were encouraged to take part.
- People received person centred care which met their preferences.
- Care plans were in place containing information to guide staff about people's health conditions and backgrounds. Care plans were regularly reviewed, was person centred and detailed the persons history, likes and dislikes.

End of life care and support

- The service had an end of life policy in place, which detailed the expectations around this.
- Some older people were asked about their end of life wishes and where agreed, an end of life care plan was in place, however, this was not discussed with everyone. The registered manager told us they would consider how to approach this subject with all people.
- Staff received end of life training and the registered manager told us about how they ensured people had dignity and a person-centred approach during end of life care.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- We identified some minor issues around the governance of the service.
- Some risks required further assessment and some policies required reviewing. These issues have been discussed in more detail in the safe, effective and responsive key questions.
- The audits in place did not identify the issues mentioned above.

We recommend the provider reviews the systems they have in place to ensure risks are appropriately assessed and policies are being robustly reviewed and adhered to.

- Confidential information was stored securely.

Promoting a positive culture which 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; Continuous learning and improving care

- The service promoted a positive culture.
- Staff told us they enjoyed their roles. Feedback about management and leadership was positive. Comments included, "Yes I love my job, I don't have anything I don't like about work. I think it's just so rewarding." And, "Yes (I feel supported), because I have got the help and support I need with the clinical lead, the manager or even the regional manager."
- The provider reported accidents, incidents and concerns to the CQC and the local authority in a timely way.
- A policy was in place to encourage staff to be open and honest when things go wrong, a whistleblowing policy was also in place.
- The provider completed lessons learned for incidents which happened in the service, to ensure continuous learning took place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had regular meetings with the people using the service and we were able to review the notes from these meetings.
- The service engaged regularly with staff to ensure they were up to date with important changes. One staff

member told us, "A meeting for both night and day staff is usually held every month. We do zoom (video) meetings if staff can't come in as well."

- Staff, relatives and service user surveys had been sent out and the responses were in the process of being analysed.
- The service worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.