

Swillbrook Limited

# Swillbrook House Residential Home

## Inspection report

Swillbrook House, Rosemary Lane  
Bartle  
Preston  
Lancashire  
PR4 0HB

Tel: 01772690317

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30 January 2017  
06 February 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection was carried out on the 30 January and 06 February 2017. The first day was unannounced.

Swillbrook House is a large country house in Bartle on the outskirts of Preston. The service is registered to provide personal care for up to 23 older people. The property has a car park and landscaped gardens. There are 15 bedrooms with ensuite facilities and five without ensuite facilities. There are three double bedrooms. Bedrooms are over two floors with a small lift providing access to the upper floor.

There was a manager in place who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of Swillbrook House since the registered provider took legal ownership of the home in December 2015. During the inspection visit we found processes to ensure people's mental capacity was considered were not consistently followed and applications to deprive people of their liberty were not always made to the local authorities as required. We have made a recommendation regarding this.

People who lived at the home told us they felt safe. One person told us, "I feel very safe." Staff were able to explain the actions to take if they were concerned someone was at risk of harm or abuse.

Staff were able to explain their understanding of abuse and the processes to follow if referrals to Lancashire Safeguarding Authority were required. However, we found the processes in place were not always followed in practice. We have made a recommendation regarding this.

We observed medicines being administered and saw this was carried out safely. However we saw documentation in relation to medicines was not always completed accurately. We have made a recommendation regarding the safe management of medicines.

We looked at the systems in place to identify shortfalls at the home and drive improvement. We found that when accidents or incidents occurred, the registered manager reviewed these. We spoke with staff who were able to explain the steps taken to minimise the risk of reoccurrence.

The registered manager carried out checks of medicines, care records and the environment. We found the audit systems in place were sometimes ineffective as they did not identify the shortfalls we identified on the inspection visit. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance.)

We observed care and support being provided and reviewed care records. Care records recorded the care and support people required to maintain their safety.

People told us they were involved in the planning of their care people and care was delivered in the way they wished. People told us they were supported to see health professionals if the need arose and we found this was recorded in care documentation.

We reviewed staff files and found there were processes that helped ensure staff were suitably recruited. Staff we spoke with confirmed checks had been carried out on their suitability for employment prior to starting work at the home.

Staff told us they received training to enable them to fulfil their roles and further training was being planned. Staff told us they were able to meet with the registered manager on an individual basis to discuss their performance. We saw evidence supervisions took place. The registered manager told us they were currently developing a system of formal supervisions.

We discussed staffing with people who lived at the home, the registered manager and relatives. We received no negative feedback. During the inspection we saw people were supported in a prompt manner and we also observed staff spending time with people if they wished them to do so.

People who lived at Swillbrook House told us they considered staff were caring. One person told us, "Staff here are very nice." We observed people being supported with kindness and compassion.

During the inspection we observed activities taking place. We observed people joining in some 'armchair exercises.' We also saw staff sat with people and chatted with them and this was enjoyed by people who lived at the home.

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

People told us they had no concerns with the food at the home. We observed the lunchtime meal and saw this was a positive experience for people who lived at Swillbrook House. Staff gently encouraged people to eat and we saw people enjoyed their meal.

People who lived at the home told us they could speak with the registered manager if they wished to do so. Staff we spoke with also gave positive feedback. They told us they found the registered manager to be approachable and supportive. Relatives we spoke with also told us they found the registered manager to be approachable.

You can see the action we told the provider to take at the back of the full version of the report.

## 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.

Medicines were managed appropriately however documentation did not always reflect the actions taken. We have made a recommendation regarding this.

Staff were safely recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Assessments of risk were carried out and care documentation contained information on how risks were managed.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose, however these were not always followed in practice. We have made a recommendation regarding this.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Systems were in place to support people in line with the Mental Capacity Act 2005, however these were not consistently followed.

There was a training programme to ensure people were supported by suitably qualified staff.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

There was a training programme to ensure people were supported by suitably qualified staff.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

**Requires Improvement** 

### Is the service caring?

The service was caring.

**Good** 

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance systems did not consistently ensure areas of improvement were identified and actioned.

The registered manager consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the manager was approachable and supportive.

# Swillbrook House Residential Home

## Detailed findings

### Background to this inspection

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

This comprehensive inspection was carried out on the 30 January and 06 February 2017 by one adult social care inspector. The first day of the inspection was unannounced. An expert by experience accompanied the inspector on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of the inspection 17 people were living at Swillbrook House. .

Prior to the inspection visit we reviewed information the Care Quality Commission (CQC) holds about Swillbrook House. This included any statutory notifications, adult safeguarding information and comments and concerns. In addition we contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

As part of the inspection visit we spoke with six people who lived at the home and one relative. In addition we spoke with three relatives by phone. We spoke with the registered manager of Swillbrook House, the registered provider, the chef, the maintenance person and five care staff. We also spoke with a health professional who visited the home. We walked around the home and spent time in the communal areas. This allowed us to observe the interactions between people who lived at the home and staff.

We looked at a range of documentation which included seven care records and three staff files. We also looked at staff rotas and health and safety documentation. As part of the inspection we viewed a sample of medication and administration records.

# Is the service safe?

## Our findings

We asked people who lived at the home if they felt safe. People told us, "I'm safe here." And, "I feel very safe." Relatives we spoke with raised no concerns regarding the safety of their family member. One relative told us, "I've never gone to bed worried." A further relative told us, "I've no issues with [Family members] safety."

We spoke with staff to check their understanding of safeguarding. Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. Staff said they would immediately report any concerns they had to the registered manager, or to the local safeguarding authorities if this was required. One staff member told us, "[Registered manager] would report any concerns to safeguarding." We were informed the contact number for the safeguarding authorities was displayed in the office. During the inspection visit we noted this was so. This enabled staff to report any incidents to the local safeguarding authorities without reliance upon the registered manager.

During the inspection visit we viewed an incident form which recorded a person had fallen. We saw they had sustained an injury. We asked the registered manager if they had reported this to the Lancashire Safeguarding Authorities to enable further investigations to be carried out as required. The registered manager informed us they had not and this was an oversight on their part. Prior to the inspection concluding we were informed this had been completed.

We recommend the service seeks advice and guidance from a reputable source regarding the referral of safeguarding matters to the Lancashire Safeguarding Authorities.

We reviewed care records and saw risk assessments were carried out to identify risks. Care records contained information to instruct staff on how to manage these risks. For example, we saw one person needed bedrails to maintain their safety whilst they were in bed. We visited the person in their room and saw the equipment was in place. Staff we spoke with were able to explain the person's needs and the reasons for the support the person required. This demonstrated staff were knowledgeable of the risks identified and how to suitably address these.

We checked to see if medicines were managed safely. We observed medicines being administered. We saw the staff member concentrated on their duties and checked the medicines administration record (MAR) and the medicine prior to administering medicines. We noted the staff member consulted with people and the MAR record was signed when people had taken their medicines. This helped ensure the risk of errors were minimised.

We viewed an audit which had been completed by a registered manager from another of the registered providers' homes. We saw areas of improvement had been identified. For example we saw suitable storage had been identified to ensure controlled drugs were safely stored. Controlled drugs are medicines that are subject to specific storage requirements to prevent their misuse. We also saw the audit had identified that

'prn protocols' were required. Prn medicines are medicines that are administered to people on an as required basis. During the inspection we saw the registered manager was in the process of completing 'prn protocols' and we saw arrangements being made for the safe storage of controlled drugs. Prior to the inspection concluding we saw these actions had been completed.

We checked a sample of MAR. Overall we found the quantities of medicines and the MAR records matched. This indicated people received their medicines as prescribed. We identified one occasion when the medicine did not match the amount specified on the MAR. We informed the registered manager of this. The registered manager carried out an investigation and prior to the inspection concluding we were informed of the outcome. We were informed the medicine had been returned to the pharmacy and the MAR sheet did not reflect this. We saw evidence this was the case. The registered manager told us they had discussed this with the staff member responsible to help prevent a reoccurrence and we saw documentation which evidenced this.

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

We looked at staff files to check suitable recruitment processes were in place. We saw appropriate recruitment checks were carried out before a person started to work at the home. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and references were sought for each new employee.

We discussed staffing with people who lived at Swillbrook House. People told us they were satisfied with the staffing provision. One person commented, "I think there is enough staff on duty" Relatives we spoke with raised no concerns. One relative commented, "I've never gone in and felt there weren't enough staff." We carried out observations during the inspection. We timed three call bells and saw this was answered promptly. We saw staff spent time with people and sat with them and chatted.

We asked the registered manager of Swillbrook House how they ensured there were sufficient numbers of staff available to meet peoples' needs. They told us rotas and annual leave were agreed in advance. They explained this helped ensure there were sufficient staff available to support people. We were also told if extra staff were required due to a person's needs or unplanned leave, additional staff were provided. We viewed one week's rota and saw staffing levels were consistent with the manager's explanation and the assessed needs of people who received care and support. One staff member told us staffing had been increased to meet the needs of people who lived at the home. They explained it had been identified that additional staff were required in the evening time. We discussed this with the registered manager. They confirmed this was the case.

We discussed how staffing was arranged with the registered manager. They told us they did not use a formal assessment tool to inform their decision on the numbers of staff provided. They sought feedback from staff, people and relatives and in addition reviewed people's individual needs. They further explained they carried out observations to ensure people were being supported in a timely manner.

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure in place and the help and support each person would require. We noted there were no Personal Emergency Evacuation Forms (PEEPS) in place. These are forms that document the specific needs of people in the event of fire. For example, if people require support to mobilise, have difficulty hearing, or speak another language.



During the inspection we noted a fire escape on the upper floor could be opened freely. This placed people at risk of falling. Prior to the inspection concluding we saw a "break glass bolt" had been fitted. This restricted people from opening the door and entering the fire escape. We also noted a security bolt had been fitted to the front door of the home. We asked the maintenance person if this door was a fire exit as there was no sign to indicate this. They confirmed it was. Prior to the inspection concluding we were informed a fire exit sign had been displayed and the bolt removed. We walked around the home and could not see a plan of the layout of the home. Prior to the inspection concluding we saw a plan of the layout of the home was displayed. Following the inspection we informed the Lancashire Fire and Rescue Service of our findings.

We recommend the service seeks and implements best practice guidance in relation to fire safety.

We looked at a range of health and safety documentation. We found agreements and checks were in place to ensure equipment and services were maintained safely. We noted window restrictors were fitted and a keypad was fitted to the front door. This helped ensure peoples' safety and security. We observed the door from the dining room was left unlocked during the day. We noted this led to a garden area which had a fence around it. The fence could be climbed through due to its design. We asked staff how they managed the risk of people leaving or of unobserved entry from unauthorised persons. Staff told us the door was observed by the catering staff during the day. They further explained that if catering staff were not in attendance, they would observe the door and the door was locked at night. We saw a risk assessment which documented this. We discussed this with the registered provider. They told us they were confident in the control measures in place.

We walked around the home. This enabled us to view communal areas and private rooms to review the environment people lived in. We found some areas of the home would benefit from redecoration. For example, we saw the downstairs corridor had scuffs on some doors. We were informed this was being redecorated. We saw work on this area starting prior to the inspection concluding.

We noted that some areas of the home were malodorous. On the first day of the inspection we noted a downstairs corridor, two bedrooms and a downstairs toilet were malodorous. We also noted the toilet was in need of redecoration. We discussed this with the registered provider. They explained that since taking legal ownership of the home they had completed urgent tasks such as ensuring the roof was safe and secure. They further explained they had identified improvements were required and would ensure all bedrooms were refurbished as they became vacant. In the interim, they had purchased a carpet cleaner to ensure carpets were cleaned. We observed cleaning taking place during the inspection. We saw schedules were in place to ensure areas were cleaned. The registered manager told us they were currently recruiting a full time housekeeper to ensure the cleaning schedules were completed.

We visited a room which had been refurbished. We saw this was clean with no odours. The registered provider said they were committed to ensuring the decoration and facilities at the home were improved upon. They showed us plans they had developed to improve the home.

During the inspection process we received information of concern that there was no personal protective equipment at the home. This is equipment used to help prevent the risk and spread of infection. For example, gloves, aprons and disposable wipes. We observed staff using gloves and aprons when supporting people with personal care. We also saw stocks of these were available at the home. We discussed the use of disposable wipes with the registered manager. They told us these were not usually provided. They explained that cloth flannels were used and washed. The registered manager informed us they would discuss the purchase of disposable wipes with the registered provider. We referred the registered provider to the

Lancashire Infection Prevention Control team for further advice and guidance.

We recommend the service seeks and implements best practice in relation to infection control practices.

## Is the service effective?

### Our findings

We spoke with people who lived at Swillbrook House to ascertain their views on the care provided. One person told us, "I'm looked after well." A further person told us they had seen the doctor. They said, "I saw the doctor and they gave me antibiotics. I was looked after really well by the girls." Relatives we spoke with told us, "My [family member] has regular GP visits. The home are excellent at spotting if [my family member] is poorly." We viewed documentation which demonstrated people received timely referrals to other health professionals as required. For example, we saw appointments were made for people to see doctors and district nurses as their needs changed. We spoke with one visiting health professional. They voiced no concerns regarding the care and support provided by the home.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We asked relatives if they were involved in decisions that were required to be made in relation to their family members care. All the relatives we spoke with confirmed they were. We were told, "I'm always consulted." And, "I'm fully involved."

We reviewed care records to check how peoples' capacity and decision making was addressed and recorded. The registered manager told us they did not carry out mental capacity assessments. They explained these were carried out by other health professionals, for example by social workers or doctors. We reviewed four care records and saw people who lived at the home had received a routine vaccination. In the care records we viewed we saw no mental capacity assessments had been carried out to ascertain if people had the mental capacity to consent to the vaccination being given. We discussed this with the registered manager. We were informed they had discussed this with the attending doctor and the decision to administer the vaccine had been made in peoples' best interests. The registered manager informed us they would complete mental capacity assessments and document best interests decisions in the future.

We recommend the service seeks and implements best practice in relation to the assessment of mental capacity and the documentation of best interest decisions.

During the inspection visit we noted two people without mental capacity had equipment in place to minimise the risk of falls. We visited the people and saw the equipment was in place. Staff confirmed this was to minimise risk and maintain their safety. One person received support in a bed with bedsidings. This was required to prevent them from falling. A further person required an alert mat to be in place beside their bed. This is mat that sounds an alarm when stepped on. Staff told us they would hear the alarm and attend the room to support the person and minimise the risk of the person falling. We checked to see if DoLS

applications had been made. In the files we viewed we saw no evidence that DoLS applications had been made in relation to the specific restrictions in place. We spoke with the registered manager. They confirmed with us they had not completed the required DoLS applications in relation to the equipment in place. Prior to the inspection concluding we saw evidence the required DoLS applications had been made to the Lancashire Local Authorities.

We recommend the service reviews and implements good practice guidelines in relation to the DoLS application process.

Care files contained contact details of people who were important to those who received care and support from Swillbrook House. We saw details of doctors and relatives were recorded to enable contact to be made as required. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the registered manager and other health professionals. Staff we spoke with were aware of the action to take if a person became unwell. We saw documentation which evidenced people were referred to other health professionals if the need arose. For example, we saw evidence of involvement with doctors, physiotherapists and district nurses were recorded in the care records.

Documentation we viewed also evidenced people were supported to eat and drink sufficient to meet their needs. We saw people's weight was monitored to ensure their dietary needs were considered as part of the care planning process. We noted preferences were taken into consideration. For example, we saw people's favourite foods were recorded.

During the inspection process we received information of concern that the food provided was of poor quality and there were insufficient stocks of food at the home. We discussed this with the chef. They told us they ordered food stocks on a weekly basis and we saw documentation which evidenced this. We viewed the stocks at the home and considered there was sufficient food available. We saw there were tinned and dried goods available and there was also fresh salad and frozen vegetables. Freezers contained joints of meat as well as a range of 'value' products. People we spoke with commented positively on the meals they received at the home. Comments we received included, "I can have as much as I want and I often want more because the food here is good." Also, "You saw what I had for dinner, it was well cooked and I enjoyed it."

We observed two lunchtimes during our inspection visit at Swillbrook House. We saw people were encouraged to eat until they were satisfied. Staff offered people second helpings of the main meal and the pudding. We noted drinks were available throughout the meal. During the inspection we saw biscuits and snacks were freely available and offered to people throughout the day. Relatives we spoke with raised no concerns regarding the food. We were told, "The food is very good, [family member] enjoys the roast dinner." And, "[Family member] likes all the food here."

We asked the registered manager to explain the training staff received at Swillbrook House. We were told staff received an induction prior to starting to work with people who received care and support. They told us they had identified gaps in the training provision at the home and were meeting with staff to discuss this. We saw documentation which evidenced this.

We viewed the training matrix provided and saw there were gaps in the training provided. For example, we saw that no staff had received training in the Mental Capacity Act 2005. In addition we saw gaps in infection control training. We discussed this with staff. Staff told us they had been verbally informed by the registered manager that they should complete the online training provided. They confirmed they were aware there were gaps in the training and they were currently completing online training. Staff told us they were aware that further training was currently being arranged in other areas such as 'End of Life' care and medicines

training.

We recommend the service seeks and implements best practice guidance in the management of staff training requirements.

We asked staff if they received supervisions with the registered manager. These are one to one meetings where staff discuss their performance and any training needs. Staff explained these had not previously taken place until the registered manager started their role at the home. Staff were positive regarding the meetings they had with the registered manager. One staff member commented, "Those meetings give us a chance to see how I'm doing." We saw documentation which evidenced these supervision sessions took place.

## Is the service caring?

### Our findings

People who lived at the home were complimentary of staff. We were told, "Staff here are very nice." And, "I can't fault them." A relative we spoke with commented, "Carers genuinely care about [my family member]." And, "Staff are very good."

People we spoke with told us they could speak to the registered manager or staff if they had suggestions or comments to make. One person told us, "[Registered manager] asks how I am, if I'm happy all the time. I am so I can't think of any ways to change things." Another person commented, "Even the chef asks if I want to see other things on the menu. I'm asked if everything is alright."

Relatives we spoke with also confirmed they could speak with the staff or registered manager if they had comments to make. One relative told us, "I can speak to [Registered manager] anytime. She's open to suggestions." A further relative told us, "I often talk to the staff about [my family member]. They care about [my family member] and want what's best for [my family member]."

We found staff were caring. We observed staff talking with people respectfully and offering reassurance. For example, we noted one person couldn't decide what to have for lunch. We saw staff sat with them and explained the choices available. They showed them the meals and enabled them to choose for themselves. We also saw a staff member supporting someone with their mobility. We saw the staff were gentle with them and gave encouragement and praise. We heard the person say, "Thank you, I feel better when I know I'm doing ok." This demonstrated staff were caring.

Staff encouraged conversation and interaction. We observed staff helping one person to read a book, this resulted in a conversation about preferred reading material. We also noted staff knew what was important to people. For example we observed a conversation where staff spoke with people about their family members and friends. This was enjoyed by people who spoke warmly about their relatives and memories.

Staff spoke affectionately about people who lived at the home. One staff member told us, "Everyone here is a person, not just an old person." A further staff member said, "As long as I can keep people smiling I'm happy. It makes them happy."

We asked people who lived at Swillbrook House if they felt staff understood them and their individual needs. People told us they did. Comments we received included, "Oh yes, they know me better than I know myself." And, "They know what I like and don't like." A further person said, "I rather them not sitting with me. Staff know this and appreciate my wishes."

Relatives we spoke with also told us they felt staff knew their family members individual needs. One relative said, "They know [my family member] inside out." A further relative commented, "Staff know [my family member]. They accommodate [my family members] personal routine and preferences."

We discussed the provision of advocacy services with the registered manager. We were informed there were

no people accessing advocacy services at the time of the inspection, however this would be arranged at people's request.

During the inspection visit we noted staff took care to respect people's privacy and uphold their dignity. For example, we observed bathroom doors were closed when personal care was delivered. We saw staff knocking on people's doors prior to entering their rooms. One person told us, "They never forget to close my curtains when they're helping me."

## Is the service responsive?

### Our findings

People who lived at Swillbrook House spoke positively about the care and support they received. People told us, "I only have to ask for a doctor and they make an appointment." And, "Staff sort all that out."

We found care records contained information from other health professionals to help ensure people received the care and support they required. For example, we saw one person required a specific diet. Information was contained within the care record to communicate this to staff. On the day of the inspection visit we saw the person received the diet they required. Within the care documentation we viewed we found evidence people who lived at the home and those who were important to them were consulted and involved whenever possible. We saw people's social histories, hobbies and interests were documented. This meant staff had access to information to enable them to gain an understanding of peoples' needs and preferences.

People we spoke with told us their personal preferences were respected. One person said, "If I don't want to get up I stay in bed. Staff don't hassle me." A further person explained, "I like my own space. Staff tell me what's on in the day but leave me be if I don't want to join in."

We discussed activities with the registered manager. They told us external entertainers attended the home and members of the local church also visited to enable people to practice their faith. One person told us they were reminded by staff that activities took place, but chose not to attend. They commented, "I can't be doing with all that". A further person said, "The singers are good." On the first day of the inspection we observed armchair activities taking place. We saw staff reminded people of the activity and encouraged people to participate. We saw this was enjoyed by people who lived at Swillbrook House. Relatives we spoke with told us they were aware activities took place.

We found there was a complaints procedure which described the response people could expect if they made a complaint. Relatives we spoke with told us they were aware of this. We were informed by the registered provider they had not received any formal complaints at the time of the inspection visit. People told us if they had any complaints they could complain to staff at the home. One person told us, "Can't think of anything to complain about, but I would." A further person commented, "No complaints from this corner."

Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager. This demonstrated there was a procedure, which staff were aware of to enable complaints to be addressed. None of the relatives we spoke with had any complaints at the time of the inspection.



## Is the service well-led?

### Our findings

Relatives we spoke with told us they felt the home was well-led. Relatives said they considered the home was well organised. They said they could approach the registered manager if they needed to discuss anything with them. One relative commented, "I think it's well run." A further relative commented, "I'm very comfortable and confident in [Registered Manager.] In addition we were told, "The Manager goes out of her way, over and above."

We spoke with staff and asked them their opinion of the leadership at Swillbrook House. Staff told us they found the manager to be approachable and supportive. Staff commented, "I can talk to [registered manager] about anything." And, "If I need to speak to [Registered manager] she makes time for me." Staff told us staff meetings took place to enable information to be shared and any changes discussed. Staff confirmed they were aware of these and had the opportunity to attend. One staff member said, "I like the staff meetings. We get a chance to have our say. We can discuss anything and change things for the better." We reviewed documentation which evidenced staff meetings took place.

We asked the registered provider and registered manager what audits were carried out to ensure a high quality of care was achieved. We were told that a range of audits had been introduced. For example, environmental audits were carried out and we saw evidence of this. In addition audits on care records, medicines, accidents and incidents were carried out. The registered manager said extra checks were carried out. The registered manager and registered provider explained they visited the home at night to carry out unannounced night time checks.

We reviewed a sample of the audits completed and discussed these with the registered manager. The registered manager told us they had introduced a collection of audits to enable them to monitor key areas of the home. They were able to explain the action they took in the event of shortfalls being identified. For example, if improvements were required in the cleanliness of the kitchen or medicines management, these were discussed with staff to ensure the risk of reoccurrence was minimised. Staff we spoke with confirmed the registered manager gave them feedback following the audits being completed. However we noted that the completed audits did not cover all areas of the home. For example there was no audit in place to ensure peoples' consent was considered and appropriately documented, that DoLS applications to the Lancashire Local Authorities were submitted as required or that referrals were made to the Lancashire Safeguarding Authorities. In addition the audits in place had not always identified the improvements required in the management of infection control practices.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) as quality assurance systems were not established and effectively operated to assess, monitor and mitigate risks and improve the service provided.

We asked the registered manager how they enabled people and relatives to give feedback on the service provided. We were told that in addition to verbal feedback, surveys were periodically carried out. This was in order to obtain the views of people who received care and support and their relatives. We saw evidence this

took place. People and relatives we spoke with confirmed they had access to a survey, and were able to speak with the registered manager if they had any comments to make.

The registered manager told us they were arranging a formal meeting with relatives and people who lived at the home. They explained this would enable them to hold open collective discussions and gain further feedback.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not established and effectively operated to assess, monitor and mitigate risks and ensure improvements were made. Regulation 17 (1) (2) (a) (b)