

Swillbrook Limited

Swillbrook House Residential Home

Inspection report

Swillbrook House, Rosemary Lane
Bartle
Preston
Lancashire
PR4 0HB

Tel: 01772690317

Date of inspection visit:
10 May 2022
11 May 2022

Date of publication:
20 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Swillbrook House Residential Home is a residential care home providing personal care to up to 23 people. The service provides support to people who may be living with dementia and/or a disability. At the time of our inspection there were 15 people using the service.

Swillbrook House is a large country house in Bartle on the outskirts of Preston. The home has a car park and landscaped gardens. Bedrooms are over two floors with a small lift providing access to the upper floor.

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

People told us they felt safe and they were supported by staff who helped them quickly if they needed this. One person commented, "I love it, it's my home. I feel safe here yes I do." A further person said, "I can't imagine living anywhere else." Checks were completed to help ensure prospective staff were suitable to work with people who may be vulnerable and staff had completed training to support their skills and knowledge. Risk assessments were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed.

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 were cared for in a safe, clean and homely environment by staff who were caring and knew people's need and wishes. Medicines were managed safely, and care records contained person-centred information to guide staff on the care and support people had agreed to.

People were consulted and asked their views on the service provided. Checks and audits were carried out to identify what had gone well, or if improvements were required. Action was taken to improve the service if this was required. People told us they were happy at the home and were confident any comments or complaints they made would be listened to. One person commented, "I haven't got any complaints." Staff told us they felt supported by the manager and nominated individual and they were able to approach them if they needed support and guidance.

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 requires improvement (published 07 July 2021).

At our last inspection we recommended that the provider implemented best practice in relation to the safe management of medicines, the management of individual risk and recording of recruitment information. At this inspection we found the provider had sought best practice information and improvements had been

made. Medicines were managed safely, individual risk was consistently assessed, and recruitment information was complete and well documented.

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

We carried out an unannounced focused inspection of this service on 05 and 18 May 2021. We made recommendations to support improvement.

We undertook this focused inspection to check improvements had been made. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Swillbrook House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Swillbrook House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post. There was a manager in post who was completing the process to become registered with the CQC.

Notice of inspection

This inspection was unannounced. Inspection activity started on 10 May 2022 and ended on 12 May 2022. We visited the location's office on 11 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided, in addition we spoke with two relatives. We spoke with seven members of staff including the provider, nominated individual, manager, care workers, the chef and housekeeping staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Staff administered medicines to people when they needed them.
- Arrangements were in place to ensure medicines that required refrigeration were stored safely.
- People were supported to take their medicines in a person centred way.
- The provider ensured staff received training and their competency to administer medicines was assessed.

Assessing risk, safety monitoring and management;

At our last inspection we recommended the provider consider current guidance on the management of individual risk and review their practice. The provider had made improvements.

- The provider had introduced an electronic record system and this included appropriate risk assessments. For example, risk assessments in nutrition, skin integrity, falls and the use of equipment were completed and reviewed. Guidance for staff to follow was available with the risk assessments.
- Information on the help people needed to leave the home in the event of an emergency was available to guide staff so people could be safely evacuated if this was needed.
- During the inspection we saw external contractors visited the home to service equipment. Documentation showed service contracts were in place to help ensure equipment remained safe.

Staffing and recruitment

At the last inspection we recommended the provider seeks and implement best practice information on the recording of information in relation to employment records.

- We reviewed three recruitment records and found criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. If gaps in employment were identified, reasons for this were explored with prospective employees and documented.
- People and staff told us there were enough staff to meet people's needs. One person told us, "They come quickly if I ring my bell." A second person commented, "Staff are brilliant. Nothing's too much trouble, they will help you." Staff raised no concerns with staffing arrangements and said they had enough time to support people.

- The provider ensured staff received an induction on starting work at the home. A variety of training was provided to help ensure staff had sufficient knowledge and skills to provide appropriate care.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe. One person told us staff checked their wellbeing at night and this helped them feel safe. A further person told us, "I feel safe here, yes I do." A relative told us they considered their family member to be safe. They said, "I know [family member's] safe and well looked after."
- Staff told us they had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they would raise concerns with the manager, the nominated individual, and with external safeguarding authorities if this was required.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- Reviews of incidents and accidents had taken place and action was taken to minimise the risk of reoccurrence.
- Staff had referred people to health professionals if analysis of risk indicated specialist advice was required.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Arrangements were in place to enable people to have visitors. Risk assessments were carried out and testing for Covid-19 took place in line with current government guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Continuous learning and improving care

- The provider had a management team in place to drive improvement. The manager was supported by the nominated individual. Staff told us the manager and nominated individual were approachable and they could raise any concerns or ideas with them. One person who lived at the home told us they considered improvements had been made. They said, "This is a good home now, because we have a good manager." A relative said of the manager, "I can ring her anytime and she has time to speak to me."
- The provider carried out a range of checks and audits to assess what was going well and where areas required improvement. Changes were made if this was needed.
- Information from audits and checks were shared across the providers other locations to support improvement. During the inspection, a meeting with the nominated individual, provider and managers employed by the provider was held. This took place to share knowledge and success. The manager told us they were supported by the nominated individual to make changes. For example, a current review was taking part of the information held and shared with catering staff about people's specific dietary needs.

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

- People told us, and we saw documentation which showed people were enabled to share their views on the service. Surveys were provided and feedback analysed to identify what was going well and what needed to improve. We viewed the surveys provided and saw overall; positive feedback had been provided. Action had been taken to make improvements whenever possible.
- The nominated individual, provider and manager engaged with staff. Staff told us meetings were held with them to discuss changes and to share their views. During the inspection a meeting took place and staff gave feedback on training arrangements. The feedback was considered by the nominated individual and provider and changes were made to enable training to be completed in an efficient and timely way.

Working in partnership with others; 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

- Documentation showed staff and the management team worked with a range of other health professionals to help ensure people received person centred support that met their needs.
- Documentation showed investigations were carried out if these were needed, and apologies were made if things could have been done differently.

