

# Sweyne Healthcare Limited







# Sweyne Court

## Inspection report

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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?	Good	

### Overall summary

This inspection took place on 11 March 2015.

Sweyne Court provides personal care and accommodation for up to 43 older people who may be living with dementia. There were 33 people living in the service on the day of our inspection.

There was a manager in post who was in the process of registering with CQC. 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.

People were safeguarded from the risk of harm and abuse. The staff and manager knew about safeguarding procedures and had applied them appropriately. Staff had managed risks to people’s health and safety well. People received their medication as prescribed. There were safe systems in place for receiving, administering and disposing of medicines.

# Summary of findings

The service had good recruitment practices and employed enough staff to meet people's assessed needs. Staff demonstrated the knowledge and skills needed to carry out their work. They received an induction and ongoing training and support.

The manager had a good knowledge of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS.) DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to have sufficient amounts of food and drink to meet their needs. Risks to their health and safety had been assessed and the service had made plans for how they were to be managed.

People's care needs had been fully assessed and planned for. The care plans provided staff with sufficient information about how to meet people's individual and diverse needs and preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed. Staff were caring, they treated people with dignity and respect and offered them choice and control over their lives.

People knew how to make a complaint and were comfortable in doing so. Complaints had been dealt with appropriately.

There were effective systems in place to monitor the quality of the service. The manager had sought the views of all of the relevant people and they had analysed the information that they received and made improvements as a result of the feedback.

# Summary of findings

## 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 safe.

People were safeguarded from the risk of harm and abuse because the staff and manager had a good knowledge of safeguarding procedures and how to apply them.

Risks to people's health and safety had been well managed.

People received their medication safely from staff who were trained and competent to administer medication.

Good



### Is the service effective?

The service was effective.

People received a support from staff who were well trained and supervised. They received sufficient amounts of food and drink and their healthcare needs were met.

Good



### Is the service caring?

The service was caring.

People felt well treated and were offered as much choice and control over their lives as possible.

Staff were kind, caring and respectful.

Good



### Is the service responsive?

The service was responsive.

The care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure and complaints had been dealt with appropriately.

Good



### Is the service well-led?

The service was well-led.

People, their visitors and staff were very complimentary about the manager and the improvements they had made.

The service had effective quality monitoring systems in place to ensure that standards were maintained.

Staff understood their role and were confident to question practice and report any concerns.

Good



# Sweyne Court

## Detailed findings

### Background to this inspection

We carried out this 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 inspection took place on 11 March 2015 and was unannounced. The inspection team consisted of 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.

Before the inspection visit we reviewed information we held about the service, including any notifications received since the last inspection. A notification is information about

important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with 13 people who used the service, seven relatives, the manager, the deputy manager, nine members of staff and one health and social care professional. We reviewed four people's care records and three staff recruitment files. We also looked at a sample of the service's policies, audits, staff rotas, complaint records and training records.

# Is the service safe?

## Our findings

People told us they felt safe and secure living in Swayne Court. One person said, “I could not have found a better place. I feel safe and secure here.” Another person said, “I feel perfectly safe and at home here.” All of the relatives who we spoke with said the service provided a safe environment for their loved ones.

The manager and staff demonstrated a good knowledge of safeguarding procedures. Staff were able to explain the actions they would take if they suspected abuse. Staff told us that they had received training in safeguarding people and that they had received regular updates to refresh their knowledge. One staff member said, “If I had any concerns about safeguarding someone I would report them immediately and make sure that the person was safe.”

Staff managed risks to people’s safety effectively; for example, one person required the help of two members of staff to support them to transfer from their wheelchair to an armchair. The person became agitated and physically challenging, the staff supporting them remained very calm whilst patiently explaining what was happening, reassuring the person at every stage. There were detailed risk assessments for all areas of risk such as for people’s personal risks and for environmental risks. There were clear management plans in place for how the risks were to be managed. They had been kept under review and regularly updated.

There were sufficient staff on duty to meet people’s assessed needs. People received prompt and appropriate

care. The manager told us that staffing levels were adjusted when necessary to meet people’s changing needs. They and the deputy manager worked supernumerary so if there were any staff shortages they would work alongside care staff on a shift. Staff told us that they would generally cover for sickness by swapping shifts or working overtime rather than have agency staff. The duty rosters showed that the identified staffing levels had been maintained consistently over recent weeks and that they had often been exceeded.

There was a good recruitment process in place. Potential staff were interviewed for their suitability and had supplied written references and a criminal records check with the Disclosure and Barring Service (DBS) before starting work. Staff told us that the recruitment process was thorough and that they had a full induction before working unsupervised.

People received their medication as prescribed. They told us that the staff managed their medication for them. One person said, “Staff look after my medication because I cannot look after it myself.” We observed staff administering medication and they did so in an appropriate manner. They explained to people that it was time for their medication and ensured that the person had a drink of their choice and they checked to ensure that the person had taken their medication before leaving them. Medication was appropriately stored and there was a clear audit trail of medication received, administered and returned to the pharmacy. Staff had received training and their competence to administer medication had been regularly assessed.

# Is the service effective?

## Our findings

People told us that they received an effective service. One person said, “The staff know what I need and are very good at making sure that I get it.” Another person said, “I think the staff know what they are doing. They are very good and I think they get a lot of training.”

Staff told us that they felt well supported. They said that they had regular one to one sessions with their manager where they were able to discuss anything related to their employment. They told us that they had discussed their training and development needs and any areas of concern about their work. The supervision records confirmed this.

Staff told us that the training was good and that it provided them with the skills to meet people’s needs. We observed good staff practices and training records showed that staff completed a range of suitable training courses. Staff told us that they had refresher training to ensure that their knowledge was updated.

Staff and managers understood MCA and DoLS and knew when to apply it. The manager had made DoLS applications for those who required them and had monitored their use. They had a system in place to identify when DoLS authorisations required renewing. There were mental capacity assessments in place and people and their relatives had been fully involved in the process. We observed staff practice throughout the day and saw that people were asked for their consent at all times; for example staff asked people if they wanted to do an activity and they respected their decision when they did not want to do it.

People were supported to have sufficient amounts to eat and drink. Lunch was a pleasant, social experience and people were very complimentary about the food. One person said, “The food here is very good, you couldn’t get much better I don’t think.” Another person said, “I look forward to mealtimes, there is always a good choice of meals.” Nutritional assessments had been carried out to identify people at risk and additional food supplements had been provided where necessary. A new system was being trialled where for three days a week the main meal was served at tea time and a light meal served at lunchtime. People told us this was working well and staff agreed that the trial had worked well because people slept less in the afternoon and much better at night as a result of the change. The prospect of increasing this would be discussed with people and their relatives before any decision was made.

People were supported to keep healthy. People and their relatives told us that staff noticed if they were not well and would call the doctor or another appropriate health professional without delay. One visiting relative told us, “I am grateful for the home’s efficiency. I only wish I could see my doctor as promptly as my relative does here. The doctors here come out very quickly, which stops issues becoming worse.” The care records showed that people’s healthcare needs were met and advice and guidance had been sought when necessary from opticians, dentists, dementia specialist and local nursing services.

# Is the service caring?

## Our findings

People told us that the staff were kind and caring. One person said, “The staff are wonderful. You would have to go a long way to find better staff than those here. I feel incredibly lucky.” One visiting relative told us, “Staff showed very high levels of kindness and compassion.”

Staff delivered a high standard of kind and thoughtful care. One person who appeared to be despondent was supported to help staff with the washing up, their mood immediately improved when they worked alongside staff who took the time to explain the activities at a pace that was appropriate for the person. Staff took their time, whilst carrying out their work to talk with people; for example when a domestic member of staff was re-hanging some curtains in a person’s room, they took the time to stop and speak with the person. They discussed what they were doing and had a detailed conversation with them.

People were supported to maintain their appearance to their expected standards. One person told us, “I like to have my hair done, wear my jewellery and keep my nails polished. It makes me feel better.” One visiting relative told us, “My relative always looks smart and well cared for and that makes such a difference to me.”

Staff treated people with dignity and respect. They clearly understood that their approach had to be altered for different people and we saw a genuine sense of rapport at all times. Staff listened to people and spoke to them

respectfully. One staff member said, “I am employed to protect and care for people, this is a good home and I am proud of it.” Another staff member told us, “We all want to make a difference. We are a good team and want to do the best for people. That is what makes it such a worthwhile job.”

People had been asked for their views, preferences and opinions about how and where they spent their time. They told us that they were involved in making decisions about their every-day lives, such as when they wanted to go bed and when they wanted to get up, what they wanted to eat and drink and what activities they wanted to participate in.

We saw that people were encouraged and supported to make choices; for example one person told us that they didn’t like showers because they didn’t like the feeling of water falling on them. They said that the staff always made sure that they were offered a bath instead of a shower. Another person said, “I choose whether to join in when we have activities. I like the singing but I am not keen on the games.”

People had access to advocacy services and we saw that a leaflet was displayed on the notice board. Advocates support people to have an independent voice and enable people to express their views. Relatives told us that they were always made to feel welcome. They said they had good relationships with staff and we observed several positive conversations between staff and visitors.

# Is the service responsive?

## Our findings

People told us that staff respected their views. They said that staff always asked them for their permission before any activity took place. We saw that people's views, wishes and preferences were listened to and respected throughout our visit and staff responded quickly to people's needs.

People and the relatives had participated in pre-admission assessments that had been undertaken before they moved into the service. The assessments were detailed and informative and included information about people's personal care needs and preferences, their mobility and their social and emotional needs. Care plans had been devised from the pre-admission assessments and they contained updated information because they had been regularly reviewed to ensure that they continued to inform staff of people's changing needs. People and their relatives were involved in the process as much as was possible. The care plans viewed were person centred and catered for people's individual personal needs.

People had been encouraged to participate in activities of their choosing; for example one person enjoyed baking cakes and biscuits because it brought back memories of good times in the bakery where their spouse had worked as a baker. Staff told us that the person loved joining in with baking sessions. Other people told us about their interests in the past and there were 1930's scrap books available as a reminder of days gone past as well as other interesting books such as for gardening and house plants. On the day

of our visit people were singing along happily to the karaoke. The words of the songs were displayed on a large television screen for those who needed to be reminded. The activities member of staff was lively and engaging and moved around the lounge involving different people. We noticed that even people who had appeared disinterested at first had joined in when they sang with them.

Some staff had worked in the service for many years and they knew people well. One visiting relative said that their relative had the same key worker for eight years and during that time their health and eyesight had deteriorated. They said that even though their relative was now very frail, they recognised their key worker's voice and they said that this was a comfort to them. Care plans provided staff with good up to date information about how to care for people safely. One staff member said, "I have known people for a long time and I see how they change over the years and the care plans are always altered to meet the changes."

Complaints had been dealt with swiftly and appropriately to the complainant's satisfaction. People and their relatives told us that the service was very 'open' and that they were happy to raise any concerns with staff and the management. One person said, "I always feel listened to. If I ever have problems or concerns I go straight to the manager, who is very approachable and receptive." The service had policies and procedures in place for dealing with concerns and staff told us that they would report any concerns to the manager.

# Is the service well-led?

## Our findings

People, their relatives and staff had participated in regular meetings to discuss the development of the service. They told us that the manager was very open and that they felt comfortable discussing any issues with them. Staff confirmed that that culture of the service was open and transparent. They said that they were well supported by the manager and that they were always available for advice and guidance. They told us they were confident that they would be supported to raise any issues of concerns and that there was a whistle blowing policy in place for them to follow.

The service had an effective quality assurance process. The last customer satisfaction survey took place in July 2014. People said that they liked the food, the staff and the activities. They said they enjoyed going to church on a Sunday and sitting in the garden. Where people had said they would like things done differently the manager had devised an action plan on how they were to make the improvements. The results of the action plan were clearly displayed in the entrance hall to inform people and their visitors of the actions to be taken.

The manager is in the process of applying to be registered; they have been in their post since July 2013 and they had a clear vision about the values of the service such as kindness, compassion, dignity, respect, equality and

involvement. Staff shared this vision and we saw it being promoted throughout our visit by staff and management. Visiting relatives told us that staff consistently showed these qualities whenever they visited.

People received a high quality service. The manager had carried out regular audits of systems and practices such as for medication, training, falls prevention, pressure area care and the nurse call system. They had also checked that staff supervision and appraisals had taken place regularly. Complaints and compliments had been analysed for themes and trends and actions had been taken to address any areas of concern.

People received person centred care from staff who were motivated and well supported. Monthly staff meetings were held where staff were able to discuss the service's development. Staff were encouraged to participate and were required to attend at least six staff meetings each year. Staff told us that they were always looking for ways to improve the service. They said that they worked together as a team to improve people's quality of life. One visiting relative told us, "I think that the current manager is really good and things have improved a lot. We see a lot more of them than we did of other managers. The staff support one another and work well together. I always like to hear staff laughing and chatting together and with people. It makes for a happy home."