

Swillbrook Limited

# Swillbrook House Residential Home

## Inspection report

Swillbrook House, Rosemary Lane  
Bartle  
Preston  
Lancashire  
PR4 0HB

Tel: 01772690317

Date of inspection visit:  
15 January 2019

Date of publication:  
08 February 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Swillbrook House Residential Home was inspected on the 15 January 2019 and the inspection was unannounced.

Swillbrook House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The bedrooms are mostly single rooms with shared bathroom facilities. 15 out of 20 rooms have ensuite facilities. Bedrooms are over two floors with a small lift providing access to the upper floor.

At the time of the inspection visit 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.

There was a complaints procedure available and displayed at the home. People we spoke with told us were confident any complaints they may wish to make would be addressed by the registered manager. During the inspection we were advised by an external person that they felt their complaint had not been responded to in a timely manner. We discussed this with the registered provider and reviewed the policy and saw further detail may be helpful in supporting expectations. We have made a recommendation regarding the complaints policy.

We observed medicines being administered and saw this was carried out in a person-centred way. Medicines were managed safely and staff were knowledgeable of the processes to order and receive medicines. We noted more information on 'variable dose' medicines would be beneficial to support staff when administering these. We have made a recommendation regarding variable dose medicines.

We spoke with the maintenance person who showed us around the home. They told us the home was in the process of being refurbished. We noted some areas of the home did not have handrails and the flooring required attention in some areas. The maintenance person and the registered manager told us this work was in progress. We have made a recommendation regarding this.

There were a variety of checks carried out to ensure that successes were recognised and areas of improvement identified. The registered manager told us the registered provider also maintained oversight of the home by carrying out checks, however these were not always documented. We have made a recommendation regarding the documentation of the registered providers oversight.

We checked to see staff were recruited safely to ensure they were suitable to work with people who may be vulnerable. We reviewed two files of staff who had recently been recruited to work at the home. We found the files contained employment checks, references and a full employment history.

We viewed care records to ensure people's needs were assessed and risk to people who lived at the home were minimised. We found individual risk assessments were carried out in key areas such as nutrition, falls and skin integrity. Care records contained sufficient person-centred information to enable staff to support people. Care records also contained information regarding people's preferences and wishes. People and a visitor we spoke with confirmed they were consulted in decision making and involved in care planning.

People and a visitor told us staff were respectful and caring in nature. We observed warm and affectionate interactions between people who lived at the home and staff. We found staff were gentle and kind with people and people told us they liked the staff.

We found the home was clean and tidy and staff were seen to wear protective clothing when this was required.

The registered manager told us and we saw documentation which evidenced the service sought feedback from people who lived at the home, relatives and visiting health professionals. Documentation asked people to share their opinions on what the home did well and what needed to improve. The registered manager told us they were in the process of analysing the results.

People told us they did not have to wait for help and staff were attentive to their needs. We timed two call bells which were answered promptly. Staff were seen to be patient and spent time with people chatting and supporting them when they needed help. Staff and a visitor we spoke with told us they were happy with the staffing arrangements at the home. Rotas we viewed showed staffing was arranged in advance and staff confirmed replacement staff were provided if unplanned absences occurred. The registered manager told us they would review the staffing arrangements as people's needs changed to ensure they were sufficient.

Staff told us and we saw documentation which evidenced staff attended training to enable them to maintain and update their skills. Staff spoke positively of training and told us they felt supported to refresh and update their knowledge. We also saw evidence and staff confirmed, they had regular supervision with their line manager to discuss their performance.

People were asked to express their end of life wishes. Person centred documentation was available to plan this area of people's care if people wanted to share their needs, wishes and preferences.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were enabled to access further professional healthcare advice when required.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. We saw people were offered a choice of meals during the inspection and we observed part of the lunchtime meal. We saw the lunchtime meal was a social occasion. People could sit where they wished, the atmosphere was relaxed and we observed people chatting. If people chose to eat alone, this was accommodated. We found staff were available to help people if they needed support.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered manager, registered provider or the local authority safeguarding team so

people were protected. The number of the local authority safeguarding team was displayed on notice boards at the home so staff, visitors and people who used the service could raise concerns if they wished to do so.

People told us there were a range of activities provided. They said they could take part in these if they wished to do so. The registered manager told us they sought the views of people who lived at the home when deciding what activities to provide.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005 (MCA). People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

A visitor and people who lived at the home told us they could speak with the registered manager if they wished to do so and they found the manager approachable.

Further information is in the detailed findings below.

## 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.

Risk assessments were carried out to ensure risks to people were minimised.

Medicines were managed safely.

There were sufficient staff available to meet people's needs and people told us they were happy with the staffing arrangements at the home.

### Is the service effective?

Good ●

The service was Effective.

People's nutritional needs were monitored and referrals were made to other health professionals if the need was identified.

Staff told us and we saw documentation which demonstrated staff received training to enable them to meet people's needs.

If restrictions were required to maintain people's safety, this was carried out lawfully.

### Is the service caring?

Good ●

The service was Caring.

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

People told us their privacy was respected and we saw staff took action to ensure people's privacy and dignity was maintained.

### Is the service responsive?

Good ●

The service was Responsive.

People and staff told us activities took place for people who lived at the home to enjoy.

There was a complaints procedure in place. People and a visitor we spoke with told us they were confident any complaints they made would be responded to.

People told us they were supported to discuss their end of life wishes and documentation was available to record these.

### **Is the service well-led?**

**Good** ●

The service was Well-led.

Checks were carried out at the home to identify what was working well and when improvements were required.

People and relatives told us they found the registered manager approachable and they were able to hold discussions with them.

Staff told us they could speak with management if they wanted any further guidance, and staff meetings took place to support effective communication.

# Swillbrook House Residential Home

## **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.

The inspection visit took place on 15 January 2019 and the first day was unannounced. The inspection was carried out by two adult social care inspectors. At the time of the inspection there were 14 people living at the home.

Before our inspection on the 15 January 2019, we completed our planning tool and reviewed the information we held on the service. We also reviewed notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. We contacted the local funding authority and asked them their views on the service provided. In addition, we contacted Healthwatch. Healthwatch are the independent national champion for people who use health and social care services. We used all information gained to help plan our inspection. We used all information gained to help plan our inspection.

We spoke with four people who received support and a visitor. We also spoke with the registered provider, the registered manager, the maintenance person, three care staff and the cook. In addition, we spoke with a visiting health professional. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff.

We looked at care records of three people who lived at Swillbrook House Residential Home. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of two recently recruited members of staff. We looked at records related to the management of the service. For example, we viewed records of environmental checks, accident records and

health and safety certification.



# Is the service safe?

## Our findings

People who lived at the home told us they felt safe. One person told us, "I've never felt as safe as I do here." A further person described the help they received with their mobility and how they felt when this was being provided. They told us they felt, "Safe."

We observed medicines being administered and saw people were supported in a person centred and respectful way. Staff were gentle and respectful when administering medicines. They spent time with them chatting, and did not rush them. Medicines were stored securely when not in use and staff signed the medicine and administration record to record the medicine had been given. Staff spoken with could explain the arrangements for the ordering and disposal of medicines and told us they had received training to ensure they were competent in the safe management of medicines. We saw when variable dose medicines were prescribed, further information for staff on the amount of medicine to administer would have been beneficial.

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

We spoke with two recently employed staff. They told us they did not start work at the home until all the necessary recruitment checks had been carried out. Staff records we reviewed confirmed this. We found documentation recorded the full employment history of staff, Disclosure and Barring (DBS) checks were carried out and references were obtained prior to staff starting work. DBS checks and references help ensure suitable people are employed to work with vulnerable adults. This demonstrated essential checks were carried out prior to staff starting work at the home.

We walked around the home and found it was visibly clean and staff told us they were provided with personal protective equipment to use if this was required. This helped minimise the risk and spread of infection.

We viewed care records which contained assessments of risk in key areas of people's care. For example, we saw the risk of falls, skin integrity and malnutrition were assessed. Documentation contained information on how risks should be managed and the care and support people required. For example, we saw one person required a specific diet to maintain their health and minimise risk. During the inspection we saw the person was provided with food that met their needs. This demonstrated care and support was delivered in accordance with people's assessed needs and in a way that minimised the risk of harm.

We asked people if they were satisfied with the staffing arrangements at the home. People told us they were. Comments we received included, "There's enough staff here. I don't need or want for anything." Also, "They'll never be too busy to sit and chat with me." A visitor we spoke with told us they were happy with the staffing arrangements. During the inspection we timed two call bells and saw these were answered promptly. We observed people were supported by staff in a calm and relaxed way and they spent time with people chatting, helping them and doing activities. This showed staff were effectively deployed to meet

people's needs. Staff we spoke with told us they were happy with the way staffing was arranged. They explained rotas were planned in advance and we saw documentation which evidenced this. Staff told us if unplanned absences occurred, extra staff were provided to ensure people's needs were met. One staff member commented, "I wouldn't rush people, there's no need. There's enough staff here." Our observations, the documentation we reviewed and the feedback we received, showed staffing arrangements were sufficient.

We asked the registered manager how they monitored accidents and incidents which occurred at the home. They explained that staff completed accident forms. These were then reviewed to identify if any further actions were required to minimise risk. They showed us documentation which evidenced falls and accidents were reviewed monthly. The registered manager told us they looked for trends and patterns and acted to minimise risk. For example, a person at the home had an alert mat in place. This is a mat that sounds an audible alarm when stepped on. This allows staff to respond, and offer support with mobility. This may minimise the risk of falls. We saw the equipment was documented in the person's care plan and was present in their room. Staff we spoke with knew the reason for the equipment and when it should be used. This demonstrated there was a system at the home to maintain oversight of accidents and incidents and to act to minimise risk if this was required.

Staff told us they were committed to protecting people from abuse. Staff could explain what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or bullying to ensure people were protected. Staff we spoke with told us they would report any suspicions of abuse to the registered manager, police, or local safeguarding authorities. We saw the contact number of the local safeguarding authorities was visible on notice boards at the home. This helped ensure staff, people who lived at the home, and visitors could raise concerns if they wished to do so.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a three-star rating following their last inspection by the FSA. This graded the home as 'hygiene standards are generally satisfactory' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We viewed health and safety documentation which showed water temperatures were checked regularly to minimise the risk of scalds. We saw windows were restricted to prevent the risk of falls from height and electrical, heating and lifting equipment was checked to ensure its safety and suitability. We found there was a fire risk assessment completed and staff we spoke with could explain the support people would require to evacuate the building if this was required.

## Is the service effective?

### Our findings

People told us they were happy living at Swillbrook House Residential Home. One person told us, "This home has given me my life back." A second person described the home as, "A lovely place to live." A visitor we spoke with told us they were happy with the care and support provided to the person they visited. They described the care as, "Good."

We walked around the home to check it was a suitable environment for people to live. We saw mobility equipment was available in bathrooms and toilets to help people who may have challenges with mobility. We noted there were no handrails within some corridors at the home and some carpet required replacing. We discussed this with the registered manager. They told us this was being planned and the registered provider was gradually refurbishing parts of the home.

We recommend the service seeks and implements best practice guidance in relation to the provision of a dementia friendly and safe environment which supports people's independence.

People told us they were happy with the food and they were offered alternatives if they did not like the main meal provided. One person said, "If I don't like my meal, they'll swap it for me." Another person said, "The food is really good." We saw people could choose where they wanted to eat. People could choose to eat in their rooms, in the lounge or in the dining room. One person chose to eat their meal after other people had finished their lunch. This demonstrated people were supported to eat meals of their choice in a way that met their preferences and needs.

We observed the lunch time meal and found staff were available in the dining area to serve people and provide help if people required this. For example, we saw one person required help to add salt to their meal. Staff supported them to do so. If people required a specific diet this was accommodated. For example, one person required a specific diet to maintain their health. During the inspection we saw this was provided to them. This demonstrated people's individual needs were considered and accommodated.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. The registered manager told us they maintained an overview of people's individual weights. They explained if further medical advice was required, this would be obtained for people. This demonstrated people's nutritional needs were reviewed so medical advice could be sought if appropriate to do so.

Documentation showed people received professional health advice when this was required. We found people were referred to specialist nurses and district nurses if this was required and records reflected their instructions. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff could explain the help and support a person needed in relation to their nutritional needs. This demonstrated staff were aware of professional advice.

We checked to see staff received training to maintain and develop their skills. Staff told us they received

supervision to enable them to gain feedback on their performance and discuss any training needs. Supervision is a one to one meeting where staff can discuss their performance and any concerns with their line manager. We viewed a training matrix and staff supervision records and staff we spoke with told us they received training on a regular basis. They explained this was a mixture of face to face training and e-learning. The training matrix we viewed showed staff received training in areas such as safeguarding, moving and handling and equality and diversity. The registered manager explained they were in the process of reviewing the on-line training provided as they had experienced technical difficulties. They told us it was important staff received training to update and increase their skills. This demonstrated the registered provider sought to provide suitable and accessible training to staff so they could maintain their skills.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. The registered manager explained person centred information from the individuals care record would be photocopied and sent with people. In addition, copies of the MAR record would also be provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the manager how they obtained and implemented information on best practice guidance and legislation. They told us they attended professional forums to share and learn best practice information. In addition, they had registered to receive email updates from professional organisations such as the Care Quality Commission. The registered manager explained they sought best practice information to improve the service at the home. For example, they had sought the advice of the local authority to improve the care records at the service. This demonstrated the registered manager sought best practice and implemented this where possible.

The registered manager told us they used technology if this was appropriate. For example, they used alert mats to alert staff if people who needed help with their mobility got out of their bed. This may minimise the risk of falls. This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. People we spoke with told us they were involved in decision making and discussions about their care. One person discussed their care with us. They commented, "I agreed what help I needed with them." A visitor we spoke with told us they were involved in decision making regarding the person they visited.

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to care before help was given with mobility, medicines and with personal care. We viewed records which showed people's consent had been recorded.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required. The registered manager told us these would be reviewed by the home to ensure they remained relevant to the people they related to. They also told us they contacted the supervisory bodies to check if the applications had been reviewed. This helped ensure people's rights were upheld.

## Is the service caring?

### Our findings

People who lived at the home told us staff were caring and they were treated with respect. Comments we received included, "The respect I get here is second to none." A further person said, "Lovely staff, caring and loving." A visitor we spoke with told us they considered the staff be kind.

We saw staff were caring. Staff spoke asked people how they were and if they needed any help. We saw examples of kind and affectionate interactions. For example, we saw a staff member compliment someone on the clothes they were wearing. The person thanked them and chatted with staff about why they liked to wear them. They were smiling as they spoke. We saw a further staff member ask a person to 'take care' as they were walking. They held hands with the person and chatted as they walked. We also saw a staff member noted that two people would find conversation easier if they faced each other. The staff member supported them to sit opposite each other and this was appreciated by both people. Our observations showed staff were caring.

We found people's privacy was respected. One person gave us examples of how staff supported their privacy and dignity. They told us staff knocked and waited for an answer before they entered their room, that doors were closed and curtains were drawn when they were supported with personal care. A further person told us how they could spend time alone in their private bedroom and they were not disturbed. They said, "They respect my privacy one hundred per cent."

As we walked around the home we observed staff knocking on private bedroom doors and waiting for a response before entering. We observed people's dignity was upheld. For example, we saw if people were supported with personal care, bathroom doors were closed to maintain their privacy and dignity.

Staff spoke affectionately of people who lived at Swillbrook House Residential Home. Staff told us they were proud to support people at the home and they looked forward to coming to work. One staff member spoke of their role with pride. They said, "You build a bond [with people who live at the home], I like doing the right thing for people." A further staff member said, "I've got a chance to make a positive difference in people's lives." A third staff member commented, "I enjoy making a difference. It's all about the residents." This demonstrated staff had a caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required and we saw information leaflets were available in communal areas within the home. This ensured people's interests would be represented and they could access appropriate support outside of Swillbrook House Residential Home if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager, or local safeguarding authorities so people's rights could be upheld. We saw care records documented people's

chosen faith and the registered manager told us if people had faith or cultural needs, support for them could be accessed to support their beliefs and preferences.

## Is the service responsive?

### Our findings

People who lived at the home told us they considered the care was good. One person shared how their health had improved since coming to live at the home. They described the care as, "Very good." A further person told us they had needed to see a doctor and this had been arranged for them. They told us staff had supported them until they were better. They said, "They looked after me till I could do my own thing again."

Swillbrook House Residential Home had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made. All the people and the visitor we spoke with told us they were confident any complaint they may wish to make would be addressed by the registered manager. During the inspection process we were advised by a person external to the home that a complaint they had made had not been responded to in a timely way. We discussed this with the registered provider who told us there had been a delay in responding due to the involvement of other agencies. We reviewed the policy and saw it did not contain guidance on the process and timescales that may be followed in the event of other agencies involvement during investigations.

We recommend the service seeks and implements best practice guidance in relation to complaints processes and policies.

During the inspection we spoke with a visiting health professional. They voiced no concerns with the care provided and said referrals were made to them appropriately. Documentation we viewed demonstrated people were referred to external health professionals if this was required and staff we spoke with told us they would seek further medical advice if people were unwell or they had concerns. This demonstrated people were supported by staff who responded to people's changing needs.

People we spoke with told us they were given the opportunity to discuss their end of life wishes. We spoke with two people who confirmed they had been asked if they wanted to discuss their end of life care. They told us they did not wish to share any information at present. We asked the registered manager how information shared would be documented. They told us they had developed a care plan record to record people's wishes. The registered manager told us the record would be completed as people shared information with staff and care planning took place.

We found people were supported by staff who were responsive to their needs. We noted one person had fallen and had been referred to external health professionals for further advice. People who lived at the home told us they could follow their own preferred routine. One person told us, "The staff work round me not the other way round." A further person told us, "My routine is what I want. They help me follow it." This demonstrated care was provided which was responsive to individual needs.

People told us there were activities for them to take part in if they wished to do so and staff informed them of these. Activities included arts and crafts, singing, dominoes and seasonal events such as a pantomime at

Christmas and a garden party in the summer. Comments we received included, "There's a lot to do here, the staff tell me what's on." And, "I can be as busy as I want to be." One person told us how they liked gardening. They shared how they had done some planting in the garden at the home. They said this was important to them and they had enjoyed doing it. They commented, "It's something I like to do, I love it." This demonstrated activities were provided for people to take part in if they wished to do so. We discussed activities with the registered manager. They told us they were currently arranging for a physiotherapist to come to the home to provide exercises for people. The registered manager showed us minutes of the most recent 'resident and relative meeting.' We saw people had been asked to suggest activities they might enjoy. This demonstrated the registered manager sought to improve the activity provision at the home.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw people's care records contained information on people's individual communication needs. Staff told us they would consider the needs of the person and obtain what support they required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered and staff were aware how individual needs could be met.



## Is the service well-led?

### Our findings

We asked people who lived at the home their opinion on how it was organised. People told us they had no concerns. One person commented the home was, "Run well." A further person said, "I've high regard for [registered manager.]" People who lived at the home and a visitor we spoke with told us they could approach the registered manager if they had comments to make. They said they considered the home to be well organised. Staff also told us they had no concerns with the way the home was managed. Staff told us there was a routine at the home which was arranged so the needs and wishes of people were met. One staff member told us, "We all have a part to play, we're a well-oiled machine." They went on to say, "We are flexible and change to what people want."

We asked the registered manager what audits were carried out to ensure improvements were noted and successes celebrated. The registered manager showed us documentation which evidenced a variety of audits were carried out. These included, accidents and incidents, the environment, medicines and infection control. They explained this was a way in which to monitor trends and identify any actions that needed to be taken to improve the service provided. They also told us the registered provider maintained oversight of Swillbrook House and this was done by carrying out checks and regular meetings with the registered manager. We asked if the checks or meetings were documented and the registered manager told us this was an area that could be built upon.

We recommend the service seeks and implements best practice guidance in relation to the audit system followed by the registered provider.

We saw evidence the registered manager sought feedback from people who lived at the home, relatives and external health professionals. The registered manager told us surveys were provided and these were reviewed to identify what was working well and what improvements could be made. We viewed the most recent surveys provided and saw positive responses recorded. The registered manager showed us one comment which required further exploration. They explained they were planning to action this. On reviewing the minutes of residents' meetings, we saw people were invited to comment on areas of the home such as the meals, activities, and staffing arrangements. In addition, people were thanked for completing quality surveys. The minutes we viewed were positive and the registered manager told us they had booked a singer to provide an activity. This was in response to feedback from people who lived at the home. This demonstrated the registered manager was committed to seeking feedback and driving improvements.

Staff we spoke with could explain their roles and responsibilities and spoke positively of the support they received from the registered manager. Staff told us they felt supported and morale was high at Swillbrook House Residential Home. They told us the registered manager was committed to building a team that focussed on people who lived at the home. Comments we received included, "We make a good team, we all work for one reason. The residents." A further staff member said, "I work with a great team, everyone supports each other." A third staff member said the registered manager was very open and they could approach them about anything they wished to discuss. We spoke with the registered manager who told us they valued the staff and how they focussed on people who lived at the home. They went onto say they were

proud staff were caring and they liked supporting people who lived at Swillbrook House Residential Home.

Staff also told us they attended staff meetings with the registered manager where they could discuss any changes at the home and receive feedback on the service provided at Swillbrook House Residential Home. We viewed minutes of these meetings and saw areas such as training, policies and best practice guidance was discussed. For example, we saw recorded that a best practice leaflet regarding hydration in care homes was shared. We discussed this with the registered manager. They told us they attended a learning forum where information was shared. They explained they had implemented what they had learnt on the forum, for example introducing a policy to be discussed at each staff meeting. In addition, they had introduced team building exercises to engage and involve staff. They described an exercise where they had used pictorial cards to encourage staff to share how they were feeling. We spoke with a staff member who had attended the meeting. They told us they had found the exercise helpful. They said, "It helped us open up to each other." This demonstrated the registered manager sought to engage and communicate with staff to ensure the service ran smoothly.

We discussed partnership working with the registered provider. They explained they worked with other agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, district nurses, members of the falls team and dietitians. In addition, the registered provider told us they attended various forums to share and learn best practice. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.