

Swinton Hall Nursing Home Limited

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Inspection report

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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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This unannounced inspection was carried out on the 03 February 2015.

Swinton Hall Nursing Home is a privately owned nursing home close to the A580, East Lancashire Road and is within easy access to the cities of Salford and Manchester.

The home provides accommodation for up to 62 people in three units; a Winter Pressure Beds Unit, which is jointly staffed with the Salford Royal Hospital, a Continuing Care Unit and a General Nursing Unit.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the

Summary of findings

law; as does the provider. The registered manager was present throughout our inspection and we were told by relatives and staff that they maintained a very visible presence.

As part of the inspection, we checked to see whether staff had been safely and effectively recruited. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken. However, for six members of staff we found that only one suitable reference had been obtained. In the case of one staff member, no written references had been obtained before commencing employment with the service. Without robust recruitment procedures people may be put at risk of harm.

We found that the registered person had not protected people from the risks associated with the safe recruitment of staff. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to fit and proper persons employed

During our inspection we identified that the bath in the nursing unit was out of order and had been for a number of months. People who specifically requested a bath had to be taken to the lower ground floor within the Winter Pressure Beds Unit, providing the bath was available.

One member of staff told us; “We have 29 residents who are scheduled to have at least one bath a week, but they can have more if they want. If the bath downstairs is being used they are offered a shower or bed bath.” Another member of staff said “We do try to encourage people to have a shower as the bath is still out of order.” One member of staff advised us that a bath list was displayed in which each resident had a designated day for a bath. They said that in reality, some residents may be offered a shower whilst others may have a bed bath. We spoke to the management about people having access to a bath regularly, they explained that the home had been let down by contractors in undertaking repairs and confirmed the problem had been on-going for a number of months.

Improvements were required by management to ensure adequate bathing facilities were readily available to people who required nursing care and that repairs were undertaken in a timely manner.

We found that the registered person had not protected people from the risks associated with the proper use and maintenance of equipment. This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to premises and equipment.

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

People told us they felt safe at Swinton Hall Nursing Home. One person who used the service told us; “I feel safe here because there’s always a lot of people around.” Another person who used the service said “I feel safe here. Staff handle me carefully. They take me to the toilet regularly. There’s enough staff. They’re alright the girls.”

We checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We found that all staff had received training in safeguarding vulnerable adults, which we verified by looking at training records.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people’s needs and keep them safe. We found there sufficient numbers of trained staff on duty including nurses, care staff and ancillary staff

We looked at how the service managed people’s medicines and found the arrangements were safe. All nurses had received training on administering medication safely and regular checks were undertaken by the service to ensure staff remained competent to administer medicines safely.

Throughout our inspection, we found the home to be clean, hygienic and free of any unpleasant odours. All bedrooms we looked at were clean, including wash basins and any en-suite bathrooms. Clean towels and face cloths were laid out.

Summary of findings

During the inspection we checked to see how the service ensured that staff had the required knowledge and skills to undertake their roles. The service has a dedicated training coordinator with training facilities on site. All staffs were required to undertake a two day induction training programme, which included service mandatory training in safeguarding vulnerable adults, health and safety, infection control, food hygiene, fire safety and manual handling.

Care staff we spoke with demonstrated at best a limited knowledge or no knowledge of the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We viewed training records and found that the majority of staff had not received any recent training in the MCA.

Swinton Hall Nursing Home did not specialise in care for those with dementia, however throughout the three units, a number of people who used the service suffered from varying degrees of dementia and were at times confused and disorientated. We found the home did not have adequate signage features that would help to orientate people with this type of need.

We recommend that the service explores the relevant guidance on how to make the home environment used by people with dementia more 'dementia friendly'.

The quality of food appeared hot and appetising with choices available for people who used the service. Fortified drinks, water and tea were available and offered to people. We spoke to the cook who told us they had a free range on what was ordered and that they insisted on fresh meat and vegetables.

We found the meal time experience was very task orientated. Staff were very attentive towards people's nutrition and hydration needs but did not use the mealtime as a means to chat with people and make it a pleasurable experience.

Though we were told that people were offered a choice of meals and we saw choices were available, we observed people being served their meal without being asked what they wanted. Some people we spoke with said that there was no menu choice and we found no menus were on display in communal living areas. It was therefore not clear to us, whether people had been offered a choice or not by staff.

We found that the home provided a caring and compassionate environment for people. One person who used the service said "This is the best home I have been in." Another person who used the service said "It is a nice place to be, a comfortable bed. It's very good."

On the whole people told us the service was responsive to their needs. One visiting relative told us; "When X came in here from hospital he had a large bedsore and they cleared this up quickly and he has never had another since." Another said "We have every confidence if we raised a concern it would be listened to."

The service employed an activities coordinator, however when we visited they were absent through sickness. From our observations and discussion with people who used the service, activities to stimulate people mentally and physical were limited.

Our observations of the lounges in the nursing unit was of people seated in chairs around the walls of the room. Many of them were sleeping. We did not observe any activities taking place during the day of the visit. Staff were attentive towards task orientated activities but we did not observe staff sitting and generally chatting with residents in a social way. The lounges in this unit lacked stimuli appropriate to older people, some of whom may have had impaired memory.

We have made a recommendation about ensuring people had opportunities to take part in activities.

We found the service routinely listened to people's concerns and experiences about the service. An annual customer satisfaction survey questionnaire was distributed to both people who used the service and their families. The service also sought feed-back from visiting health care professionals.

Both people and staff told us that an open and inclusive culture existed at Swinton Hall Nursing Home. One visiting relative told us; "I've only spent time in the lounge, but there seems a good atmosphere between staff. Senior staff seem able to direct other staff well. There seems to be good leadership of staff." Another relative said "You see the matron and deputy about all the time and the owner of the home. They are always around and speak to me. They are good examples for the staff."

Summary of findings

The service undertook an extensive range of audits of the service to ensure different aspects of the service were meeting the required standards. We found that regular reviews of care files and care plans were undertaken.

Regular checks were undertaken of fire safety equipment including the emergency alarm and emergency lighting. Other audits included weekly bed rails and call bells checks.

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?

Not all aspects of the service was safe. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken. However, for six members of staff we found that only one suitable reference had been obtained. In the case of one staff member, no written references had been obtained and they had already commenced working for the service. Without robust recruitment procedures people may be put at risk of harm.

We checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We found there sufficient numbers of trained staff on duty including nurses, care staff and ancillary staff.

Requires Improvement



Is the service effective?

Not all aspects of the service was effective. Swinton Hall Nursing Home did not specialise in care for those with dementia, however throughout the three units, a number of people who used the service suffered from varying degrees of dementia and were at times confused and disorientated. We found the home did not have adequate signage features that would help to orientate people with this type of need.

The service had a dedicated training coordinator with training facilities on site. All staffs were required to undertake a two day induction training programme, which included service mandatory training in safeguarding vulnerable adults, health and safety, infection control, food hygiene, fire safety and manual handling.

Though we were told that people were offered a choice of meals and we saw choices were available, we observed people being served their meal without being asked what they wanted. Some people we spoke with said that there was no menu choice and we found no menus were on display in communal living areas. It was therefore not clear to us whether people had been offered a choice or not by staff.

Requires Improvement



Is the service caring?

We found the service to be caring. We found that the home provided a caring and compassionate environment for people.

We observed staff moving one person by means of a hoist. They were compassionate and sensitive and explained to the person what they were doing in a patient manner and maintained the person's personal dignity.

Good



Summary of findings

People told us that they believed they were involved in determining their care or the care of their loved ones. Staff told us they involved families in the care of their loved ones and listened to what they had to say.

Is the service responsive?

Not all aspects of the service were responsive. On the whole people told us the service was responsive to their needs.

We looked at a sample of nine care files as part of our inspection. We found care files provided clear instructions to staff on the level of care and support required for each person. Relatives confirmed to us that they were actively involved in determining and reviewing care needs of loved ones.

Our observations of the lounges in the nursing unit was of people seated in chairs around the walls of the room. Many of them were sleeping. We did not observe any activities taking place during the day of the visit. Staff were attentive towards task orientated activities, but we did not observe staff sitting and generally chatting with residents in a social way. The lounges in this unit lacked stimuli appropriate to older people, some of whom may have had impaired memory.

Requires Improvement



Is the service well-led?

Not all aspects of the service were well-led. During our inspection we identified that the bath in the nursing unit was out of order and had been for a number of months. People who specifically requested a bath had to be taken to the lower ground floor within the Winter Pressure Beds Unit, providing the bath was available.

Both people and staff told us that an open and inclusive culture existed at Swinton Hall Nursing Home.

The service undertook an extensive range of audits of the service to ensure different aspects of the service were meeting the required standards. We found that regular reviews of care files and care plans were undertaken. Regular checks were undertaken of fire safety equipment including the emergency alarm and emergency lighting.

Requires Improvement



Swinton Hall Nursing Home Limited

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 checked 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 unannounced inspection was carried out on the 03 February 2015, by one adult social care inspector, a specialist advisor who was a social worker with experience in mental health and dementia and an expert by experience. An expert by experience is a person who has experience of or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external

professionals including the local vulnerable adult safeguarding team, NHS infection and prevention control team and NHS Salford Clinical Commissioning Group. We reviewed previous inspection reports and other information we held about the service.

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

During our inspection we spoke with 10 people who lived at the home, nine visiting relatives, and 18 members of staff including the manager and deputy manager.

Throughout the day, we observed care and support being delivered in communal areas that included lounges and dining areas, we also looked at bathrooms and people's bedrooms. We looked at the personal care and treatment records of people who used the service, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Is the service safe?

Our findings

People told us they felt safe at Swinton Hall Nursing Home. One person who used the service told us; “I feel safe here because there’s always a lot of people around.” Another person who used the service said “I feel safe here. Staff handle me carefully. They take me to the toilet regularly. There’s enough staff. They’re alright the girls.” One visiting relative told us; “From what I’ve seen X is safe here. X has been here five weeks and I go home feeling she is safe.” Another visiting relative said “Our X came from another home. When we go out of here we know she is well looked after and we have peace of mind. She is definitely safe here, we think it is fabulous.” Other comments included; “I feel very safe, I like it here.” “My relative has been here eighteen months. I do feel X is safe here. X gets good staff, care and attention.” “My relative has been here a year now. X is completely bedridden. X is totally safe. X gets attention because it’s a small unit with good staffing levels.”

As part of the inspection, we checked to see whether staff had been safely and effectively recruited. We found appropriate Criminal Records Bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken. We also checked to ensure that each nurse’s professional registrations with the Nursing and Midwifery council was current, which we confirmed from reviewing personnel records. However, for six members of staff we found that only one suitable reference had been obtained. In the case of one staff member, no written references had been obtained and they had already commenced working for the service. We discussed our concern with the provider who stated immediate steps would be taken to ensure any outstanding reference were obtained. Without robust recruitment procedures people may be put at risk of harm.

We found that the registered person had not protected people from the risks associated with the safe recruitment of staff. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to fit and proper persons employed.

We checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We found that all staff had received training in

safeguarding vulnerable adults, which we verified by looking at training records. New staff were able to confirm that their induction training included safeguarding vulnerable adults. However, we found that some staff had last received training five years ago. It is good practice to ensure that staff receive regular refresher training to ensure they are made aware of new legislation or of good practice.

Staff we spoke with were able to demonstrate a good understanding of safeguarding people and what action they would take if they had any concerns. Staff told us there was an open culture within the home where management listened to their concerns. One member of staff said “It’s a very open culture here, I could go into the manager’s office and say what I thought. I’m confident they would deal with any issues and I would not let go until it was done.”

We looked at the service safeguarding adult’s policy and procedure and how the service managed safeguarding concerns. We found where concerns had been identified, referrals had been made to the local authority for investigation. We also saw that home’s whistleblowing arrangements were also displayed for the information of staff.

We looked at a sample of nine care files, three from each unit within the home. We found there was a comprehensive range of risk assessments in place designed to keep people safe from harm. These included; moving and handling; skin integrity; nutritional and falls. To assist and inform staff in times of an emergency, evacuation plans were on display for each person in their bedrooms. These included basic details about mobility, communication skills, and a comment about the individual’s cognition. These were clearly displayed on a laminate sheet in an easily readable form and included a portrait photo.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people’s needs and keep them safe. On the day of our inspection, there were 18 people living in the Winter Pressure Beds Unit, 15 people in the Continuing Care Unit and 29 people in the Nursing Unit. We spoke to both staff and people who used the service and looked at staffing rotas. We found there were sufficient numbers of trained staff on duty including nurses, care staff and ancillary staff. Ancillary staff consisted of domestic cleaners, laundry assistant, the cook, kitchen assistants, maintenance person, trainer and administrators. In addition, the manager and deputy manager were also available to provide care and support.

Is the service safe?

We asked people whether they had any concerns about staffing levels. One visiting relative said “From what I’ve seen there is always staff around. The lounge is a through room and staff are always passing through. They have good staffing levels.” Another visiting relative told us; “My impression is that there is always staff around. I’ve always been able to find a member of staff when I’ve needed to.”

Staff told us that management always ensured that staffing levels were appropriate to meet people’s needs. One nurse told us; “Staffing is not an issue, if someone is off, we always ensure there are safe numbers of staff throughout the home.” Another nurse said “I think staffing is very good. Having worked elsewhere, I feel able to comment. Management are very supportive when it comes to staffing.” Other comments from staff included; “One of the best places I have worked for in staffing. People are definitely safe here.” “No concerns about staffing levels.” “Staffing is generally ok.” “I really do think people are safe here, we offer good care. I would have my own mother here. The care is personalised and dignified.” “As a rule staffing is spot on. The nurses also helped out. No concerns.”

We looked at how the service managed people’s medicines and found the arrangements were safe. The service used a ‘blister pack’ system for the people using the service to store their medication. Blister pack is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the person’s home. The pack has a peel off plastic lid and lists the contents and the time the medication should be administered.

On the whole, we found accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. We found all medicines were stored securely in a metal trolley, which was stored in a locked treatment room with controlled access. Controlled drugs were stored securely within the manager’s office. Where medicines required cold storage, daily records of temperatures were maintained.

All nurses had received training on administering medication safely and regular checks were undertaken by the service to ensure staff remained competent to administer medicines safely. We found that where people required medication ‘when required’, such as for pain relief, we found clear instructions were recorded on the medication administration records (MAR) for staff. At the time of our visit we were told that no one required the covert administration of medicines.

Throughout our inspection, we found the home to be clean, hygienic and free of any unpleasant odours. All bedrooms we looked at were clean, including wash basins and any en-suite bathrooms. Clean towels and face cloths were laid out. These rooms were bright and airy, beds were made and many rooms were personalised with family photos, plants, books and ornaments belonging to the person concerned. We found the home was free of any unpleasant odour. One visiting relative told us; “The cleaners and laundry staff have standards and take a pride in their job.” Another visitor said “I’ve seen a good standard of cleanliness and tidiness of both residents and public areas.”

Is the service effective?

Our findings

During our inspection we looked at a sample of nine care files. On the whole we found care files reflected the current health needs of each person who used the service and included a pre-admission assessment to determine the person's needs. Individual care plans provided clear instructions to staff on the extent and level of care and treatment required. These included; skin integrity, nutrition, mobility, personal hygiene and communication needs. For example, one care plan we looked provided clear direction to staff in the event of the person experiencing a seizure due to hypertension. Instructions included an emergency response, monitoring of blood pressure and seeking medical advice.

During the inspection we checked to see how the service ensured that staff had the required knowledge and skills to undertake their roles. The service has a dedicated training coordinator with training facilities on site. All staffs were required to undertake a two day induction training programme, which included service mandatory training in safeguarding vulnerable adults, health and safety, infection control, food hygiene, fire safety and manual handling. All new staff were enrolled onto The Skill for Care programme which they had to complete within three months – and focused on the eight Common Induction Standards.

The service was part of the Salford Employers Skills Group. This was a consortium made up of members from six other nursing homes. They had joined together to access bespoke training by employing a training provider. We were told that the consortium interviewed many prospective training providers and chose a company called Progress to Excellence who now provided all their training needs. Students from other homes in the consortium attended training sessions on a monthly basis at the home.

All staff were enrolled onto Social Care TV and were required to undertake courses relevant to their duties and experience such as continence promotion for staff that haven't previously worked in health and social care. Completion of the eight Common Induction Standards went towards completion of Level 2 Qualification Credit Framework, which all staff were required to undertake after their three months probationary period and induction. The Qualification Credit Framework qualification has replaced the National Vocational Qualification (NVQ).

We were told that following a staff survey, the service identified that some care staff wanted more responsibility. As a result the service developed the role of a Technician, where selected staff had undergone additional training and supervision to support registered nurses with some tasks based procedures. This included; blood pressure monitoring, blood sugar monitoring, temperature and pulse monitoring and managing simple dressings.

The training coordinator also told us that they access and co-ordinate training from Salford Local Authority and Salford Royal NHS Trust for nurses and care staff which included; continence; care of catheter including supra-pubic; record keeping; challenging behaviour; peritoneal dialysis and tracheostomy care.

Staff we spoke with during the inspection spoke favourably about the training and support on offer at the home. One nurse said to us; "In terms of training, I feel I have had a high level of training and feel supported. I have recently been put through to a National Vocation Qualification (NVQ) Level 5 management course." Another member of staff told us; "I have had plenty of training to undertake my role."

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Staff told us they received support and training to undertake their roles effectively. One member of staff told us; "I feel supported and get regular supervision." Another staff member said "We have supervisions every two months and staff meetings. They have been very supportive to me in relation to personal issues I have had."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Care home providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. We found there were adequate procedures in place to guide staff on when a

Is the service effective?

DoLS application should be made. The manager confirmed a number of applications had been made to the local authority, though no one living at the home was currently the subject of a DoLS.

Care staff we spoke to demonstrated at best a limited knowledge or no knowledge of the requirements of Mental Capacity Act and DoLS. We viewed training records and found that the majority of staff had not received any recent training in the MCA. We spoke to the registered manager who acknowledged the importance of staff understanding MCA and was able to reassure us that training had already been scheduled for a number of staff, which we confirmed by speaking to the training coordinator.

Swinton Hall Nursing Home did not specialise in care for those with dementia, however throughout the three units, a number of people who used the service suffered from varying degrees of dementia and were at times confused and disorientated. We found the home did not have adequate signage features that would help to orientate people with this type of need such as bathrooms doors painted in a different colour to stand out, themed areas and memory boxes outside bedrooms. Improvements were required to ensure the signage was better suited to deal with the needs of people suffering with dementia. This was particularly relevant as we were told the home were thinking of introducing a dedicated dementia unit in the future.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more ‘dementia friendly’.

During our inspection we used the Short Observational Framework for Inspection (SOFI) during lunch. We observed lunch in the Winter Pressure Beds and Nursing Units. The quality of food appeared hot and appetising with choices available for people who used the service. Fortified drinks, water and tea were available and offered to people. We spoke to the cook who told us they had a free range on what was ordered and that they insisted on fresh meat and vegetables. The service had never imposed restrictions on what was ordered. People told us the food was good and comments from people who used the service included; “Food is marvellous.” “They feed you well.”

We found the meal time experience was very task orientated. Staff were very attentive towards people’s nutrition and hydration needs, but did not use the

mealtime as a means to chat with people and make it a pleasurable experience. We observed five residents in the rear lounge of the Nursing Unit throughout the meal time over a period of 40 minutes. The TV was on, which no one was watching. One person was asleep and remained asleep throughout this period. When meals were served there was little or no engagement with people. One person was supported with their meal during this period and though this was undertaken very sensitively by the member of staff, there was little or no communication or encouragement. There were prolonged periods with no engagement of any kind with people. When one person finished their meal and said on two occasions they had finished, the member of staff said abruptly “Ok, I’ll get it.”

The manager informed us that people in the Winter Pressure Beds unit were given a menu choice for the following day meals, whereas people in the Nursing Unit were offered a choice at the time of their meal. They explained that a menu choice was not offered in advance in the Nursing Unit because people who had dementia would not be able to retain the information. Although staff informed us that there was a hot meal lunchtime choice between ham, potato and broccoli or fish, potato and broccoli, we saw that all people in the large lounge in the Nursing Unit were served with the fish choice. We saw people were simply served a meal without being asked what they wanted, even though other choices were available. Some people we spoke to said that there was no menu choice and we found no menus were on display in communal living areas. It was therefore not clear to us whether people had been offered a choice or not by staff.

We saw one person who did not eat their lunch. A member of care staff kindly offered to organise sandwiches as an alternative and offered several sandwich fillings. The person chose beef, but was subsequently served with salmon sandwiches. We spoke to the manager about our concerns with the meal time experience, who assured us that steps would be taken to address our concerns with staff.

We looked at care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that people who were assessed as being at nutritional or hydration risk and had the relevant fluid

Is the service effective?

balance and food charts in place. Special diets were catered for which we verified by speaking to the cook, who stated they were provided with a regular list of people's needs.

We found the service worked well with other health care services to ensure people who used the service had their

individual needs met. GP and other health care professional appointments and visits were recorded in care plans demonstrating a multi professional approach to providing care for people who used the service.

Is the service caring?

Our findings

We found that the home provided a caring and compassionate environment for people. One person who used the service said “This is the best home I have been in.” Another person who used the service said “It is a nice place to be, a comfortable bed. It’s very good.” Other comments from people who used the service included; “Staff are very helpful and friendly.” “I feel we are looked after.” “They are kindness itself. I received a warm welcome from a member of staff when I arrived at the home.”

One visiting relative told us; “Excellent. Cleanliness is excellent, immaculately kept. Staff excellent.” Another visiting relative said “When lifting residents they seem quite caring and gentle. Staff seem to know what they are doing. I think X is kept generally clean and tidy. X might not always let them wash or cut her hair, but X is always dressed in her own clothes.” Other comments from visiting relatives included; “The staff are well trained and know how to handle a bed ridden patient. X moves around the bed a lot. They come in and try different angles and cushions to keep him comfortable.” “They check him so regularly that his care is excellent.” “X is spotlessly clean. X wears white T shirts every day and they are kept spotlessly clean.” “At this point in time staff deal with her daily needs well. They appear to be kind and don’t ignore residents.” “I thank God every day that I come here. I’m always made very welcome and I come here a lot. Staff are very caring.” “I think staff are well trained and serve both physical, spiritual and cultural needs of the current population.”

We observed staff moving one person by means of a hoist. They were compassionate and sensitive and explained to the person what they were doing in a patient manner and maintained the person’s personal dignity. One person who

used the service told us; “They tell me when they hoist me. They move me nice and carefully.” We found that staff responded to visiting relatives in a kind way and were welcoming and helpful.

People told us that they believed they were involved in determining their care or the care of their loved ones. One visiting relative told us; “We are very involved with our X’s care and get consulted about all things. It has been very good. We have confidence that we are listened to and communication is very good.” Another relative said “Staff talk to me about every aspect of his care. For example, today X is restless and staff have consulted me about medication to give X. I feel totally involved in every aspect of his care.”

Staff told us they involved families in the care of their loved ones and listened to what they had to say. One nurse told us; “We will always ask families whether they want to be involved in care plan reviews. We do this to ensure they are involved, but some families chose not to be. In advanced care planning families are always involved with multi-disciplinary teams.” Another member of staff said “We encourage people to be involved in care and their relatives in their changing needs. Today I have discussed medication issues with one family.” We found that relatives were asked to complete a form confirming the extent they would like to be involved in their loved one’s care and included care plan reviews and meetings with other health care professionals.

The home was accredited by the Gold Standard Framework in end of life care. However, most services in Salford now used Six Step Programme and as a result the service was moving over to Six Steps End of Life Care programme. Two nurses had been designated programme leads and were responsible for cascading all relevant training to the staff in addition to other Homes in the Salford area, which enabled people to have a comfortable, dignified and pain free death.

Is the service responsive?

Our findings

On the whole people told us the service was responsive to their needs. One visiting relative told us; “When X came in here from hospital he had a large bedsore and they cleared this up quickly and he has never had another since.”

Another said “We have every confidence if we raised a concern it would be listened to.” However, on the Winter Pressure Bed Unit, we heard a person who used the service say, “I want to phone my daughter to see how she is.” Two carers were in close vicinity to this person but they made no response to this request. The person then said, “You can’t do anything here.”

We looked at a sample of nine care files as part of our inspection. We found care files provided clear instructions to staff on the level of care and support required for each person. Relatives confirmed to us that they were actively involved in determining and reviewing care needs of loved ones. The service undertook regular reviews of care plans and risk assessments to ensure the service effectively met the changing needs of each person who used the service. We found that only one care file we looked at contained any history or life story of the person who used the service. Applying such information would provide a more person centred approach to care. We were told the activities co-ordinator was in the process of producing life story books for each person who used the service.

The service employed an activities coordinator, however when we visited they were absent through sickness. From our observations and discussions with people who used the service, activities to stimulate people mentally and physical were limited. We asked people whether there were any activities to stimulate them mentally and physically. One person who used the service told us’ “Television is more or less on all the time,” which we verified from our observations throughout the day. One visiting relative told us; “I do see activities such as school visits and summer visits to local attractions. School groups come in regularly on the nursing unit. There is a time table of activities but I’m not sure where it is displayed.”

Another visitor said “When we came up at Christmas staff were putting on a show. It was very enjoyable.” Other comments from visiting relatives included; “The last time I saw any activities on the nursing unit was at Christmas.” “They do have a sing along. I think activities could take place more often. I have actually seen a concert and a

children’s choir here.” “I’ve seen staff painting nails but for X there isn’t a lot you could do to get her involved in activities. She’s gone past that stage. I’ve not been here enough to comment, but I haven’t seen any activities taking place. I visit in the mornings and staff are busy with general care.”

Our observations of the lounges in the nursing unit was of people seated in chairs around the walls of the room. Many of them were sleeping. We did not observe any activities taking place during the day of the visit. Staff were attentive towards task orientated activities but we did not observe staff sitting and generally chatting with residents in a social way. The lounges in this unit lacked stimuli appropriate to older people, some of whom may have had impaired memory. The lounges would be enhanced by rearranged seating to promote a more social environment, where people were able to form social groups, with objects of interest that relate to their experience. Such as magazines, jigsaws, picture books and pictures of the local area or historical pictures which represent the era in which people who used the service grew up.

We asked staff about the extent to which people were stimulated. One member of staff said “They do need stimulation. The activity coordinator is off work. She does sing songs and uses musical instruments with residents. These activities are done at random. A person comes in every week to do nails. This makes residents feel nice.” Another member of staff told us “We are trying to stimulate people more, I have suggested memory boxes so that we can better support people. We have started doing life stories for people, so we have more knowledge of the service user.”

We recommend that the service seek advice and guidance from a reputable source to ensure people have opportunities to take part in activities they enjoyed and met their personal preferences.

We found the service routinely listened to people’s concerns and experiences about the service. An annual customer satisfaction survey questionnaire was distributed to both people who used the service and their families. The service also sought feed-back from visiting health care professionals. The manager informed us that they maintained an open door policy to visiting relatives. One visiting relative told us; “I’d go to the matron if I had any complaints. I see her walking around regularly and I also see the senior members of staff. They are all quite visible

Is the service responsive?

and I come once a week.” Another visitor said “I’ve been given a Service User Guide and Matron explained the complaints procedure. Her door is always open and she deals immediately with things as do the Unit sisters here.”

The service policy on compliments and complaints provided clear instructions on what action people needed to take. We looked at the complaints file and saw all complaints had been dealt with in line with the provider’s policy and in a timely manner.

Is the service well-led?

Our findings

During our inspection we identified that the bath in the nursing unit was out of order and had been for a number of months. People who specifically requested a bath had to be taken to the lower ground floor within the Winter Pressure Beds Unit, providing the bath was available. One person who used the service told us; “The bath is always broke”. They told us that they were offered a bed bath instead “which is not the same”. They also added “You could ask for a shower but you wouldn’t get it”.

One member of staff told us; “We have 29 residents who are scheduled to have at least one bath a week, but they can have more if they want. If the bath downstairs is being used they are offered a shower or bed bath.” Another member of staff said “We do try to encourage people to have a shower as the bath is still out of order.” One member of staff advised us that a bath list was displayed in which each resident has a designated day for a bath. They said that in reality, some residents may be offered a shower whilst others may have a bed bath. We spoke to the management about people having access to a bath regularly who explained that the home had been let down by contractors in undertaking repairs, and confirmed the problem had been on-going for a number of months.

Improvements were required by management to ensure adequate bathing facilities were readily available to people who required nursing care and that repairs were undertaken in a timely manner.

We found that the registered person had not protected people from the risks associated with the proper use and maintenance of equipment. This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to premises and equipment.

Both people and staff told us that an open and inclusive culture existed at Swinton Hall Nursing Home. One visiting relative told us; “I’ve only spent time in the lounge, but there seems a good atmosphere between staff. Senior staff seem able to direct other staff well. There seems to be good leadership of staff.” Another relative said “You see the matron and deputy about all the time and the owner of the home. They are always around and speak to me. They are

good examples for the staff.” Other comments included; “I think the place is well run. They seem to know what they are doing.” “Lots of families speak highly to me of their satisfaction with how the home is run.”

One member of staff told us; “We have very close liaison and a transparent approach with families and relatives which, is encouraged by management.” Another member of staff said “It’s a very open place. I feel confident in raising issues with management. I would have my own family here.” Other comments included; “Very open atmosphere, you are encouraged to report things.” “We have staff meetings every couple of months and we are listened to.” “The management is very open and up front, no concerns.”

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present throughout our inspection and we were told by relatives and staff that they maintained a very visible presence.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

The service undertook an extensive range of audits of the service to ensure different aspects of the service were meeting the required standards. We found that regular reviews of care files and care plans were undertaken. Regular checks were undertaken of fire safety equipment including the emergency alarm and emergency lighting. Other audits included weekly bed rails and call bells checks. Infection control monthly audits were undertaken. Pressure sores were collated and analysed together with accidents and incidents. Health and Safety checks were also undertaken. Medication audits were also undertaken together with competency checks on staff.

A number of staffing meetings took place including care staff, nursing staff, senior care staff and technicians and laundry and domestics.

The service had policies and procedures in place which covered all aspects of the service delivery. The policies and procedures included safeguarding, whistleblowing and complaints.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
We found the registered person did not have appropriate arrangements in place to manage the safe recruitment of staff.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
We found that the registered person had not protected people from the risks associated with the proper use and maintenance of equipment.