Vishomil Limited

Swarthdale Nursing Home

Inspection report

Rake Lane
Ulverston
Cumbria LA12 9NQ
Tel: 01229 580149
Website: admin@swarthdale.com

Date of inspection visit: 1 May 2015
Date of publication: 15/06/2015

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 unannounced inspection took place on 1 May 2015. We last inspected Swathdale Nursing Home on 24 September 2014. At that inspection we found the service was not meeting all the regulations that we assessed. This was because the registered provider had not made sure people were protected from the risk of infection and because adequate maintenance and refurbishment was not being carried out promptly.

We made compliance actions and asked the registered provider to tell us how they were going to make the improvements required. The registered provider wrote to us and gave us an action plan saying how and by what date they would make the improvements to the environment and infection control. They told us that they would be refurbishing the downstairs communal toilets, the laundry, the downstairs and upstairs shower rooms/ wet rooms, the sluice rooms, the hairdressing room, the wheelchair storage, some carpets and replace chairs and the damaged and dated furniture in bedrooms and communal areas. In addition they were going to develop the environment to make it more 'dementia friendly' and provide new items of equipment for aiding people's mobility. The nurse call system was being replaced with a modern radio system and the passenger lift was to be modernised.

Summary of findings

At this inspection 1 May 2015 we found that the registered provider had made the improvements they said they would. Improvements to the sluice rooms were not complete as there had been equipment delays slowing progress.

Swarthdale Nursing Home provides nursing and residential care and accommodation for up to 43 people. The home is in a residential area of the market town of Ulverston in an older building that has been adapted and extended for its current purpose. Accommodation is provided on two floors, with two passenger lifts. There is car parking at the front of the building.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At the time of the inspection there were 39 people living in the home. Those we spoke with told us that they felt safe living there, that staff were "kind" and that there were enough staff available when they needed them.

The home had moving and handling equipment and aids to meet people's mobility needs and to promote their independence. The home was being well maintained and the facilities were being improved for people. We found that all areas were clean and free from lingering unpleasant odours.

We found that there was sufficient staff on duty to provide support to people to meet individual's personal care needs. Staff had received training relevant to their roles and were supported and supervised by the registered manager and the care manager. The home had effective systems when new staff were recruited and all staff had appropriate security checks before starting work.

People were able to see their friends and families as they wanted and go out into the community with support. There were no restrictions on when people could visit the home. All the visitors we spoke with told us that the manager was "approachable" and that staff were "friendly" and "available" when they wanted to speak with them.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. The service worked well with health care professionals and external agencies such as social services and mental health services to provide appropriate care to meet people's different physical and emotional needs.

The staff we spoke with were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.

The staff on duty we spoke to knew the people they were supporting and were aware the choices they had made about their care and daily lives. People had a choice of meals and drinks, which they told us were good and that they enjoyed. We saw that people who needed support to eat and drink received this in a supportive and discreet manner.

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?

Good

The service was safe.

Staff had received training on safeguarding people from abuse and what action to take if they were concerned about a person's safety or wellbeing.

Staff had been recruited safely with appropriate pre-employment checks. There were sufficient staff to provide the support people needed, at the time they required it.

Medicines were handled safely and people received their medicines appropriately. Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

Is the service effective?

Good

The service was effective.

Nursing and care staff working in the home had received training and supervision to make sure they were competent to provide the support people needed.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Systems were in place to assess people's individual needs and we saw evidence that people's needs were regularly assessed so they received the right care.

Is the service caring?

Good

The service was caring.

People told us that they felt well cared for and we saw that the staff treated people in a kind and respectful way and that their independence, privacy and dignity protected and promoted.

Staff demonstrated good knowledge about the people they were supporting, for example detailed information on their backgrounds, their likes, dislikes and preferred activities.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

Care plans and records showed that people were being seen by appropriate professionals to meet their physical and mental health needs

People told us a range of activities were available and people were able to follow their own faiths and beliefs.

There was a system in place to receive and handle complaints or concerns raised

Summary of findings

Is the service well-led?

Good

The home was being well led.

People who lived in the home and their visitors were asked for their views of the service and their comments were acted on.

Processes were in place to monitor the quality of the service and action had been taken when it was identified that improvements were required.

Staff told us they felt supported and listened to by the registered manager.

Swarthdale Nursing 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.

This inspection took place on 1 May 2015 and was unannounced. The inspection was carried out by the adult social care lead inspector 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.

During our inspection we spoke with 10 people who lived in the home in communal areas and in private in their bedrooms. We spoke with six relatives who were visiting people living in the home, two nurses, four care staff and ancillary staff, including, domestic and maintenance staff. We spoke with the registered manager and the deputy manager. We observed the care and support staff provided to people in the communal areas of the home and during the lunch time meal. We looked in detail at the care plans and records for eight people and tracked their care. We looked at records that related to how the home was being managed.

Before our inspection we reviewed the information we held about the service. We contacted the local authority and social workers who came into contact with the home to get their views of the home. We also contacted the local GP practices where people living at Swarthdale Nursing Home were registered as patients and local clinical commissioning group (CCG) staff. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under deprivation of liberty safeguards.

The registered manager of the home had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

The people who lived at Swarthdale Nursing Home told us that they felt "safe" and "comfortable" living at the home. One person told us "I feel safe here, the staff are alright and there are always plenty around. My bell is answered straight away and my room is very comfortable". One person who had only lived there a short time told us they already felt safe in the home.

Relatives we spoke with told us that they felt their loved ones were safe living there. We were told "The staff are all very helpful and we feel [relative] is safe in this home". Another told us, "I am sure they are safe living here, that's very important to me". Other visiting relatives told us, "The staffing levels are good" and told us that they had been supported by the manager and staff and were "very happy with the home".

At our last inspection on 24 September 2014 we found that people living in the home could not be sure they were protected from the risk of infection because appropriate guidance had not been followed to ensure good hygiene. We also found that people who used the service, staff and visitors were not being protected against the risks of unsafe or unsuitable premises that promoted their wellbeing and safety. This was because adequate maintenance and refurbishment was not being carried out promptly in the home.

During this inspection on 1 May 2015 we checked the registered provider's progress towards making improvements in the environment and cleanliness for the people living there. We found that the registered provider had made the improvements they had said they would in their action plan. Improvements to the sluice rooms were not complete but they were in progress.

We made a tour of the home and saw that the laundry had undergone major refurbishment so it was easily cleanable and promoted good hygiene. The downstairs toilets, bathrooms, shower/hairdressing room had all been refurbished to make them clean, pleasant and functional rooms A new wet room had been added in place of an outdated bathroom to improve the facilities for the people living there.

We saw that there was signage in place to support people living with dementia and help them to orientate themselves within the home. Old and damaged furnishings had been replaced in people's bedrooms and communal areas to make the environment attractive, clean and homely, including a new lounge carpet. There were records of monthly maintenance checks on fire alarms, fire extinguishers and emergency lighting and records indicated that fire drills and training took place.

To promote good hygiene hand gels were available throughout the home and staff were issued with this to carry with them. The nurse call system had been replaced with a new radio system which allowed people to summon help inside or outside the main building. We could see that a large amount of work and capital investment had gone into making the home a clean, homely and safe place to live.

We looked at care plans for eight people and saw that these had been regularly reviewed so that people continued to receive appropriate care and treatment. People's care plans included risk assessments and management plans for skin and pressure care, falls, moving and handling, mobility and nutrition. We looked at the risk assessments in place for people that identified actual and potential risks and the control measures put in place to try to minimise them. We were told by a relative that "My [relative] spends a lot of time in bed, they have been poorly, but their skin is in very good condition, they are moved regularly and have a special mattress".

As part of this inspection we looked at medicines records, storage, supplies and care plans relating to the use of medicines. Medicines storage was neat and tidy which helped to make sure that the medicines were in good condition for use. We looked at the handling of medicines liable to misuse, called controlled drugs. These were stored safely and recorded correctly and this reduced the risk of mishandling.

Medicines were safely administered. We saw nursing staff preparing and giving medicines to people and found that this was done carefully. Charts and body maps were used for the recording of the application of creams by nursing and care workers. These showed where and how the creams were to be used so that people received correct treatment. There were clear protocols for giving 'as required' medicines in place and variable doses for medicines were clearly recorded on the medicines administration record (MAR). This helped to make sure that people received the medicines they needed appropriately.

Good

Is the service safe?

The registered provider had systems in place to make sure people living there were protected from abuse and avoidable harm including a whistle blowing procedure for staff to report poor practice. Staff told us they had received training in safeguarding adults and records confirmed this. There had not been any recent safeguarding incidents at the home but when they had been made in the past the registered manager had acted quickly to refer incidents to the appropriate agencies to protect people.

The registered provider had systems in place to ensure staff were only employed if they were suitable and safe to work in a care environment. We looked at the records of the staff that had been recruited since our last inspection. We saw that all the security checks and information required by law had been obtained before the staff had been offered employment in the home. Checks were made to ensure that nurses working in the home were registered with their professional body and were fit to practice.

When we visited we found there were sufficient staff on duty to provide nursing and personal care to the people living there. The registered manager had increased the nursing establishment and there were two registered nurses on duty until four o'clock each day and one thereafter. Overnight there was a registered nurse on duty with four care staff.

The numbers of care staff had been also been increased and how they were deployed on shift altered to help reduce the risk of staff being task orientated. Care staff now had a small group of people they supported with their individual needs on each shift. The new role of nutritional support worker had been introduced to give additional support with food and drink throughout the day. The registered manager formally monitored the dependency levels of people living in the home on a monthly basis and used this in assessing staffing needs.

Good

Is the service effective?

Our findings

People we spoke with who lived in the home told us that they felt they were supported to make their own decisions about their daily lives. We were told that the staff supporting them respected the choices they made. People told us the nursing and care staff who supported them "Ask me what I want doing". People living there told us "The food is excellent and lunch today was very good" and also "I am enjoying my meals, the food is delicious".

All of the care plans we looked at contained a nutritional assessment and a regular check on people's weight for changes. We saw that if someone found it difficult to eat or swallow advice was sought from the dietician or the speech and language therapist (SALT). Where the home had concerns about a person's nutrition the care records showed they had involved appropriate professionals to help make sure people received the correct diet.

We observed what was happening during meal times and how people were supported as they had their lunch. We saw that it was a social and relaxed occasion. We saw that care staff assisted people who needed help to eat their meals in an unhurried way and also prompted and encouraged people with their meals. There was a choice of food at all mealtimes and a choice of hot and cold drinks available during the day.

Some people were not well enough to come to the dining room and some people had chosen to have their meals in their rooms. We saw that staff took their meals out to them promptly and stayed and assisted people to eat the meal if they needed this help.

Relatives we talked with spoke well of the how staff met people's care needs. The relatives of one person living in the home told us that "The staff are very professional and they always send carers with [relative] if they have hospital or doctors' appointments". Another relative told us "They [staff] keep us informed on changes, they go out of their way to be helpful" and also said "I have confidence in the nursing staff".

There were records of the completed training nursing and care staff had attended and what was planned for the year. Training and development was overseen by the registered manager to help maintain consistent standards of training to meet the needs of people living in the home.

Staff we spoke to said they had regular supervision meetings with a senior staff member to discuss their practice and any areas for development and had appraisals of their work. This helped to ensure that nursing and care staff had appropriate support to carry out their roles safely and effectively and have their performance monitored. Staff we spoke with felt they received training they needed and one told us "I am always encouraged to do all training available and learn more. The manager really wants you to develop and it does make you more aware and the work more interesting".

The registered manager was clear about what more they could do to continuously improve the home for people living there. The gardens were being made secure so that people could use them safely when the weather improved. They told us about plans for a sensory room to help support people living with dementia and to provide a soothing and supportive environment away from the noise and activity of the lounge. This would be a useful resource to support people living with dementia and promote good practice in supporting their needs. We noted whilst in the lounge that some people would have preferred a quieter environment but there was only the small quiet area off the dining room. We discussed this with the registered manager as we felt this emphasised the importance of making sure the sensory room was developed to improve the facilities for the people living there.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community mental health teams and social services. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs. Before the inspection doctors from local GP practices gave us feedback on the service. We were told by one doctor that,

"I think they do a good general job of caring for some extremely complex elderly people. The majority of problems they bring to our attention are appropriate and in good time; they don't ignore or miss health problems - I've never, that I can recall, been to see a patient there with a problem that I think should have been raised days or weeks earlier. They are friendly and helpful when it comes to me seeing and being able to examine a patient in an appropriate setting".

Good

Is the service effective?

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The Mental Capacity Act (MCA) and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The staff we spoke with knew why a Deprivation of Liberty Safeguard would be required for a person. All staff we spoke with demonstrated an awareness of the MCA code of practice and the process to assess someone's capacity to make a decision. The registered manager had applied to supervisory authorities appropriately when there was a possibility a person might have their freedom restricted.

We saw that people who had capacity to make decisions about their care and treatment had been supported to do so. Some people were not able to make important decisions about their care or lives due to living with dementia or mental health needs. We looked at care plans to see how decisions had been made around their treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a particular decision. Records were kept of discussions with people and families around care decisions.

Good

Is the service caring?

Our findings

We spoke with people living in the home about how they were cared for and how staff supported them to live as they wanted. We were told by one person, “The staff are caring and kind. When I am showering they help me to be as independent as I can be and they are thoughtful about my privacy”. Another person told us, “I get up about 9.00am and go to bed about 9.45pm. I like to get myself ready for bed and then I ring the staff to help me into bed, it does not matter to me what gender the staff are so long as they do their job properly”. This indicated to us that these people were being supported as they preferred.

A relative we spoke with told us, “The staff are always smiling and are very kind to [relative]”. They told us there were no restrictions on the times they could visit. We were also told that by a relative that they also felt supported by the staff. Some other visiting relatives told us, “The staff are very responsive to [relative] needs”. A comment made to us by a GP was “All staff demonstrate caring with patience and compassion”.

We saw that people’s privacy was being respected. We saw that staff protected people's privacy by knocking on doors to private rooms before entering. We saw that some people used items of equipment to aid their mobility. We saw that the staff knew which people needed specific equipment to support their independence and we saw that staff provided these when they were needed. We saw that staff maintained people’s personal dignity when assisting them with transferring from a wheelchair to an easy chair. All bedrooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to.

We found that a range of information was available for people in the home to inform and support their choices. This included information about the providers, the services offered, about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes.

As we spent time in different communal areas of the home we saw that the staff engaged positively with people and we saw people enjoyed talking with the staff. Activities and conversations were going on in the lounge and it was a convivial atmosphere. Throughout our inspection we saw that the staff gave people the time they needed to communicate their wishes.

The manager and staff we spoke with were very clear and knowledgeable about the importance of providing a holistic care at the end of a person’s life. We found that staff had also been able to take part in 'The Six Steps' palliative care programme with a local hospice. This programme aimed to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care.

Is the service responsive?

Our findings

People who were able to comment said that staff were available to help and support them as they needed. One person told us "I am mostly happy with the care, my care plan is in the drawer to have a look at". One person said that staff respected their choices, for example one person said, "I prefer to stay in my room and they (staff) understand that but do tell me if there is anything going on I might want to join in".

A relative we spoke with felt staff responded well to their relatives needs and told us, "My [relative] has a care plan and it is up to date, they are also getting physiotherapy twice a day to help with their mobility". People we spoke with who lived at Swarthdale confirmed to us that they knew there was a plan about them and they could look it if they wanted to

People's care records showed that their individual needs had been assessed before coming to live in the home. This helped to make sure the home was able to meet the person's needs before they arrived. The information gathered was used to develop care plans. We saw information had been added to plans of care as they were developed and as the persons preferences and wishes became known. Records indicated that reviews had been carried out on people's assessed needs and associated risks.

We looked at care plans for people with complex healthcare needs and saw that these had been regularly reviewed so that people continued to receive appropriate care. For example, we could see where changes in wound management had happened following a weekly wound management evaluation. Care plans also contained up to date information about the care and treatment people wanted should their condition deteriorate.

People told us that the staff asked them about how they wanted to be supported when they assisted them and that staff did as they asked. We were told by people, and we saw from the records, that people were able to follow their own beliefs. There were monthly multi denominational religious services for people to take part in if they wanted or see their own priests and clergy. Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. This helped to give staff a more complete picture of the individuals they were supporting.

A range of organised activities were available for people and were led by the home's two activity coordinators .A relative told us, "My [relative] is involved with the social side of the home especially the painting class which [relative] likes". We could see that the activity programme for organised activities was prominently displayed so people could see what was planned. During our visit there was an armchair activity session going on in the morning and a bingo session later in the afternoon.

The service had a complaints procedure that was available in the home for people. People who lived there told us they knew they could make a complaint and would feel comfortable doing so with the registered manager or nurses. People told us, "No complaints at present" and "Not had cause to complain yet".

Relatives told us that if they wanted to know anything about their relative's care they "Asked the nurse". They also told us, "I would not hesitate to raise any concerns with the manager. One relative told us, "My [relative} has settled in very well and gets on with the staff and yes I do have access to the complaints procedure". This indicated that people were aware of how to raise any issues and had confidence that their concerns would be listened to and responded to.

Good

Is the service well-led?

Our findings

Everyone we spoke with who lived at Swarthdale told us that they felt that this service was being well managed. People who lived in the home and their visitors said they knew the registered manager of the service and saw them "Just about every day". People living there, their relatives and staff we spoke with felt that the manager was "approachable" and "easy to talk to".

One relative told us "I do know about the residents and family meeting that's due so we have a say". A relative told us that they had attended these meetings previously and found them to be "worthwhile" and that they were asked for their ideas and views as well.

Before the inspection we had contacted health, social care and medical professionals, who supported people who lived in the home, for their views and experiences. They told us that they had positive professional relationships with the registered manager and nursing staff employed there. Comments that had been made to us included, "I have found the senior nursing and admin staff especially [registered manager and deputy manager] to be outstanding in their organisational skills and caring attitude".

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us that they supported by the registered manager and deputy in the home to develop and "progress". We were told "I have been encouraged to develop my skills and that makes it all more interesting and rewarding. I am happy in my work". Another staff member told us, "I think we have good leadership, we can rely on our manager". Another staff member told us, "It's an open culture, no divisions or them and us" and also "[manager] is very fair but firm".

They said they had regular staff meetings to discuss practices, share ideas and any areas for development. One staff member told us, "The manager is very good; she listens to our ideas and suggestions".

We found that there were effective systems being used to assess the quality of the service provided in the home. This monitoring system included a programme of audits undertaken to assess compliance with internal standards and regular quality monitoring visits from the registered provider.

We saw that regular audits had been done on care plans and care records, wound management, medication records, the premises and environment and training. Maintenance checks were being done regularly by staff and records had been kept and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning audit and records relating to premises and equipment checks to make sure they were clean and for the people living there.

There were processes in place for reporting incidents and we saw that these were being followed. Incidents were reviewed by the registered manager to identify any patterns that needed to be addressed. There was regular monitoring for individual risks to check if there was a theme or pattern emerging that needed to be addressed.