Donna Burrows and Harold Burrows

The Swallows Residential Care Home

Inspection report

Helions Bumpstead
Haverhill
Suffolk
CB9 7AA
Tel: 01440 714 745
Website: www.example.com

Date of inspection visit: 22 September 2015
Date of publication: 13/01/2016

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

We carried out an inspection on the 22 September 2015 and it was unannounced. The last inspection was on the 16 August 2013 and the service was found to be meeting the required standards.

The service is registered to provide personal care for up to sixteen older people. At the time of our inspection there were fourteen people who lived at the home. The home is owned by a husband and wife. There is a registered manager in post. 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.

Summary of findings

The service provided comfortable accommodation to people and we identified no hazards to people's safety. Staffing was adequate and people's needs were met in a timely way.

Risks to people's safety were minimised as far as possible and any known risk was documented to show how the risk was being managed and reduced as far as possible.

Staff understood their responsibilities towards safeguarding people and how to report concerns if they felt people were at risk of harm or abuse.

People's needs were met by staff who were adequately recruited and trained and understood how to care for people effectively.

People were supported to eat and drink enough for their needs and staff promoted people's well- being by encouraging people to stay mobile. Any change in people's health was followed up to ensure medical health conditions were carefully managed and illness treated.

Staff promoted people's independence and gave people choices about their care and welfare and how they would like their needs to be met. Where a person lacked capacity to make a decision about different aspects of their care and welfare, the home adequately supported the person and acted in accordance with the Mental Capacity Act 2005.

People were offered a range of activities to help keep people occupied and mentally stimulated. Staff were observed to be kind, caring and familiar with people's needs.

The service was inclusive of families and there was information around the service to tell people and their family members what was going on and information about advocacy or how to raise concerns if the service fell short of their expectations.

Records demonstrated that staff were proactive and monitored people's care and support needs to ensure they were met as far as reasonably possible.

The service was well managed and provided good outcomes for people. There were systems in place to assess the level of care provided and effectiveness of the service. This enabled the provider to address any improvements identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People received their medicines safety by staff who were trained in the safe administration of medicines. This supported people to receive their medicines as prescribed.

There were enough staff to meet people's needs and staff worked flexibly according to people's changing needs.

Staff knew how to identify abuse and report concerns accordingly. Risks to people's safety were documented and showed how risks were monitored and reduced.

There were robust recruitment processes to ensure only suitable staff were employed at the service.

Good

Is the service effective?
The service was effective.

Staff had the necessary skills and competence for their job role and to meet people's assessed needs.

People received adequate food and fluid for their needs. Staff supported people to maintain healthy lifestyles and responded appropriately when people were unwell.

Staff supported people with their decision making and acted lawfully according to the Mental Capacity Act 2015 and the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

Staff supported people appropriately promoting their well- being and independence and dignity.

People made choices and decisions about how they would like to receive their care and were consulted about their needs and wishes.

Good

Is the service responsive?
The service was responsive.

People were encouraged to participate in a range of activities to encourage well- being and alleviate social isolation.

People's care needs were assessed, documented and reviewed to ensure staff knew how to care for a person. Records focussed on the person's wishes and choices to ensure care was personalised.

Good

Is the service well-led?
The service was well led.

The home was well led with clear lines of responsibility and accountability. Everyone knew who the manager was and felt they were responsive.

There were systems in place to audit the quality and effectiveness of the service and take actions where it fell short of people's expectations.

Good

Summary of findings

The service was inclusive and people were able to maintain relationships with their families and the wider community.

The Swallows Residential Care 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 the 22 September 2015 and was unannounced.

The inspection was carried out by one inspector. As part of this inspection we reviewed information we already held about the service including previous inspections reports, share your experience and notifications. A notification is information about important events which the service is required to send to us by law. Following the inspection we asked for additional information which was received in a timely manner

During our inspection we spoke with eight people using the service. We spoke with five staff, three relatives, and one health care professional. We observed the care provided throughout the day, including a range of activities and during the lunch time period.

Good

Is the service safe?

Our findings

One person told us, "The staff are very good; they are there when you need them." Throughout our inspection staff were visible and knew people well and provided them with appropriate support according to their needs and wishes.

Staff had a clear understanding of their role in protecting people who used the service from abuse. Staff told us if they had any concerns they would raise them with the assistant manager or the owner/registered manager. They were confident their concerns would be addressed promptly. They were aware of the role of other external safeguarding agencies and how they would raise a safeguarding concern with them if they felt they needed to. Staff confirmed they had received training in the protection of vulnerable adults and were able to tell us what constituted abuse and how they would respond to safeguard people accordingly. No safeguarding concerns had been raised by the home in recent months but the manager was familiar with the process and action they would take to notify the Care Quality Commission of any event affecting the well being and, or safety of people using the service.

Information was readily available to staff on how to report concerns if staff suspected a person to be at risk from harm and, or abuse. Information was also available to family members and visitors.

Risks to people's health, wellbeing and safety were clearly documented and kept under review which meant staff were responding to people's changing needs. Where a risk had been identified such as a risk of falling, this had been assessed and measures put in place to reduce the risk which was proportionate to the degree of risk. People's weights were monitored and staff routinely recorded what people ate and drank in people's daily notes which meant they could identify when someone was not eating or drinking enough for their needs. There were manual handling plans for people and we observed staff appropriately supporting people with their mobility. There were evacuation plans in place for people in the event of a fire with any particular considerations staff should be aware of when supporting people in an emergency situation. Risk assessments were also in place to guide staff to mitigate the risks for people regarding their skin integrity, continence management and long term health conditions.

People using the service told us that they were familiar with the staff and staff were familiar with their needs. They were confident staff knew how to support them appropriately.

One family told us, "Staff are very friendly and we always see the same staff."

Staffing levels were observed to be adequate to meet people's needs on the day of our inspection. We looked at the staffing rotas and saw that the home had the number of staff it said it needed. All staff were permanent, and experienced. The home did not use agency staff but relied on staffing working overtime or by using its own bank staff. Staff told us they were employed in sufficient numbers to meet people's needs. They also told us that the manager and assistant manager were often supernumerary but would help as required and additional staff came in to support people with their social needs. Staff told us they pulled together and worked as a team and would cover each other's roles where necessary. For example, the senior carer was standing in for the chef on the day of our inspection and all staff had access to the same training which meant they had the necessary skills and training to step into another role as required.

We observed staff administering people's medicines. They did so competently. They ensured people took their medicines before signing to say it had been administered. They told people what they were administering and asked people if they required their prescribed as and when required medicines such as analgesics. Staff administering medicines told us they had been trained to do so and they had been observed and assessed as competent before being able to administer medicines to people. We saw a sample of medicine competency assessments which had been completed at regular intervals.

We noted that some people took medicines to counteract the effects of constipation. However there was no record to show when a person had their bowels open so we could not see how staff effectively monitored constipation. The manager took immediate remedial action to ensure this was resolved at the time.

We looked at a sample of people's medicine administration records (MAR). We did not see any signature gaps. There was a description of the person, some basic information about what they were prescribed and why and any relevant

Good

Is the service safe?

health information such as allergies. There were protocols in place for prescribed as necessary medicines such as analgesics and a homely remedies policy for the administration of vitamins.

Annual medicine audits were completed by the pharmaceutical company providing the homes medicines. The home carried out its own audits and daily stock checks. However, these were not recorded so we were unable to see if they were sufficiently robust to identify and action taken to respond to errors. The manager agreed these should be recorded.

Staff recruitment processes were adequate and only suitable staff were employed to work in the care setting. The manager explained the interview process which was suitably robust. We checked two personnel files. These included all the necessary prerequisites checks completed before employment including suitable references, application form, Disclosure and barring check and proof of identity. We saw a sample of interview questions and candidate's responses which were used to help determine their suitability for employment. There was also evidence of induction, training and support provided to all staff.

Good

Is the service effective?

Our findings

Staff records showed us that staff had regular training and covered all the necessary training requirements. Staff spoken with confirmed they had attended all the required training and refresher training provided as required. One staff told us about additional training they had completed was in line with the specific needs of people using the service. Examples given were dementia care and diabetic care. Some staff told us they had completed additional, advanced care qualifications and this was encouraged for staff who wished to develop further. This was recorded on their training record. Around the home we saw information about forthcoming, planned training.

Staff induction was satisfactory. Staff told us they shadowed more experienced members of staff and completed a standardised induction programme, working towards the new care certificate. Staff were supported throughout their employment through supervision and appraisal of their performance.

People were supported to make their own decisions about their care and welfare. Staff told us everyone had capacity to make their own choices and most had family who could support them. One person who had no immediate family had an appointed advocate who visited them regularly and supported the person with planning for their needs and choices. People's records demonstrated that people had consented to treatment and where families had active power of attorneys for care and welfare and, or finance this was recorded. The manager had in the past made Deprivation of Liberty Safeguard applications to the Local Authority and had a clear understanding of this. These are required for people detained against their will to ensure the decision to detain people is lawful and people's right are upheld. The manager told us doors were not locked and people could move around freely, supported by staff when necessary. The risks to people's health, safety and liberty were assessed on an individual basis. A best interest decision had been made for one person around a specific area of their care and this had been discussed and recorded appropriately with a clear rationale.

People told us the food was good. One person said, "Yes the food is really good and we get plenty of choice." Throughout the day we saw people being offered drinks and encouraged to have plenty of fluids. Snacks were also available. We observed lunch and most people ate in the dining room and socialised with others over a glass of wine. Staff were attentive but people were mostly independent. One person had their food pureed and the food was mixed together. When we asked they knew what they were eating and said they had chosen to have it mixed together. During our inspection we were told that no one was currently at undue risk of not eating or drinking enough for their needs.

Several of the senior staff had been on a nutrition course to learn how to use the malnutrition universal screening tool, (MUST). However the home had designed its own tool to measure and calculate people's weight and malnutrition risk should it not be possible to weight the person. We saw this tool which highlighted any nutritional risk to the person and actions taken by staff to reduce unplanned weight loss. The manager said each person's weight and height was measured on admission and at regular intervals thereafter. They told us they have a nutrition/hydration policy in place and gave us a copy of this. No one was on individual fluid charts but a note was kept indicating if people were eating and drinking well throughout the day. It was difficult to establish how this was assessed over period of time.

Staff were knowledgeable about people's dietary needs. They said if they had any concerns they would carefully record what people ate and drank and seek advice from the district nurse and GP.

We spoke with people about their health care needs and people told us they had been supported to access the chiropodist and the GP when necessary. One person told us they had a headache, and staff immediately responded to this making the person comfortable and asking if they needed pain relief. We spoke with the District nurse. They told us they visited some people daily. They told us staff made appropriate referrals and were knowledgeable about people's needs which meant they were quick to identify a change in a person's needs. They told us they supported staff to provide good end of life care.

One family told us that their relative had maintained a healthy weight since being at the home. They told us their family had complex health issues but since being at the home they regularly saw the district nurse who co-ordinated services to ensure their needs were met in a seamless way. Something they said they had struggled to do when their relative was living in the community

Good

Is the service effective?

Staff told us people regularly saw other health care professionals such as the dentist and optician and this was facilitated by the staff. People's notes clearly indicated that staff were proactive in monitoring people's health care needs and referring people to the GP when they identified a change in need.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they were content in the home. We spoke with a family member who said their relative was very happy at the home and they were there often and always saw good care being provided. They said, "I know all the staff and its really lovely here." The person being visited said, "Yes it's my home, I'm happy here."

One person told us of the realisation that they were unable to manage any longer independently. They said staff provided them with support for the things they needed help with whilst enabling them to retain independence where they could. Staff spent considerable time reassuring them about things they had become anxious with.

One person was distressed and told us they were ready to die. The staff member immediately made time for the person and gave them comfort and support and established why the person was feeling low. They demonstrated care and compassion and we saw that the person was comforted by them.

We observed one person being supported with their manual handling needs. Staff were patient and did not hurry the person. They explained what they wanted the person to do and ensured the persons safety.

Throughout our observations we saw that staff were present in the communal areas and encouraged people to eat, drink and join in social activities. A number of people were in their room and their choice to remain there was respected. However, people were encouraged to participate fully in the activities provided to help alleviate boredom and keep people stimulated.

People were appropriately dressed and had nicely manicured nails. People told us the hairdresser visited regularly and people were well groomed. Some ladies had makeup and we saw they had jewellery and personal possessions with them. Staff told us that people were accompanied into town so they could purchase clothes and toiletries.

People were involved in planning and reviewing their care. They were consulted about their individual care needs and asked to contribute to the wider planning of the service. This was achieved through individual care plan reviews, resident/relative meetings and surveys asking for people's views on the service. The survey told us how people's views had been acted upon particularly in relation to how people wish to spend their time.

Good

Is the service responsive?

Our findings

Staff were all responsible for ensuring people's social needs were met and there was enough to keep people occupied. On the day of our inspection several people went out with staff for lunch. The local town was accessible by taxis. Other people were listening to the television or reading. Following lunch people listened to music which most seemed to enjoy and were encouraged to get up and dance. However, one person said after a while, "The music is getting on my nerves." To which another person replied, "I don't think we have much choice." People had the choice of going to another part of the home or opting out of activities. One person told us, "I have my nails done and hair every Wednesday."

Information was displayed around the home as to forthcoming events. Examples included, sing songs, board games, crafts, and visits from external people such as the salvation army. There was also a regular church service.

The manager told us that three part time staff supported activities within the home and would come in specifically to help facilitate activities, take people out and spend time with people who would chose to isolate themselves in their room. The manager kept a record of any activity offered to people throughout the day.

The home held an amenity fund for people using the service to pay for trips out and social activities. Monies were raised through events. This enabled people to stay involved with the local community.

The home was appropriately laid out and gave people the opportunity to meet visitors in private. There was a large secure garden, and we could see people used the outside space and the home held the occasional barbeque. Memorabilia was on the walls and we could see photographic evidence of events and arts which had taken place and been made by people using the service.

We observed people socialising with staff and each other and there were visitors throughout the day. Lunch was a positive experience with some people enjoying wine or baileys with their lunch. Relatives and visitors were able to join people for lunch if they wished. The kitchen was in the middle of the lounge/dining area so the smells from the cooking were evident and people were offered a range of snacks and drinks, including tea, coffee, hot chocolate, or whatever people wanted.

Each person had a social activities care plan which looked at leisure activities, cultural activities and routines of daily living. Through our observations we saw activities were provided flexibly according to people's wishes.

Peoples care records were informative and told us what their assessed needs were and how they were being met. We noted some records had not been reviewed in the month of August but we could see a contemporaneous record of care given each day. Notes included any health care interventions and how people liked their support to be given. Some information could be expanded on but staff spoken with had a good knowledge of the person's needs. The manager told us they reviewed care plans weekly and senior staff checked them monthly to see if any changes have occurred and to ensure care plans were of a consistently high standard and reflected the person's current needs.

People had a personal preference sheet which considered what products people liked on their skin and preferences around their personal care needs such as bath time preferences. Care plans gave specific details about people's needs and preferences. This enabled staff to provide care around people's wishes and we saw that people were invited to formal reviews about their care.

The home had an established complaints procedure, which told people who to complain to in the first instance and how they could expect their complaint to be dealt with. The manager told us they had not received any complaints since the last inspection. There was a suggestion box in the hall which meant people could raise concerns anonymously. People were routinely asked for their feedback and surveys were sent out to people using the service, families, health care professionals, and staff. We saw a sample of comment which were all very positive. Such as, 'The staff are very caring and competent.' And 'Staff are very helpful.' We were unable to see how any negative feedback was managed as there was none recorded.

Good

Is the service well-led?

Our findings

One staff member told us, “We are all a big family.” They told us the home was well managed with resident/relative and staff meetings and an open door policy so things were addressed as required. Everyone we spoke with felt the manager was approachable and listened and acted upon what was said. Another staff member told us it was a good team. They said, “We all pull together.”

The manager told us they employed external consultants to act as advisors and to complete external audits of the services performance and its compliance with relevant legislation. The last full service audit was completed in April 2015 and was comprehensive providing evidence of how the service complied or identifying areas for improvement.

The home was inclusive. People were able to go out and we saw on the day of our inspection some people went for lunch. Where people were unable or not wishing to go out, they had regular visitors from family, friends and in one instance an advocate. Staff told us community groups visited people at the service including a PAT dog, (dogs for therapy.) Some staff came initially as work experience through college placements. The staff worked with other health and social care agencies to ensure people’s needs were met as cohesively as possible and families were a big part of the support network.

Information about the service was available including the last inspection report and details of the home’s own internal quality audit which showed how well the home were performing and where improvements had been identified. There was information about how to complain, forthcoming events and staff news.

We looked at a sample of maintenance records and saw that equipment was regularly maintained, tested and serviced to ensure people were kept safe as possible. Examples included water temperature and legionella tests, fire safety tests and servicing and cleaning schedules. Inspection certificates were viewed for fire safety.

There were systems and processes in place to ensure staff were supported and had the necessary skills to meet people’s defined needs and the service were clear about what they were and were not able to provide. They worked closely with health care and social agencies to ensure people’s needs were

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.