

Donna Burrows and Harold Burrows

# The Swallows Residential Care Home

## Inspection report

Helions Bumpstead Road  
Haverhill  
Suffolk  
CB9 7AA

Tel: 01440714745

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Swallows Residential Care Home is a residential care home providing personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 16 people.

### People's experience of using this service and what we found

Staff did not take all the actions recommended by the government to protect people from the spread of infection. There were enough staff working at the service, although there were times when no additional staff were available to supervise communal areas to ensure people were safe.

Staff assessed and when possible reduced risks to people, although they had not considered risks associated with dementia care. We have made a recommendation about seeking national guidance for these risks.

Systems to monitor how well the home was running were carried out, although not all areas for improvement were identified and we were not assured the provider's process was effective. The provider had management arrangements in place to support the service while they were working remotely due to COVID-19. People's and staff views about the service were sought, although formal requests from relatives had been suspended due to COVID-19.

Staff reported possible abuse and knew what to do to keep people safe. The provider obtained key recruitment checks before new staff started work. Medicines were administered as prescribed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 9 May 2018).

### Why we inspected

We received concerns in relation to safeguarding people, assessing risks and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led

sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Swallows Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Swallows Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors .

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 March 2021 and ended on 9 May 2021. We visited the care home on 16 March 2021 and ended the inspection on 9 May 2021 following requests for information to be sent to us and

a decision to expand our inspection.

#### What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with four staff members, including care staff and an external consultant supporting the service. We carried out observations to help us understand the experience of people who could not speak with us and how the service was running.

#### After the inspection

We spoke with six people's relatives, three care staff and we contacted the registered manager by email. Due to the COVID-19 pandemic the registered manager sent us information and records electronically. We looked at recruitment records for two staff, a range of other records, including three people's care records, and the staffing rota.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. However, we saw that window visits were not always carried out safely to protect people living at the service or the visitors from the transmission of infection.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. Staff had taken action to move chairs in communal areas further apart so that people were able to socially distance. However, the registered manager had not considered the need for staff to socially distance or to use an alternative area during their breaks.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE (personal protective equipment) effectively and safely. Staff did not wear the correct face masks, although these were available in the service. Visors worn by office staff were reused, although they were not of the type suitable to be reused. Staff were not aware of the need to store used PPE for 72 hours before placing in external waste bins.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules did not identify the need to clean frequently touched surfaces more often than usual and staff were not able to provide adequate further information to indicate this was being carried out.
- We were assured that the provider's infection prevention and control policy was up to date.

Staff did not follow government guidance on COVID-19 closely enough keeping people safe from the possible transmission of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Relatives told us they thought there were enough staff available, although we had mixed reactions from staff about staffing levels. Staff told us there were four people who stayed in bed and needed support to reposition. We saw that staff responded to call bells quickly, they had time to complete care records during their shift and people received support with care when they needed and asked for it. Staff worked in an unhurried way and were available for people.
- Staffing information showed there were at least two care staff and an office based senior staff member, who supervised communal areas if both care staff were busy. This was the case during the day but not in the

evening, when there were only two care staff on duty. The information also showed that a cleaner was only employed four days a week and that there was no additional staff to cover when they were not working. Since this inspection has been completed the registered manager confirmed other staff were deployed to undertake cleaning tasks when cleaning staff were not available.

- The registered manager told us they had reviewed staffing levels and were deploying an extra care assistant during the day in addition to an extra staff member for two hours in the evening. A staff member told us that additional staff were deployed when a person who fell a lot lived at the service, although this stopped when the person stopped living there. The needs of people using communal areas meant they were at risk if staff were not easily available. Since this inspection has been completed the registered manager has confirmed they had increased staffing to three staff members in the evening.
- Staff told us that pre-employment checks were completed before they started work. The provider sent us information to show these checks were obtained before new staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

#### Assessing risk, safety monitoring and management

- We received information prior to this inspection that people's dementia needs were not adequately assessed, resulting in dementia appropriate care not being provided. Care staff were supportive towards people and helped them live in the way they wanted, for example they provided people with choices when a person had difficulty making a decision. One staff member described how they managed the impact of one person's repetitive questions had on other people at the service.
- We reviewed one person's records for dementia care. Although this person's risk assessments indicated they lived with dementia, there was no additional information to identify specific risks in relation to this. Staff told us the person sometimes called out and although staff told us how they supported the person and spent time with them when this happened, this was not recorded in the person's risk assessments or care plan.

We recommend the provider considers national guidance on risks in relation to dementia care and incorporates this into people's care records as appropriate.

- Staff assessed risks to people's physical health and welfare such as moving and handling and the risk of developing pressure ulcers. They followed actions to reduce risks and reviewed assessments to make sure any changes were identified.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment. Staff told us they practiced fire drills and knew what to do in the event of a fire. Portable appliances had been tested within the previous 12 months. This ensured that not only had risks been identified, but checks were also completed to make sure people were safe. People lived in a dementia friendly environment that was homely, provided adequate light and appropriate shared spaces for people. Systems and processes to safeguard people from the risk of abuse
- We received information of concern that the emotional needs of one person were not being met by staff, which resulted in the person shouting out and becoming distressed. Staff told us the person did sometimes call out and they spent time with them when this happened. We observed that the person's behaviour was as staff described and the person's care records described them accurately.
- Relatives felt their family members were safe living at the service. One relative told us, "[Person is] very safe living at the home. [Person] tells me that he feels safe and that they look after him." Another relative said, "Oh yes, [person] hasn't had a fall. She is well fed, she is always lovely and clean and tidy."
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns. Staff told us they would report any concerns that they had, one staff member confirmed



they had received information about reporting concerns outside the service.

#### Using medicines safely

- Relatives told us people received their medicines. One relative said, "[Person] has regular medication and this is all in hand."
- Medicines administration records showed that medicines were given as prescribed and there was information about how to administer medicines that needed to be given in a specific way.

#### Learning lessons when things go wrong

- The provider had a 'learning lessons' policy in place, which set out the actions staff needed to take to reduce the risk of incidents occurring again. Incidents or accidents involving people using the service or staff were managed. Staff recorded these and the registered manager completed analysis to identify such things as increases or decreases in behaviour that challenged or whether incidents involved one person more than others.
- The registered manager told us information was passed on to staff through a memo alert system and through individual supervision sessions. They said the memo system had been used to raise awareness of a recent medicine administration issue and staff acted on the information immediately.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider had a quality management policy in place, which provided guidance about how the quality of and risks to the service were to be monitored. The registered manager told us they regularly monitored infection control practice. However, they did not confirm whether this monitoring had identified any concerns or whether they had needed to take action in relation to this. We identified several areas where staff were not fully complying with government guidance during our visit, which resulted in a breach of regulation. We were therefore not assured that the provider's process for monitoring infection control practice was robust enough to ensure guidance was followed properly.
- We asked the registered manager for an explanation of how these systems improved the service and an analysis of the audits completed. We did not receive an analysis of the audits, although information provided showed action had been taken in response to trends and themes identified. This included action to increase staffing levels when people's dependency levels increased.
- Records of accidents and incidents were analysed to find trends or themes, such as the cause or contributing factors. This enabled the registered manager to take action where needed and reduce reoccurrence.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There has been a registered manager in post since the service's current registration started in June 2013. The registered manager confirmed that due to risks posed by COVID-19 they were not providing a day to day presence at the service, although they were there two days a week. The service had a deputy manager and other senior staff in post who were able to provide leadership when the registered manager was not available. External consultants were also available to support staff.
- The provider submitted information to notify the Commission of events, such as deaths or equipment failure, at the service.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they liked working at the home, one staff member said, "I like it, it is a good service, and is very safe." Another staff member told us, "I feel well supported," and, "People are well looked after."
- Staff were committed to providing care and support. They understood their responsibilities to ensure

people received the care they needed and stepped in to support other staff when needed. All of the staff we spoke with said that people were well cared for. One staff member told us, "The care is really good."

- Staff were positive about the skills and abilities of the deputy manager. One staff member told us, "[Deputy manager] is so supportive and approachable, she is always there for you. You can talk to her about anything and she will help you out or support you with issues."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider sent us information about events and incidents that happened, such as for deaths or the outcome of Deprivation of Liberty Safeguarding authorisations.
- The service displayed their inspection rating on their website and at the home.
- Relatives told us they were usually contacted and updated with information about their family members, such as if they had a fall. This meant the registered manager was open and honest with people, their relatives and stakeholders about what had happened and how they had addressed the issue.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us people, their relatives and staff were usually contacted each year for their views of the service. Since the COVID-19 pandemic these surveys have not been completed as the registered manager already knew people's and staff views through their daily interactions. Relatives told us staff contacted them to keep them up to date with what had been happening.
- A relative told us they had been involved in a review of their family member's care, which provided them with the opportunity to feed back about the service the person received.
- Staff told us they could discuss issues with the deputy manager, which gave them the support they needed.

Working in partnership with others

- We received information before this inspection that representatives of the provider had not worked appropriately with staff from the local authority on a recent visit. We found that staff were accommodating on our visit to the service and we have been provided with most of the information we requested on this inspection. The registered manager told us they had regular monthly meetings with the District Nursing Service with the aim of maximising safety and the quality of care provided to people. They collaborated with the local authority in regard to care and accommodation commissioned by them.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Staff did not follow government guidance on COVID-19 closely enough keeping people safe from the possible transmission of infection. Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.