

Vaneal Ltd

Swimbridge House Nursing Home

Inspection report

Welcombe Lane
Swimbridge
Barnstaple
Devon
EX32 0QT

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 18 and 19 April 2016 and was unannounced. The previous comprehensive inspection was completed in October 2014 where we found there were a number of requirements in four out of the five key areas. A focussed inspection was completed in June 2015 where we found some improvements had been made.

The service is registered to provide nursing care and support for up to 30 people. Most people living at the home are older and some are living with dementia. At the time of this inspection there were 27 people living at Swimbridge.

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. 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.

The registered manager had been at the service for just under 12 months and during this time, she and the senior management team, which included a clinical lead, registered provider and nurses have achieved a great deal to improve the service. This included improving the morale of the team, improving standards of care and using an approach which showed the person at the heart of the service. The leadership team have provided exceptional support to the staff team, people living at the home and to relatives. The registered manager had worked hard to forge great community links and ensure Swimbridge House had a good reputation locally and with commissioners.

People and the relatives were very complimentary about the care and support they received and about the leadership of the home. Comments included "The staff are very kind and very patient." and "Staff are brilliant. They are always so kind to me." One relative said "The manager has gone a long way in making this home welcoming and inviting. It really does feel like home from home." Another said "This is a five star service; you don't get better than this. Every member of staff welcomes you and makes you feel at home."

Care and support was being well planned by a staff team who understood people's needs and were supported and trained to do their job effectively. Staff said they had effective and inspiring leadership which helped them to implement the ethos and values of the service.

People were kept safe because staff understood what may place people at risk and what types of abuse to watch for. Staff were confident about how to report abuse and that the senior team took all concerns seriously and acted on issues quickly and appropriately. Recruitment was robust which ensured only staff who were suitable to work with vulnerable people were recruited.

Medicines were being appropriately managed and monitored. Where minor errors had been made, these had been picked up quickly through medicine audits.

There were enough staff with the right skills to meet people's needs in a timely way. Staff showed a caring attitude and approach to people. For example being alert and responsive to people's changing moods and ensuring they provided comfort and support when people needed to feel safe. The ethos promoted by the registered manager and provider had impacted positively on staff, enabling them to be responsive. Staff ensured people were given personalised care in an environment which was homely and welcoming.

People were offered a wide variety of meals and snack and drinks throughout the day. Where people had been identified as being at risk of losing weight, additional monitoring measures were in place to ensure they were offered extra snacks and support to eat sufficient amounts to stay healthy. People were complimentary about the food.

Well managed systems were in place to ensure the quality of care and support were continually reviewed and monitored. Where improvements were needed, prompt action was taken to drive up the quality of care and support. The registered manager had ensured there was the right training and support for staff to enable them to deliver person centred care. The leadership model was really inclusive and ensured people, relatives and staff all felt valued. There was a strong commitment to deliver a high standard of personalised care and continued improvement.

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.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

There were sufficient numbers of staff to meet the number and needs of people.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

Is the service responsive?

Good ●

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

Staff worked in a way which showed the person was at the heart of the service.

There were regular opportunities for people to engage in meaningful activities.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good ●

The service was well-led.

The home was really well-run by the registered manager and provider who supported their staff team and promoted an open and inclusive culture and had developed a caring, warm and welcoming environment.

There was a strong commitment to deliver a high standard of personalised care and continued improvement.

People's, relatives and staff views were taken into account in reviewing the service and in making any changes.

Well managed systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis. Prompt actions were taken to improve areas where issues were identified.

Swimbridge House 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 5 and 6 April 2016 and was unannounced. There was one inspector for both days.

Prior to the inspection we looked at information we have received in respect of this service. This included notifications. A notification is information about important events which the service is required to tell us about by law. We also looked at recent safeguarding information.

During the inspection we spoke with nine people using the service, eight visiting family members and ten staff. Following the visit we also contacted two further healthcare professionals to gain their views about the service.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked four records relating to staff recruitment, training, and supervision. We also looked at how complaints were responded to, service safety checks and quality assurance processes.

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 comment directly on their experience.



Our findings

At the previous comprehensive inspection we found there were not always enough staff with the right skills to provide safe care to people in a timely way. During this inspection we saw evidence to show staffing levels had been reviewed in line with people's changing needs. Staff confirmed there were enough staff available each shift to meet people's needs. Staffing rotas confirmed there was enough staff across day and evenings to ensure people had their needs met in a timely way. There was a registered nurse supported by five or six care staff per shift for up to 30 people. They were supported by a cook, kitchen assistant, cleaning staff, administrator, clinical lead and registered manager. The service also employed a handyperson to help with the maintenance of the service. At night time there was a registered nurse and two care staff on shift. The registered manager said they were also in the process of recruiting a person to cover care hours for tea time and evenings to provide some additional cover at key times.

People said they felt safe and staff met their needs in a timely way. One person said, for example "I only have to use this call bell and staff come and check what I need." Another said "There are usually enough staff around to help us when we need it. If they are busy, they may say can you wait and we will get back to you." Relatives confirmed staffing levels were sufficient for the number and needs of people living at the service. One relative said "I did have concerns in the past about staffing levels as so many of them were leaving, but the staff team are much more stable now they have this manager. I can't praise them enough. They are very attentive and there are always enough of them on duty now." We observed when people showed signs of distress which may have indicated they did not feel safe, staff responded quickly. They offered reassurance and diverted them to an activity such as having a cup of tea or going for a walk.

On the first day of the inspection we found staff had used the same sling for hoisting two different people. They confirmed they did not have a sling for each person. By the second day of the inspection enough slings for each person to have their own plus a spare one were ordered and were being delivered within 24 hours. The registered manager said people who required them, each had their own sling for their individual rooms (of a different type), she had now ensured there were also individual slings for people to use in communal areas.

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Staff files also contained proof of identification and staffs home address details.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received updated training on safeguarding on an annual basis. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to Care Quality Commission (CQC). There had been one alert raised by the service within the last 12 months. This was shared with relevant parties to ensure people remained protected from any potential risks.

Risks assessments were in place and were up to date for people's physical and mental health needs. For example, people at risk of developing pressure sores, their risk had been assessed and kept under review. Actions included having pressure relieving equipment in place such as cushions and air wave mattresses. Where staff had noted reddened areas of skin, preventative measures to reduce further deterioration were taken. These included the application of barrier creams and the promotion of bed rest to give the area where pressure was being created, time to heal. Where specialist mattresses were in place these were set to ensure maximum comfort and protection for the weight of the person. People also had pressure relieving cushions.

Where people were at risk of falls, their risk assessment guided staff to check they had the right equipment to aid mobility and to ensure their environment was clutter free. For some people who were at risk of falling when in their room, pressure mats had been placed by their bed to alert staff to the fact they were up and moving so they could check if help was needed to move safely. Where people had been assessed as being at risk of choking, staff had contacted the speech and language team who had undertaken assessments. Staff were guided how best to support the person and what types and consistency of food and drinks they should be served.

The legionella risk assessment and fire risk assessment were in place and these included regular audits to ensure areas identified for action were completed. For example to reduce the risk of legionella, shower heads and water outlets were flushed out regularly. This was recorded to show it was completed at regular intervals as the assessment had recommended. People had individual evacuation plans to assist staff with quick evacuation if needed. This included using the local hall as a place of safety and using a local taxi company to help transport people safely if evacuation was needed.

People received their medicines safely and on time. The service used a monitored dosage system on a monthly cycle for each person. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Staff stayed with the person whilst they were taking their medicines and provided encouragement and support, where needed. Some people had medicines prescribed for mood, as needed (PRN). There was a protocol explaining when and why this type of medicine should be used, to ensure PRN was used in a consistent way. The lunchtime medicines were administered following the medicines policy and procedure. People were offered additional pain relief. For example we heard the nurse offer one person paracetamol which had been prescribed as needed.

Medicines were all safely stored in a locked treatment room in a locked trolley. Medicines that required additional controls were stored securely and always checked and signed by two staff when administered to help prevent possible errors. The service had a number of 'just in case' medicines to ensure comfort for people who were considered to be nearing the end of their life. The nurse on duty confirmed they had received appropriate training in order to ensure they could deliver effective pain relief when needed to any person who had been prescribed this. The nurse also confirmed their competencies were checked by the clinical lead. Medicine audits were completed weekly and any gaps in recording were followed up. The clinical lead said there had been a few issues identified with recording. They were looking to introduce a new system using electronic barcodes to keep check on stock and see where and who may be making

errors. She said they were keen to ensure there were zero percent errors and believed the new system would help to achieve this.

The home was clean and odour free. There was a plentiful supply of personal protective equipment (PPE) such as gloves and aprons. Staff used these appropriately when providing personal care. There had been a recent outbreak of an infectious illness and the registered manager contacted the health protection agency to ensure safe procedures were followed to minimise the spread. This included restricting visitors where possible and ensuring extra cleaning and deep cleaning was carried out. The laundry area was about to be refurbished and will include a separate hand washing sink and lidded boxes for people's personal laundry to help with the prevention of any cross infection.



Our findings

People were supported to have their needs met by staff who understood their needs, wishes and preferences. One person said "If I ask them for a cup of tea, they bring it for me. They know what I like and don't like." We observed examples of staff providing effective care and support to people throughout the day. For example making sure people had their walking aids close by to aid their mobility. When another person said they had not eaten anything, despite just having had their lunch, staff did not dismiss their request. They sat with the person and asked what they would like to eat and suggested a number of options. There were snacks such as crisps, biscuits and fruit available in different areas around the home. Staff offered people snacks as they popped by.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager advised there were deprivation of liberty safeguards (DoLS) applications submitted to the local authority DoLS team which were awaiting authorisation. Care staff confirmed they had completed training in this area, but were not always sure who had a DoLS application pending. The registered manager agreed to make sure care plans included this information so staff were fully aware. Staff did understand the principles of ensuring people were given choices and where possible consent gained. They were able to give examples of how they ensured people consented to their care and we saw this in action. Where people lacked capacity, relatives had been consulted as part of a best interest decision for use of equipment which may be restricting people. This included, for example, the use of bedrails to keep people safe from falling out of their bed and pressure mats to alert staff people were getting out of bed and may need support.

People and their visiting relatives confirmed that their wishes and choices were always respected by staff. One person, for example, said they preferred to spend most of their time in their room. They confirmed staff knew their preferred routines and respected this. Another person said "I like to stay up late and staff come to help me later because they know I am a night owl." Staff were knowledgeable about people's preferred routines and were able to give examples of where they ensured choices were given and people's human rights were respected. One staff member said "We try very hard to make sure people are treated as

individuals."

Staff confirmed they had training in all areas of health and safety as well as more specialist areas such as understanding dementia, end of life care, pressure care and diabetes management. They also confirmed they had regular opportunities to meet with their supervisor for one to one support to discuss their learning needs and how they felt their role was going. This helped to ensure staff had the right skills, training and support to do their job effectively. One staff member said "Training here is very good. I feel we get good support and if we want to do any more training, we only have to ask." Staff were given annual appraisals to highlight areas for development as well as celebrating good practice.

New staff were required to complete an induction programme which included the nationally recognised care certificate. This ensures new staff have a comprehensive induction covering all aspects of care. The registered manager said new staff would also do at least two weeks working alongside a more experienced worker to ensure they understood people's needs and how the home runs. One recently recruited care staff confirmed they had completed several days training as part of their induction and had also completed shadow shifts where they were working with care staff with experience. The registered manager discussed how they were matching their current learning and training days with how this fits with the care certificate so they can ensure every staff member had covered the required components.

People were supported to eat and drink to ensure they maintained good health. Meal times were relaxed and people could choose where they ate their meals. Some people preferred to eat in their own room, but most chose to eat in the dining area. When people needed support to eat, this was done in a way which showed staff wanted to encourage people to eat. Staff sat next to the person and talked to them about what food they were serving and assisted the person at a pace which was relaxed and suited the person. People had a wide variety of meal options to choose from. There were at least two main meal options at lunchtime and several people had meals made up with their preferred choices. For example the cook was aware one person loved seafood; they were preparing a baked potato with prawns for them. Another person had asked for sausages which they were preparing in addition to the two main meal choices. Dining tables were nicely laid and people were served their meals in a friendly and pleasant atmosphere. There was a plentiful supply of snacks and fresh fruit available and we observed staff offering these to people as afternoon and midmorning snacks.

People were complimentary about the meal choices. One person said "The food here is lovely. The cooks know what we like and what we don't like. They are always offering you food and drink, we certainly do not go without." One person said they had been unhappy that on one occasion their meal was served cold, but this had been resolved quickly. The cook had a list of people's food preferences and any special dietary requirements. They used cream and butter to fortify meals to help people maintain their weight. They said they had recently been on a dietary course and saw milk shakes in cartons which have extra supplements included. They now offered these as choice to people when the drinks trolley was taken around to people at several points throughout the day and evening.

People had access to a variety of healthcare services to maintain their well-being. People told us they had regular access to healthcare professionals such as, the GP, community nurses, chiropodists, opticians and dentists. One relative said "They are superb at ensuring the GP is called if there is a problem and they keep us updated on (name of person) healthcare needs." The records also confirmed specialist health professions were involved in people's care, for example, speech and language therapists. One health professional said "We have developed a good relationship with this service. They want to ensure staff have the right skills and are vigilant in monitoring people's healthcare needs."

There had been a number of improvements to ensure the environment was suitable for people with dementia. Since the last inspection, an extension had been completed to include larger bedrooms with en-suite facilities. Lounge areas had been refurbished with bright colours and there was visible signage to help people orientate around the home.



Our findings

People and their relatives spoke highly about the caring nature of staff. One person said "The staff are very kind and very patient." Another said "Staff are brilliant. They are always so kind to me." One person said they felt some staff needed to be told how to provide care but confirmed all staff were kind and respected their wishes on how they preferred to be supported.

One relative said "The staff are all wonderful and caring. They have become like family to me. They take care of me as well as my relative. I couldn't wish for better support."

There was lots of positive feedback and thank you cards from families. Comments included the caring nature of staff almost always. For example one family wrote to say "We cannot thank you enough for the kindness you showed to (relative) over the last 12 months." Another said "thank you so much for all the care and attention given by all the staff."

Staff worked in a way which ensured people's privacy and dignity was upheld. For example following lunch people were discretely supported to clean around their mouths and asked where they would like to sit and what they wished to do during the afternoon. Staff talked about how they always provide personal care in people's own rooms or bathrooms, making sure people were comfortable with the tasks being completed.

We observed staff treating people with kindness and respect throughout the day. When one person called out that they had not eaten all day, staff responded quickly offering them further snacks and drinks despite the fact they had just had lunch. They intervened quickly when people got agitated with each other. Staff diverted one person to a different area and another staff member sat with the second person and listened to their concerns. When talking to people, staff made sure they had eye contact and when someone was hard of hearing they talked in a clear voice and gave simple instructions or questions. Staff waited for people to respond when they asked a question and where no response was given, staff asked the question in a different way to try to ensure the person understood them.

Staff addressed people in a friendly and caring way. Where people had preferred nicknames, staff used these and it was clear staff had developed a caring bond with people and their visiting family members. Staff understood the importance of offering people choice and respecting people's wishes. Staff spoke about people in a very compassionate way. For example one staff member said "I treat people like they were my own grandparent. They deserve respect and kindness and that's what we try to give them."

The service recognised the importance of people's relationships. People said visiting times were flexible.

Visitors were offered refreshments and meals to enable them to spend sociable time with their loved ones. One family member said they ate lunch with their relative twice a week which they enjoyed. Visitors said they visited regularly at various times and were always made to feel welcome. They confirmed they were always offered refreshments. One relative said "(name of person) passed away but I still come to visit because the residents and staff have become like friends and family to me."

Two nurses had completed specific training with the hospice to ensure they could offer end of life care and treatment in line with best practice. Nurses confirmed they were able to deliver end of life care in a planned way where possible. People and families were asked about advanced decisions and involved in plans for their end of life care. These were recorded where known and the service had the ethos of supporting people to spend their final days in their home if this was their wish and where possible. We saw thank you cards from several families giving high praise for the way staff had supported their relative through their end of life care. One relative said "The manager and staff were so compassionate, I cannot thank them enough. Even our GP praised them for how professional they had been."



Our findings

People and their relatives said staff were responsive to their needs. One person said "You only have to ask and staff will get or do anything for you." Another person said "Staff are very good, if I want help they will give it to me, but if I say I am ok they leave me to get on with it." One relative described how staff had been responsive to their relatives changing needs. They said "Even though (name of person) was difficult for staff to manage they tried their hardest to support him. They made sure they kept asking for support from the GP and the consultant. They really were very good."

Staff were able to describe ways in which they were responsive to people's changing needs. For example when one person showed increased levels of anxiety, staff talked about things which calmed the person down. This included walking out in the garden, checking the chickens and collecting the eggs. Staff had detailed knowledge of people's history, what was important to them and who their important relationships were. Staff were also responsive to relative's needs. One relative described how staff had supported them through a difficult time when their relative was unwell and needed additional support. The relative said "The staff were so supportive to me, they really helped me cope."

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by the nurses and care staff. This meant staff knew how to respond to individual circumstances or situations. Care files included a pre admission assessment and what people's current assessed needs were in areas such as what they could do for themselves and what help was needed in aspects of their daily living. Staff confirmed they made use of care plan information as well as handovers which were verbal and recorded. This helped staff to keep up to date with people's changing needs.

The service employed an activities person who worked most afternoons providing one to one support as well as group activities. One person said "I like to spent the mornings in my room and then go to the dining room for lunch and afterwards I enjoy whatever activities are on. We had an Easter bonnet parade. We play games and talk about our past times... I really enjoy it." Another person told us they enjoyed going out to feed the chickens or planting bulbs in the pots for the garden. One person said they liked the children visiting to sing and when the local vicar came. There were notices about activities as well as photos of some of the things people had participated in. The registered manager said she was forging links with the nursery next door and invited the children in on a regular basis. They were also about to set up a story time session with one person being "Nanny" to read a story to the children.

There were books, magazines games and objects of interest dotted around the lounge areas. This gave

people things to occupy themselves with. One person said they enjoyed reading the local paper and had it delivered to the home. Another person said there was always something going on in the afternoons. One person said they enjoyed having their hair done. A visiting hairdresser came to the home fortnightly. The service worked with people's relatives to set up a committee to raise funds and have an amenities fund for social events and equipment. They were looking at including some items to make the hair saloon room welcoming.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives as part of their information pack. Complaints were dealt with effectively and the registered manager kept a log of what complaints had been received and how they had been resolved. For example one person had complained about their food being cold and served on a cold plate. The registered manager had spoken with the cooks and staff who help to serve to ensure they checked food was being served hot. The person who made the complaint confirmed their concern had been resolved quickly. Relatives said they would be able to make any concerns known to the registered manager or nurse on duty and were confident they would resolve any issues. One relative said "I have in the past raised minor issues and always found the manager very approachable. I would have no hesitation in speaking up if I needed to."



Our findings

When we last completed a comprehensive inspection in October 2014, we found there was really low staff morale. Staff had said they did not feel listened to or valued and several resigned. Since the registered manager had been in post they had worked to improve the morale amongst staff and develop team work. This they had achieved to an exceptional standard with excellent staff morale and teamwork seen. Staff reported the registered manager had an extremely open and inclusive approach and they felt valued and appreciated for their work. For example one staff member said that in the past they had needed to use lots of agency staff to cover vacancies and sickness at the home. However now the staff team covered each other because there was a really good team spirit. One staff member said "The manager is so wonderful; she cares about us as well as the residents and their families. She always makes herself available. I have called her at home and she never minds. I feel like this is a great team and a great place to work." Another staff member said "You can go to the manager about anything; she says her door is always open. She has made a huge difference here. I left but came back because I had heard this manager was turning things round. I believe we are doing a great job, because we are trusted to get on with it and we are much better supported."

The registered manager and senior team had worked hard to ensure staff understood the ethos and values of the home. This was to be a warm and welcoming home where everybody matters. The vision was underpinned by four key values which staff had helped to devise. These values included being 'welcoming to ensure a positive environment where everyone is respected and treated as individuals.' We saw examples of how this value was working in everyday practice with staff providing person centred care and the management team ensuring staff and people living at the home were listened to and valued. Without exception every staff member said they believed they were valued and that the people in the home were provided with a good service because they were valued and listened to. This positive change in staff morale showed through in the delivery of care which was person centred and caring.

The second value was caring and stated 'caring with warmth and understanding in a secure and happy environment with qualified, engaged staff and strong leadership.' People and relatives confirmed this value was promoted by all staff and especially by the strong leadership. One relative said "The manager has gone a long way in making this home welcoming and inviting. It really does feel like home from home." Another said "This is a five star service; you don't get better than this. Every member of staff welcomes you and makes you feel at home." The environment had been refurbished with brighter paint and new furnishings. There were fire places with flame effect fires in them to provide a homely focal point. Chairs were clustered in small groups and there were sofas as well as chairs for people to choose to sit on. The registered manager and provider had completed the Alzheimer's Society's 'Inspiring 50 point checklist' to help guide them in

moving forward with the right environment for people living with dementia. Outside they had created a garden which was secure and included lots of flower beds and interesting features including a hen house and hens. One relative said "The manager has been the driving force in making all these improvements. She is inspiring and made a real difference to this home."

The kitchen area had been inspected by the Environmental health agency and had been awarded five stars, which is the highest rating. The cook spoke about how the registered manager had inspired the staff to ensure choice was always promoted and people could have what they wanted to eat. For example one person loved seafood and so they got prawns in for them. Another person had particular items of food they only liked to eat and so they always ensured these were available.

Well managed systems were in place to ensure the quality of care and support were continually reviewed and monitored. Where improvements were needed, prompt action was taken to drive up improvements. For example where the clinical lead had noted recording errors on the medicine records, staff were given further training and monitoring. The registered manager had a clear oversight of the medicine management at the service and was actively looking to make improvements. They were constantly monitoring medicine errors and were looking to implement a new system with the view to eliminate medicine errors totally.

Staff were encouraged to help drive up improvements through continuous learning and development. Two nurses had completed training with the hospice to ensure they could deliver best practice in end of life care. Care staff were encouraged to develop areas they could champion, such as dignity and nutrition. This gave staff the opportunity to develop skills in a particular area of interest.

The team looked for ways they could improve on people's experiences living at the service. For example snacks had been made available throughout the home for people to help themselves. The garden area had been made more attractive and interesting with chickens and planters for people to see and explore. . They had extended the home to include bright large bedrooms with en-suites. People had been consulted about the decoration of these rooms and were proud of their surroundings. The provider said they wanted to achieve the highest standards of care within a homely environment and believed they now had the right team approach in order to do this. They said "We are always looking for ways to improve our home. I am very pleased with the progress we have made and we continue to improve all the time."

The registered manager looked for initiative ways to bring in groups from the local community in a bid to make Swimbridge House part of the local community. She had developed links with local playgroup/nursery and school and local children visited on a regular basis. She had set up a committee for raising funds and to help have a say about where the amenities fund should be used. Several family visitors whose relatives had since died or moved on continued to be involved with this group and to visit the home. One said "They have become like family to me." Local people were encouraged to volunteer. The service used the community hall for staff training.

People were at the heart of the service. Regular meetings were held with people and their relatives to discuss the quality of the care. Where people had made suggestions, these had been followed up. For example in menu choices, people had requested particular dishes and these had been included. The registered manager said several people had mentioned about having outings and she was hoping to facilitate more of these when the warmer weather arrived. She said they wanted to ensure people had opportunities to experience going down to the seaside, having fish and chips or an ice cream.

The registered manager and provider had quality assurance surveys which asked people for their views

about the quality of the service, but said their best way of seeking views was to 'be on the floor.' The registered manager said she spent time chatting with people every day to check they were ok and see if staff were being responsive to people's needs. The provider said when he visited weekly, he always spent time chatting to people and staff as a 'pulse check'. One relative said "The manager and provider always ask how you are. This is an exceptional home."