

Swillbrook Limited

Swillbrook House Residential Home

Inspection report

Swillbrook House, Rosemary Lane
Bartle
Preston
Lancashire
PR4 0HB

Tel: 01772690317

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06 December 2017
18 December 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 06 December 2017 and was unannounced. We revisited the home by prior arrangement on the 18 December 2017. This was to complete the inspection and to speak with the registered provider regarding the inspection findings.

Swillbrook House Residential Home is a country house in Bartle on the outskirts of Preston. The service is registered to provide personal care for up to 23 older people. There is car parking at the home, and gardens for people to use. There are 15 bedrooms with en-suite bathrooms and five bedrooms without an en-suite bathroom. Bedrooms are over two floors with a small lift providing access to the upper floor.

On the day of inspection there were 15 people living at the home.

We last inspected Swillbrook House Residential Home in January and February 2017 and identified a breach in Regulation. We found audit systems used by the registered provider to identify shortfalls had not identified the deficits we had found on the inspection. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Good Governance.)

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

Following the inspection in January and February 2017, the registered provider sent us an action plan outlining how they intended to make the required improvements. The action plan indicated improvements would be made by August 2017.

At this inspection carried out in December 2017, we found improvements had been made. We found audits had been carried out on accidents and incidents, medicines, infection control and the environment. Staff told us they were informed if changes were required.

We saw processes were in place to ensure that where people's rights were restricted, this was done so lawfully. The registered manager had sought training in the undertaking of mental capacity assessments. They told us they were developing systems to ensure mental capacity assessments were carried out. They told us they would carry out mental capacity assessments if required and document these. We have made a recommendation regarding the carrying out and documentation of mental capacity assessments.

During the inspection we reviewed four care records of people who lived at the home. We found risk assessments were in place to minimise risk and overall, records described the support people required. We found some information within care records was not consistent and was sometimes difficult to find. We have made a recommendation regarding documenting consistent information in care records.

The registered provider had taken steps to improve the environment at the home. We saw decoration had taken place in some areas of the home. We noted this was ongoing. We have asked the registered provider

to confirm with us when this work has been completed.

We found environmental risk assessments were not consistently documented. We have made a recommendation regarding improving and recording the information available to control risk.

During the inspection we spoke with four people who lived at the home. The people we spoke with told us they were happy at the home and they liked the staff. People told us they were supported in the way they agreed and they enjoyed the meals provided.

People told us their privacy and dignity was respected and they took part in activities if they wished to do so.

There were systems in place to manage medicines safely. People told us and records we viewed; indicated people received their medicines as prescribed. People we spoke with told us they were consulted regarding their medicines and we saw this took place during the inspection.

People told us they were happy living at Swillbrook House Residential Home and the care met their individual needs. We were told, "I'm quite happy with everything." And, "I'm looked after well." People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate. Documentation reflected the advice of health professionals.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found appropriate recruitment checks were carried out. This helped ensure suitable people were employed to work at the home. We found there were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff told us they received regular supervisions and appraisals to ensure training needs were identified. Staff told us, and we saw documentation which evidenced that staff received training and development opportunities to maintain their skills.

We viewed the kitchen and saw it was well stocked with a variety of tinned, frozen and fresh produce. All the people we spoke with told us they were happy with the meals provided and they were given an alternative if they did not like the meals offered to them.

Our observations during the inspection showed staff treated people with respect and kindness. People told us they considered staff were caring and we saw a positive rapport between staff and people who lived at the home. The registered manager told us they would support people to access advocacy service. We saw there was no literature available to guide people on this process. We have made a recommendation regarding the provision of this information.

There was a complaints policy which was understood by staff. Information on the complaints procedure was available in the reception of the home. At the time of the inspection we were told one complaint was currently being investigated.

People who lived at the home were offered the opportunity to complete surveys and meetings were available for people to participate in. People and relatives also told us they found the registered manager approachable if they wished to discuss any matters with them.

It is a legal requirement that the home conspicuously displays its last CQC rating. We noted this was available in the reception area of the home.

This is the second time the service has been rated Requires 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?

Requires Improvement ●

The service was not consistently safe.

Individual documentation did not consistently describe the support people needed to maintain their safety and wellbeing.

Risk controls were not always documented to ensure staff were aware of risk

People told us they did not have to wait for support from staff.

Medicines were managed safely.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Systems to ensure people's mental capacity were in place but had not yet been embedded within the home.

Staff had received training to enable their skills to remain up to date.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and respectful.

People's privacy and dignity were upheld.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures in place.

People were supported to discuss their future wishes.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

Actions identified to improve the home had not all been completed.

Audit processes had identified if improvements were made and actions needed.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's needs were met.

Swillbrook House Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Swillbrook House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Swillbrook House Residential Home provides personal care and support to people who live at the home.

This comprehensive inspection took place on the 06 and 18 December 2017 and the first day was unannounced. The first day of the inspection was carried out by two adult social care inspectors. The second day of the inspection was carried out by one adult social care inspector. At the time of the inspection there were 15 people living at Swillbrook House Residential Home.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns from the public. We also contacted the commissioning bodies at the local authority to ascertain their views on the service the home provided. This information helped us plan the inspection effectively.

During the inspection we spoke with four people who lived at Swillbrook House Residential Home and four relatives. We spoke with the registered manager, the maintenance person, the cook and two care staff. We also spoke with a visiting health professional and received written communication from a further health professional.

We looked at all areas of the home, for example we viewed the lounges and dining areas, some bedrooms

and the kitchen. This was so we could observe interactions between people who lived at the home and staff and check that the environment was suitable for people to live in.

We looked at a range of documentation which included four care records and a sample of medication and administration records. We also looked at records relating to the management of the home. These included health and safety certification, recruitment and training records, minutes of meetings and quality assurance surveys. We also viewed two personnel files and a training matrix.

Is the service safe?

Our findings

People who lived at Swillbrook House Residential Home told us they felt safe. One person said, "I've always felt safe here." A further person said, "Yes, I'm safe." Relatives we spoke with voiced no concerns regarding their family member's safety. One relative commented, "[My family member] is safe here."

We viewed four care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found most care documentation contained sufficient instruction for staff to ensure risks were minimised, however this was not consistently recorded. For example in one record we noted one person required specific equipment to maintain their safety. This was not included within a 'personal emergency evacuation plan.' We looked at a further care record and saw in one area it was recorded a person needed a normal diet, in a further section of the care record it was written the person required a soft diet. In a third care record we found limited information regarding a person's dietary needs. We discussed this with the registered manager. They told us they were currently reviewing the care records. They acknowledged the records required attention. They explained they were engaging with representatives from the local authority to enable a new system of care planning to be introduced. They said they hoped this would improve the records at Swillbrook House Residential Home. We saw documentation which evidenced a meeting was being held to discuss this.

We recommend the service seeks and implements best practice guidance on the planning and recording of people's individual care needs.

During the inspection we noted a door to an external area was unlocked. We asked the registered manager how they managed the risk of people leaving unsupervised, or people gaining illicit entry. The registered manager told us the room was observed and if staff left the room they locked the door. We asked to see a written risk assessment and were told this was not documented. We were also told the risk of legionella was minimised as checks on the system were carried out, however there was no documented risk assessment in place. We were informed the maintenance person was in the process of completing work and documenting a legionella risk assessment to ensure the risk of legionella in the home was minimised. Following the inspection we saw an action plan which recorded the intentions of the registered provider regarding this.

We recommend the service seeks and implements best practice guidance on the documenting of risk controls.

During this inspection in December 2017 we asked people if they felt there were sufficient staff available to meet their needs. People told us there were. One person commented, "I don't have to wait for staff. I can and have used my call bell. They come quickly." And, "Staff are always round and about." We asked relatives their views on the availability of staff to meet people's needs. One relative told us, "I've no worries about staffing. Someone's always around." Two further relatives expressed no concerns with the staffing arrangements in place. A fourth relative said they felt staff were sometimes busy and another member of staff would be beneficial. Staff we spoke with staff raised no concerns with the staffing provision at the home.

We discussed staffing with the registered manager. They told us they had recruited two cleaning staff and start dates were planned. They told us they would ensure extra staff were provided if people required them and staff we spoke with confirmed this.

During this inspection we checked to see if medicines were managed safely. We asked people if they were happy with the management of their medicines. They told us they were. One person said, "My tablets are managed fine." A further person told us, "Staff look after my medicines. I'm happy with that." We observed staff administered medicines to people individually. We noted the staff member was diligent in their duties and were not disturbed by other staff when medicines were being administered. This minimised the risk of incorrect medicines being given. We looked at a sample of medicine and administration records and found these were completed correctly. We checked the stock of two medicines and noted the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw there was appropriate storage to ensure medicines were stored safely. Staff told us they received regular training in medicines.

We asked the registered manager how they monitored accidents and incidents within the home. We were told all incidents and accidents were reported using accident forms. This information was then reviewed by the registered manager to identify if trends were occurring. We viewed the documentation provided and saw evidence that incidents and accidents were recorded and lessons learned. The registered manager was able to explain the measures that were taken to reduce the risk of reoccurrence. For example, we saw new chairs had been provided for the dining room. The registered manager told us this was as a fall had occurred and the new chairs had arms to support people. They explained this would minimise the risk of reoccurrence. They further explained that they had reviewed the needs of people in relation to their seating arrangements. They told us they had identified other people who would benefit from chairs with arms. During the inspection we saw people were helped to sit in the chairs which met their needs. Staff we spoke with confirmed they were informed if changes were required.

Staff told us they had received training to deal with safeguarding matters. Staff were able to explain the signs and symptoms of abuse. Staff told us they would immediately report any concerns they had to the registered manager or the deputy manager. Staff also explained they would report concerns to the local safeguarding authorities if this was required. One staff member said, "[Registered manager] would investigate it straight away." During the inspection we saw evidence that if further investigations were required to maintain people's safety, these were referred to the local safeguarding authority as required. The registered manager told us they would involve the person concerned and the family within this process to ensure people remained informed and were part of any decisions that were required to be made.

During the inspection we saw staff used personal protective equipment such as disposable gloves and aprons to ensure the risk and spread of infection was minimised. During the inspection we viewed communal areas and private bedrooms. We saw these were visibly clean. The registered manager told us they had received external guidance and advice from a health professional who specialised in infection prevention and control. We were provided with an action plan that showed the progress the home had made and the actions still required to be carried out. This demonstrated the registered manager was working with other professionals to improve practices at the home.

We reviewed documentation which showed safe recruitment checks were carried out before a prospective staff member person started work at the home. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that reduced the risk of unsuitable people being employed. We reviewed the files of two staff members who had recently been

employed and found the required checks were completed. We noted appropriate references were obtained. In addition, we spoke with a prospective employee by phone. They told us they were in the process of completing safe recruitment checks. They explained they had been advised by the registered manager they could not start work prior to satisfactory checks being carried out. This demonstrated safe recruitment checks were carried out.

We found checks were carried out to ensure the environment was maintained to a safe standard. We reviewed documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also found the temperature of the water was monitored to ensure the risk of scalds had been minimised.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Staff told us they had received training in this area and were confident they could respond appropriately if the need arose.

Is the service effective?

Our findings

People who lived at Swillbrook House Residential Home told us staff looked after them well. Comments we received included, "I'm looked after well." And, "I think I'm looked after well. I would say if I wasn't."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications. The registered manager told us they had not completed any mental capacity assessments since the last inspection. They explained they had sought expert advice and were attending further training in January 2018. They explained they would seek the advice of external health professionals until they had completed the training. In addition, they told us they were in the process of developing paperwork to record mental capacity decisions and they would engage other relevant people if best interests decisions were required to be made. We reviewed the care record of one person and saw evidence that other health professionals were involved if decisions needed to be made in people's best interests. We viewed documentation which evidenced that DoLS applications were made to the supervisory authority if these were required.

We recommend the service completes the actions identified to ensure people's mental capacity is assessed by staff known to them and at a time appropriate for their needs

People told us they were asked to consent to care and support before this was delivered. During the inspection we saw this took place. We observed people being asked if they wanted help to mobilise or receive their prescribed medicines. We saw people had consented to their care in the records we viewed.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and fire safety. Staff we spoke with told us they had received refresher training to ensure their skills remained up to date. We viewed documentation which confirmed this.

Staff told us they were supported by the registered manager and could approach them any time for advice and support. Staff also told us their training needs were discussed with them at supervision and appraisals. We saw documentation which evidenced this. This demonstrated staff were supported to access further support and advice if this was required.

We walked around the home to check it was a suitable environment for people to live. We saw call bells were in lounges so people could summon help if they needed this and there was a lift to the upper floor to aid people with mobility needs. We found that since the last inspection the registered provider had decorated and refurbished some areas. For example, we saw a toilet had been refurbished and some new furniture had been purchased. In addition we saw the dining room had been decorated and new flooring installed. People we spoke with told us these were positive changes. One person told us, "It's looking a lot better here now."

In other areas we saw decoration was ongoing. For example, we saw there was no carpet in two areas of the home and there were no handrails on a corridor at the home. We discussed this with the maintenance person and the registered manager. They told us this work was planned and would be completed after further decoration had been carried out. The registered provider explained there had been a delay due to other competing demands but they would recommence decorating work in January 2018. We have asked the registered provider to confirm with us when this work has been completed.

Care files contained information on how people were to be supported. We saw that pre-admission assessments were carried out to ensure the service could meet people's needs. We spoke with one person who told us they had been involved with this. They said they had felt supported and comfortable while the assessment was carried out. They told us they had also been involved in the development of their care plans. They said, "They wrote my care plan with me so I knew what I wanted was in it."

We reviewed documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example, we saw people were referred to opticians, podiatrists, doctors and district nurses if there was a need to do so. People we spoke with also confirmed they were supported to access health professional's advice. Staff told us they worked closely with external health professionals to ensure people's needs were met. During the inspection process we spoke with an external health professional who confirmed this.

We asked the registered manager how information was shared with other health professionals. The registered manager told us documentation was provided if there was a need to do so, for example if a person visited hospital. This helped ensure other health professionals were informed of the individual's current health and care needs and enabled effective decision making regarding their care and treatment.

Care files evidenced people's nutritional needs were monitored. We found nutritional assessments were carried out and people were weighed in accordance with their assessed needs. Staff told us if they were concerned with people's nutritional intake, they would refer people to other health professionals for further advice and guidance.

We viewed menus which evidenced a wide choice of different foods were available. We found the kitchen was stocked with fresh fruit, vegetables and dry and tinned supplies. People who lived at the home told us the menu was flexible and they liked the food provided. One person described the food as, "Good. Really good." Another person told us they could have second portions if they wished.

We observed the lunchtime meal being served. We saw people were supported to eat in accordance with their assessed care needs. For example, we saw where care documentation described the preferences and specific dietary needs of individuals, appropriate meals were provided. This demonstrated people's individual needs and wishes were accommodated. We observed staff provided the meals promptly and people were asked if they were happy with their choice. On the day of the inspection we noted one person requested an alternative dessert. We saw this was provided. During the meal we observed hot and cold drinks were provided for people. These were replenished throughout the meal and people were offered

second portions of food. This helped ensure people ate sufficient to meet their needs.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "The staff are the salt of the earth. They do that little bit extra." Also, "They're lovely. All of them are lovely." A relative we spoke with commented, "All the staff are loving towards [my family member.]"

We noted staff had a caring approach. We observed staff talking with people respectfully and offering reassurance. For example we noted staff sat with people and listened to what they had to say. We observed staff celebrated people's success. For example, we saw one person was nervous as they walked. We saw a staff member supported them and gave encouragement and praise. This had a positive impact on the person who laughed and said, "I feel like running a marathon now!"

We saw staff observed people and offered support as required. For example we noted one person was looking at a festive newsletter. We observed the staff member approached them and asked them if they would like some help. This was accepted by the person and we observed the person talking about their faith which was important to them. This demonstrated staff had a caring attitude.

Staff told us they upheld people's rights in a variety of ways. For example, by ensuring people had access to other services to support their individuality and interests. They told us they would support people to practice their faith, access specialist equipment and have their wishes respected. We saw documentation which evidenced people's individual characteristics were recognised. We saw a survey had been developed in a person's first language. The registered manager explained this had been done as the person's needs were changing. They further explained they were reviewing the person's care record and amending this so information was easier for the person to access. This demonstrated the registered manager had considered barriers to communication and had sought to resolve this.

Care records contained information about people's social histories and backgrounds where this was available. This enabled staff to develop positive relationships with people. In one care record we saw there was limited information recorded. The registered manager explained it was not always possible to obtain this, however where information was available this was recorded. Documentation we viewed and discussions with people at the home and their relatives, confirmed people were involved in their care planning. We saw pre-assessments of people's needs were carried out prior to their admission to the home. People told us they were involved in the care planning process. Care plans had been reviewed and changes made were recorded. This ensured staff had up to date information about people's needs and wishes regarding their care.

We discussed the provision of advocacy services with the registered manager. We were informed there were no people accessing advocacy services at the time of the inspection. The registered manager told us they would obtain literature for people who required an advocacy service. They explained that if a person lacked mental capacity, they would seek advice from the person's social worker and ensure they had access to an Independent Mental Capacity Advocate (IMCA). The role of an IMCA is to support and represent the person in the decision-making process.

We recommend the service seeks and obtains appropriate literature regarding advocacy provision.

During the inspection we noted staff respected people's privacy when delivering support. For example we observed bedroom and bathroom doors were closed when personal care was delivered. People who lived at the home confirmed this took place. One person told us they enjoyed spending time on their own and this was respected. A further person told us they were able to spend as much or as little time undisturbed and they were able to see their GP in private. Relatives we spoke with told us they were able to visit their family members when they wished. They also told us they could spend time with them in private if they wished to do so.

Is the service responsive?

Our findings

People who lived at the home told us they felt care provided met their individual needs. Comments we received included, "Staff know me very well. I'm quite happy with everything." And, "I couldn't be looked after better."

Within the care documentation we viewed we found evidence people who lived at the home and relatives were consulted and involved as appropriate. When possible, we saw people's social histories, hobbies and interests were documented. One person told us, "I've got my own care plan and the girls go through it with me." Relatives we spoke with also told us they were involved. Comments we received included, "They always let me know if there's anything we need to discuss." And, "They keep me updated." One person told us they had spoken with staff regarding their choice of meals. They told us their wishes were accommodated. We saw their wishes were documented in their care plan. This demonstrated people were involved in their care planning.

We asked the registered manager if people were offered the opportunity to discuss their end of life care. The registered manager said that this was discussed with people and their family members when people were comfortable to do so. The registered manager explained they were currently reviewing the documentation in use at Swillbrook House Residential Home and this would be developed to ensure people's future wishes were recorded and reviewed.

We viewed documentation which demonstrated people received timely referrals to other health professionals as required. We saw appointments were made for people to see opticians, podiatrists, doctors, district nurses and opticians as their needs changed. People we spoke with also confirmed this. One person described the support they had received regarding their mobility equipment. A further person told us they were supported to see a doctor if they became unwell. This demonstrated people were enabled to see other health professionals if this was required.

We asked people their opinions on the activities available at Swillbrook House Residential Home. People told us they were asked to take part in activities such as arm chair aerobics, musical afternoons, quiz games and parties were sometimes held. One person said, "I partake in the entertainers. I enjoy that." Another person said they enjoyed the armchair aerobics. A further person told us they often chose not to attend activities but they were reminded they were taking place. This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation.

We found there was a complaints procedure which described the response people could expect if they made a complaint. Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed. People and relatives we spoke with told us they were aware of the complaints procedure and were confident their complaints would be addressed. People we spoke with said they could easily speak with the registered manager if they wanted to complain. Prior to the inspection we were informed a complaint had been made. During the inspection we were informed this was being

investigated by the registered provider and no outcome had been reached.

Is the service well-led?

Our findings

At the last inspection carried out in January and February 2017 we found audit systems had not identified when improvements were required. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Good Governance.)

Following the inspection in January and February 2017, the registered provider sent us an action plan outlining how they intended to make the required improvements. The action plan indicated improvements would be made by August 2017.

During this inspection in December 2017 we found some improvements had been made. The registered manager told us they completed a series of audits to identify any shortfalls. These included environmental checks and audits in accidents, incidents, and medicines management. We viewed the audits and saw these identified actions taken. Staff we spoke with confirmed they were informed if changes were required to improve the service provided. For example, we saw that if there was an accident at the home, the registered manager recorded any action taken to minimise the risk of reoccurrence. Although improvements had been made and areas of improvement noted and action planned, all actions had not yet been completed. We found some records contained conflicting information regarding people's needs and the processes in place to assess and record people's mental capacity had not yet been used. In addition, we saw redecoration had been started but not completed in some areas. We saw carpet was required to be fitted to two corridor areas within the home and handrails were required to be fitted to one area within the home.

The home had 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.

Prior to the inspection we received information that the management culture within the home could be improved upon, as the management team were not always receptive to any comments or criticisms made to them by external persons. We passed this to the registered manager and registered provider for their consideration.

People told us they considered the home was well managed. One person told us, "[Registered manager] is a good manager. Very organised." A further person commented, "I get on with [registered manager] fine." Relatives we spoke with voiced no concerns with the management of the home. One relative commented, "[Registered manager] is happy to listen and make changes."

Staff told us they considered they were involved in the day to day running of the home. Staff told us the registered manager was actively involved with the day to day running of the home and was approachable. They told us, "[Registered manager] involves us all, she's very good." "[Registered manager] is a real hands on manager. She gets to the point and wants what's best for residents."

Staff also told us they could seek clarity from the registered manager at any time. They explained that as the registered manager worked alongside them, they were kept up to date with any changes that occurred. Staff explained that staff meetings took place. They said these were also used to update staff of any changes. In addition, staff told us 'handovers' took place. These are meetings to update staff of any changes to people's care needs. We saw documentation which evidenced the meetings focused on the needs and wellbeing of people who lived at the home. This demonstrated staff communicated changes to ensure people's needs were met.

The registered manager told us people were encouraged to feedback their views on the service provided. We viewed documentation which evidenced 'residents meetings' took place and surveys were provided to enable people to express their views. We saw evidence action was taken when feedback was received. For example, we saw it was agreed that the television in one of the lounges be turned off during the day so people could choose to sit in a quiet area. During the inspection a person who lived at the home told us this took place. They explained people could use another lounge to watch television and this arrangement had been agreed with people at the home. This showed people were consulted regarding the arrangements in place at the home.

We asked the registered manager how they engaged with other services to ensure they were providing best practice care and supporting team working. The registered manager told us they sought advice and guidance from other agencies. This included social services, district nurses and other healthcare professionals. During the inspection we contacted two external health professionals to gain their views on the service provided. We received positive feedback that management and staff at Swillbrook House Residential Home were keen to engage with them and sought advice appropriately. The registered manager also explained they sought advice and information from external sources. For example, by seeking advice from local commissioners and health professionals and researching best practice websites for positive changes in care.

During the inspection we noted people who lived at the home knew the registered manager. We observed people smiling when they saw them and approaching them without hesitation. We also noted the registered manager knew people who lived at the home. We observed them addressing people by their chosen name. This demonstrated the registered manager played an active role in the running of Swillbrook House Residential Home.

From the 01 April 2015 it is a legal requirement that the home conspicuously displays its last CQC rating. We noted this was available in the reception area of the home.