

Solihull Care Limited

Swallows Meadow Court

Inspection report

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected this service on 16 & 17 June 2015 and this inspection was unannounced.

There was a registered manager in post at the service. 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 service provides accommodation and nursing care for up to 70 people. There are four units providing

residential, nursing and care for people who may have a diagnosis of dementia. The home specialises in providing end of life care to people. There were 63 people living at the home on the day of our inspection.

The registered manager, provider and staff team made sure people were cared for in an environment where people were supported to carry on living their lives as they wished. People were encouraged and supported to pursue their interests and hobbies, as well maintaining relationships important to them. Staff demonstrated an understanding of the principles of the home which were

Summary of findings

to ensure people remained as comfortable and well cared for as possible. People were treated as individuals and were valued and treated respectfully at Swallows Meadows Court. Family members and friends were encouraged to visit as often as they wished and people from the local community were welcomed into the home to provide a range of activities that met people's needs.

There was a team approach to ensure people's health and wellbeing was maintained, with every member of staff who worked at the home considered an important member of the team. All staff, whatever their position, were provided with essential training that supported them to meet people's needs. Staff were trained so they knew how to care for people with dementia.

People spoke highly of the level of commitment and care provided by staff, and during our visit we saw there were enough staff to respond to people's individual needs. Staff understood to report any concerns they had about people to management and told us they felt confident to report any poor practice within the home. We observed staff approached people with respect, dignity and friendliness which encouraged people to have meaningful interaction with them.

The provider took a positive approach to risk management and supported people as far as possible to continue to do the things they chose. Staff knew people's individual levels of independence and supported people to do as much for themselves as they could.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained and experienced staff.

The registered manager understood their responsibilities under the Mental Capacity Act 2005. When decisions had been made about a person's care where they lacked capacity, these had been made in the person's best interests. Improvements were required to ensure records of decisions reached were kept. People's health needs were regularly monitored and they were referred to external healthcare professionals when a need was identified and especially when people were at end of life. There were processes to ensure people received sufficient to eat and drink and people were complimentary about the choice and quality of food.

Staff had a good understanding of people's individual needs and preferences. Where people were at end of life, the staff and culture of the provider ensured people's privacy and dignity was maintained. The registered manager and staff had a strong commitment to provide people and their friends and family with support to ensure a person's end of life, was as peaceful and pain free as possible. Families were supported to be involved, individual needs and preferences were understood and people's privacy and dignity maintained.

People told us they would raise any concerns or complaints with staff or managers. People were encouraged to share their views about the quality of service provided through regular meetings, 'drop in' sessions and through quality surveys.

The provider was a member of several recognised good practice initiatives and worked with fellow organisations to develop innovative and creative ways of supporting people, especially those who were at end of life.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient numbers of suitably skilled staff to meet people's individual needs and keep them safe. Staff took a positive approach to risk management so people could continue to do activities they enjoyed safely. Staff understood their obligations to report any concerns they had about people's safety and wellbeing. Medicines were managed and stored safely.

Good



Is the service effective?

The service was effective.

New staff had a thorough induction to provide them with an understanding of their role. All staff received training to meet the needs of the people who lived in the home and to ensure their health and wellbeing was maintained. Where people lacked capacity, the Mental Capacity Act 2005 had been followed so people's legal rights were protected although records did not always support decisions reached. Arrangements were in place that ensured people received good nutritional diets and hydration. People received on going healthcare support from a range of external healthcare professionals.

Good



Is the service caring?

The service was caring.

Staff provided a high level of care that ensured people had an excellent quality of life. Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and values. The provider had a strong commitment to supporting people and their relatives to manage end of life care in a compassionate, sensitive and dignified way. This commitment was recognised by external organisations who had assessed and awarded accreditations based on the high quality of care provided.

Outstanding



Is the service responsive?

The service was responsive.

Staff had a thorough knowledge of people's individual needs, preferences and how they liked to spend their day. People were supported to be involved and engaged in activities that were meaningful to them. People told us they felt able to talk freely to staff or the management team about their concerns or complaints.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a stable management team in place who were passionate about providing care and services to a high standard. Staff shared these values and enjoyed working for the provider. People's views and feedback was sought through a process of questionnaires and meetings. The provider was a member of recognised quality schemes and had received awards for their commitment and quality to care.

Swallows Meadow Court

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 16 June 2015 and was unannounced consisting of three inspectors. We returned on 17 June 2015 which was announced and consisted of one inspector.

Before our visit we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated, such as what they did well and areas they identified for improvements.

We reviewed the information we held about the service. We looked at information received from relatives, from the

local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 14 people who lived at the home, nine relatives and a friend of a person using the service. We spoke with the director, registered manager, deputy manager, three nursing staff, 16 care staff, two activity co-ordinators and a cook. We spoke with a McMillan nurse who provided end of life support to people and family members, as well as providing training and guidance for staff. We also spoke with a 'Gold Standards Framework' quality assessor to understand what actions the provider had taken to be recognised as providing a 'Beacon' standard of care (highest award) to people at the end of their life.

We reviewed six people's care plans to see how their support was planned and delivered. We reviewed management records of the checks made to assure people received a quality service.

Is the service safe?

Our findings

All the people we spoke with confirmed they felt safe living at Swallows Meadow Court and provided us with positive comments such as, “Yes, I feel very safe here” and “I am so pleased I am here. Staff are so kind and gentle.”

Staff understood their role in keeping people safe and protected from abuse and had completed safeguarding people training. Information about how to raise concerns was available in the communal entrance hall of the home. All the staff we spoke with knew how to keep people safe and had completed training in safeguarding people. Staff described to us the different types of abuse and knew what to do if they suspected someone was at risk of abuse and who to report their concerns to. The registered manager understood their responsibility to report any concerns to the local authority to ensure the safety and welfare of people. The registered manager said, “I would remove the person from any danger, then I would contact the safeguarding team, Police or you (Care Quality Commission) and carry out any investigations or disciplinary action.”

People, staff, relatives and visitors to the home all said there were enough staff to meet people’s individual needs. One person said, “Yes there is enough staff at all different times of the day.” A relative said, “It’s got a good reputation, I picked it because of the staffing levels, generally they are okay.” Throughout our visit we saw there were sufficient nursing and care staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. We found staff were allocated to work in a particular unit which people told us helped them receive continuity of care. The registered manager told us when they completed staff rotas, they looked at the skill mix and experience of staff. They said a consistent staff team helped staff, “To build a rapport with people and keep continuity” so people received care and treatment from staff who knew their needs.

Staff told us they regularly reviewed risks and supported people as far as possible to do the things they wanted to do. Staff said they supported people to be as independent as possible, however this meant people faced certain risks. For example, a higher risk of falling. We looked at six care plan records which showed people were at risk because of

certain health related conditions these had been monitored using particular risk assessment tools. Where risks had been identified, staff had guidance and information that helped them to manage risk in areas such as manual handling, mobility, skin breakdown, catheter care and malnutrition. Risk assessments were reviewed by nursing staff on a regular basis to make sure risks to people were minimised when their needs changed. Staff were made aware of any changes to risks which meant they continued to provide the care, support and treatment people required.

There was a system of checks and audits to ensure the environment and equipment was kept in good order to maintain people’s safety. A maintenance book was used by staff which listed all the repairs and concerns about the building and equipment. Repairs had been acted on in a timely manner.

The provider had taken measures and had systems to minimise the impact of unexpected events such as a fire. Fire safety equipment and equipment used to transfer people such hoists were regularly tested and maintained. Regular checks made sure people were kept safe and risks to their health and welfare were minimised.

Medicine records contained a photograph of the person which nursing staff told us reduced the possibility of giving medication to the wrong person. These particularly helped when people were referred to by their preferred names. Nursing staff told us they had completed medication training and understood the procedures for safe storage, administration and handling medicines. The registered manager completed competency assessments on staff who administered medicines to make sure people continued to receive their medicines safely. Some people received ‘PRN’ medicines which were given ‘as and when required’. We were told the GP reviewed these medicines regularly when people were at end of life. PRN medicines were used to help manage pain and prevent people from being admitted into hospital.

Records confirmed each medicine had been administered and signed for at the appropriate times. Regular checks ensured the MAR’s were completed correctly and if any gaps were identified, these were quickly investigated to make sure people received their medicines as prescribed.

Is the service effective?

Our findings

People and their relatives were satisfied with the care and treatment from staff and were complimentary about the effectiveness of the care provided. One person told us, “The staff are very good, they know me really well.” A relative said, “The staff here are good and the care is good.”

All staff said they received excellent training. Training was arranged and monitored using an annual schedule of training which identified when staff required training. This included all training considered essential to providing care to people as well as specific training designed to meet the needs of people who lived at Swallows Meadow Court. For example, some staff received training in cultural awareness in death, end stage dementia, advanced care planning, dignity ‘knowing you matter’ and catheter care. Staff we spoke with said the quality of training provided was very good. During our visit we observed staff putting their training into practice. For example, we saw a person being hoisted from a chair. Staff completed the transfer safely and reassured the person by talking to them and telling them they were safe.

Where staff had specific responsibilities they had been provided with the training necessary to carry out their role. For example, nursing staff received additional training which meant they were able to insert catheters effectively. Nurses told us they received on going assessments to ensure they were competent and effectively trained to continue to deliver specialist type treatments. Staff told us they were supportive of each other and worked as a team to ensure good outcomes for people. Staff told us the teamwork within the home was very good. A nurse said, “Never any concerns, they (care staff) work well together, staff are efficient.” One care staff member told us, “I feel that we all really care here, people (staff) have stayed after time and the managers seem to care. The managers are on the floor (working alongside staff) and the morale is really good here.”

Staff told us they had an induction before they started. One staff member said, “I shadowed (worked alongside an experienced staff member) for two or three days. Then I had an observation, this went on for about six weeks.” All of the staff said they felt supported when they started work at the home. Staff were provided with support through regular supervision and observation. From these discussions, the provider supported staff to obtain further

qualifications relevant to their roles. For example, some staff were supported to complete a degree course in palliative care. Care staff were encouraged to complete national vocational qualifications in health and care and a high proportion of staff at Swallows Meadow Court had qualifications in care.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager understood that people may have capacity to make some decisions in their lives, but may not have capacity to make complex decisions. They explained, “We have mental health and cognition care plans which shows what levels of capacity people have.” We looked at care plans for people that lacked capacity. Decisions made about their care had been made in their best interests, however, records of those decisions and information about who was present had not been recorded. One person had been prescribed medicine covertly (disguised in food or drink). A nurse told us this person often refused it but there were no records to show how this decision had been reached. The registered manager told us people’s capacity was considered but said they would keep records of decisions that followed the principles of the MCA.

Staff told us they knew what decisions people did not have capacity to make and staff said they always involved people in making day to day decisions. Staff told us they sought people’s consent before any care or treatment was provided. One staff member told us, “We explain everything, what we are doing and why. You don’t just go and do it if people don’t agree, we get someone else (another staff member). This helps.”

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. The registered manager understood their responsibility to comply with the requirements of the Act.

Is the service effective?

The registered manager told us 12 people's applications had been approved to deprive them of their liberty. They were in the process of applying for DoLS for others who lived in the home in accordance with advice from the local authority. The registered manager told us they were submitting further DoLS applications to the local authority to consider whether people's freedoms should continue to be restricted.

We asked people and relatives for their views on the variety and quality of food offered. People's responses were, "I have tasted the food, it's very nice." "There is a choice of food", "Food is very good, too much and there is plenty to drink." We were told relatives or visitors were encouraged to have meals with their relatives, either in their rooms, or dining areas.

We spoke with the cook who knew what people's individual requirements and dietary choices were. The cook demonstrated a good knowledge and understanding of their responsibility to provide food and drinks that met people's nutritional needs. The cook said when people moved into the home people, their families and staff were involved in completing a form which contained all the information relevant to the person's dietary requirements, as well as their likes and dislikes. A schedule was displayed in the kitchen which showed who required special diets

and how their food was to be presented. The cook told us this information was reviewed regularly to ensure it remained relevant and supportive of people's requirements.

We observed the lunchtime experience in two dining areas within the home. People found lunchtime to be a social occasion and were engaged in conversations with each other. People said they could eat their meals in different parts of the home, such as in the lounge areas or in their own rooms. People told us they chose their meals from menus made available in the dining rooms. People who did not want the available choices were offered a variety of alternatives and those who required special diets, such as pureed food, had their food presented in a way that made it appealing.

People's healthcare was regularly monitored and health professionals were involved where necessary, such as dieticians, speech and language therapy, McMillan nurses, occupational therapists and GP. People had access to a GP who visited the home twice weekly. Records showed people were supported to attend routine health appointments to maintain their wellbeing such as dentist, chiropodist and optician. One person told us, "A chiropodist comes to see me and the optician" and another person said, "I have seen the Speech therapist (SALT)."



Is the service caring?

Our findings

All the people and relatives we spoke with told us the level of care they received from staff, was excellent. One person said, “Yes, they look after me well.” A relative told us they felt relaxed and had no concerns about their family member’s care. They said, “I go home and I have peace of mind, I am not worrying about anything.” People and relatives praised the caring attitude and nature of staff and relatives said nothing was ever too much trouble. One relative told us, “When the time comes, I shall put my name down for here.” A McMillan nurse we spoke with who provided support with end of life care said, “This home is head and shoulders above.”

The service had a strong commitment to supporting people and their relatives before and after death and was accredited under the Gold Standards Framework (GSF). The GSF is a national programme of care that enables staff to provide a gold standard of care for people nearing the end of life. We spoke with the assessor who visited the home who completed an assessment to see whether the home would retain their ‘Beacon’ status which is the highest award. They told us the GSF looked at evidence in 20 areas to assess how well they managed these. This included end of life care, managing symptoms, hospital admissions, relative and staff support medicines, dementia care and spirituality. The assessor told us Swallows Meadow Court was the only home in this area to be awarded this status. They said their commitment to end of life care and driving improvements was extremely good and the home’s award rating showed their commitment and passion to providing high quality end of life care.

We asked staff what end of life care and dementia care, meant to them and how they supported people and their families come to terms with what was often, a poor prognosis. Staff responses demonstrated a clear understanding of the caring values the provider and registered manager were proud to promote. One staff member explained that family members could get upset when seeing their loved one’s health condition deteriorate. This staff member said, “I never let anyone go out of the door that is upset, I get a cup of tea for them, we chat.” Another staff member told us, “We provide support to families, it is very important. When people are at the end of life, in the last stages, families can stay over here (if a bed is free), there is no charge.” The registered manager and staff

recognised this was an important part of end of life care and was beneficial in having loved ones close by, especially those who did not live in the area. The provider organised a series of ‘drop in’ meetings for people and relatives to help support them in gaining further information and learning in specific areas. For example, one ‘drop in’ meeting talked to people about continuing health care funding, what it entailed and how people could access this. We were told a community health care nurse also attended and provided people with information about what the assessments involved.

During our visit a ‘seaside themed day’ took place. This was a memorial to celebrate a person’s passing which was organised with the support of the family whose relative had passed away. This demonstrated family members were encouraged to continue to visit the home and to be part of a community that their loved one had once been part of. Many people were outside in the garden enjoying the sunny weather, celebrating this important event. Paddling pools, bunting and buckets and spades decorated the garden. People were provided with ice cream and ‘chips in a cone’. A ‘Punch and Judy’ show provided additional entertainment which people enjoyed. One person we spoke with said, “This is lovely.” We were told about one person who wanted to attend and had been unable to leave their room for a long period of time due to their health condition. Staff arranged for physiotherapist support so the person could attend the celebrations.

There was a culture that encouraged staff to spend time with people and build relationships. We observed numerous occasions through the day where staff spent social time with people. Staff had positive attitudes towards helping people and looked for ways to overcome barriers that may prevent them from doing what they wanted to do. For example, one person with limited mobility wanted to walk and used equipment to prevent them from falling. A staff member walked by their side while another staff member followed with a chair in case the person needed to rest. We were told about another person who received end of life care who wanted to visit the garden because, “They wanted to feel the sunshine on their face.” Their medical condition presented significant difficulties, however with family agreement and support from hospice physiotherapists and staff, this person’s wishes were met. This commitment to caring for people, showed staff genuinely cared for people and had their best interests at heart.



Is the service caring?

The registered manager told us they understood how vital it was to support people to maintain relationships with those who were important to them, such as family, friends and faith leaders. Relatives and friends told us they were welcomed at the home at any time of the day. One person said, "I can come whenever I want to, day and night." We were invited into one room where two relatives enjoyed a coffee morning with their family member. They told us they enjoyed this and they said, "Today is a good day as [person] is happy and chatting." We were told when this person became anxious, staff were always on hand to support and comfort them. Relatives told us they were always made aware without delay, if there were changes in their family member's health or wellbeing.

Throughout our visit staff were mindful of people's privacy and dignity. Some people wanted to spend time in their own rooms and staff made occasional checks on people to make sure they were okay. Staff were respectful when talking with people and called them by their preferred names. One relative told us, "All the staff in the home know who I am and remember the names of people in our family. I think that is lovely." Staff we spoke with explained how they upheld people's privacy and dignity and gave us examples which showed they knew the importance and reasons why people's privacy and dignity should be respected. A relative we spoke with told us staff were respectful when it came to protecting privacy. They said, "Even when they get [person] dressed or changed, they ask me to go out." We observed staff knocked on doors and waited before entering. Staff also spoke with people discreetly about their personal care needs.

Staff understood they had to be aware of people's individual values and cultural beliefs. The registered manager told us faith and spirituality formed an important aspect of advanced care planning. People and families were involved so staff knew what people's wishes were and could respect these when needed. The provider had a planned meeting in June 2015 for people and families to discuss 'advanced end of life care'. We were told staff respected people's faiths and beliefs. Religious services were held so people could attend; also literature was made available in the home such as a copy of the Koran. One person had a room that was situated and furnished in such a way, they were able to pray in accordance with their personal beliefs.

The registered manager told us they worked collaboratively with health care professionals and held multi-disciplinary meetings to see how outcomes for people at end of life could be improved. For example, the registered manager told us they analysed deaths at the home to see what lessons could be learned and whether everything practicable was done, and if not, how processes could be improved.

This view was shared by the McMillan nurse who supported people, families and staff at the home. The McMillan nurse said staff were focussed on making sure people were not admitted to hospital unnecessarily which helped reduce further stress to people and their families. The McMillan nurse said this was because, "The home is very good at providing end of life care. I have no concerns. This means people are staying at the home which is what people want." We were told the hospital admissions last year were very low and the McMillan nurse said, "This meant people only went to hospital when all other options had been explored."

People had advanced end of life care plans which stated how they wanted to be supported during the end stages of their life, and all important decisions were recorded. The advanced care plans provided nursing staff and health care professionals with necessary information to avoid unnecessary hospital admissions. This information also helped staff to provide people with dignified and pain free care at the home until they passed away. The McMillan nurse told us staff were proactive in seeking support and advice to manage people's pain relief. They told us one staff member had sought their advice about how to manage pain relief when a person was allergic to a particular type of pain relieving medicine. The McMillan nurse said this showed, "Staff were always thinking about the individual and how to best manage their care."

We found care planning and meeting people's needs began prior to people moving into the home. People were assessed before they came into the home. A relative said, "The manager was efficient when she first assessed [person]." Relatives told us this helped make the experience of moving into the home as seamless as possible, with little disruption to routine. Specialist equipment required was obtained where necessary to make sure individual needs were catered for at the moment care was required. People and relatives told us where possible, they had a choice of rooms. One relative



Is the service caring?

said, “We had a choice of three rooms.” The director told us before a person arrived, families were asked to visit and make the person’s room homely with their possessions. This meant the environment looked welcoming and familiar to the person and helped them settle in.

Some people had lasting power of attorney and plans were made regarding ‘Do not attempt resuscitation’ plans. The registered manager said all this information was discussed

when people first moved into the home. They said, “We want to get all of this information in one meeting, usually at the start rather than worry family members at a later time when it may not be appropriate.” The registered manager recognised the collection of this information had potential to increase families’ emotions and it was handled in a very sensitive way.

Is the service responsive?

Our findings

People and relatives were complimentary about the quality of care staff provided at Swallows Meadow Court and told us it was responsive to their needs. A relative told us how staff had responded very well when their family members' food intake was causing some concerns. They said with the help and support of staff, "[Person] is back on solid food now, putting on weight and [person] is being assessed for a wheelchair." We were told this person's health and wellbeing had improved.

Staff had an excellent understanding of people's needs, especially when they had changed. For example, one staff member explained to us how a person started to display inappropriate behaviours to others in communal areas which had potential to cause embarrassment and affect people's dignity and respect. We were told staff monitored this person's behaviour and encouraged the person to go to their room or more private areas when this happened to minimise any distress or discomfort to this person or others. Staff told us they referred to care plans, especially if they had not provided care to some people for some time which helped them make sure people received the care and support they needed.

We looked at six care plans and found they included information about people's preferences and choices as well as their likes and dislikes and how their individual care needs were to be met. Care plans were reviewed regularly by the nurses. Where people had a significant change, care plans were updated immediately so people received the care they required. People and relatives told us they had not been involved when care plans were reviewed, however, people had been told if there had been changes in how their care was provided. The registered manager said they held quarterly meetings with people and their family members which provided them with the opportunity to raise any questions. We saw a meeting with people and relatives was planned to discuss advanced care planning. The registered manager acknowledged what people told us and agreed to seek improvements to make sure people were involved.

The registered manager spoke proudly about the staff team and said staff were very proactive in supporting people and consistently demonstrated people were at the heart of what they did. They said staff always looked for ways to improve people's delivery of care. For example, the

registered manager told us about a person who experienced breathing problems because their room was excessively hot and this had a negative impact on their health. Staff quickly noticed this person's condition was deteriorating and brought this to the attention of the registered manager. The same day, this person was moved, with their agreement to another room which was cooler and as a result, their condition improved.

All of the staff told us they enjoyed working at the home and wanted to provide the best quality of care they could. One staff member told us, "I absolutely love it here. We (staff) can give really good care and nursing care. Everyone (people) is always smiling and everyone (staff) loves their jobs." Staff said they had up to date information they needed to help provide the care, support and treatment people needed. Staff told us they received a handover at the start of each shift which provided them with valuable information about people's current care needs. We observed a staff handover between shifts. The handover was clear and detailed and all the staff showed a good knowledge of people and their needs. Every person was discussed in a personalised, respectful and sensitive way.

People at the home were involved in group and one to one activities that were meaningful to them. One person told us, "I like going in the garden and staff help me go into the garden whenever I can." A relative said, "The girls (activity co-ordinators) are very good, they chat with [person] and [person] plays skittles and bingo." During our visit, staff involved people in decorating the garden into a 'seaside day' which was a memorial event to celebrate the life of a person who used to live at the home. People spent time outside in the garden, and people who had limited mobility, were supported by staff to join in the activity so everyone was made to feel welcomed. People told us they really enjoyed it and it brought back fond memories.

People and their families were encouraged by activity co-ordinators to complete a booklet which provided information about the person's life. This was a recent initiative and we saw four books had been completed with more to follow. One relative said, "They (activity co-ordinators) have asked for some photographs, they are doing a little book about [persons] life." These books contained important information which helped staff to get to know about people's life experiences before they moved to Swallows Meadow Court. Activity co-ordinators told us these books helped staff to support people and be

Is the service responsive?

responsive to their needs, for example, promoting personalised hobbies and interests. One person we saw enjoyed gardening and we saw this person spent some time in the garden during our visit.

People from the local and wider community were actively encouraged to be a part of the community at the home. Local schools provided singing entertainment, a variety of entertainers visited the home and people were welcomed when the home held fetes and other celebrations. People and relatives told us the celebrations and involvement with other's helped enrich people's experiences.

Where people had chosen to spend time in their rooms they told us that this was their choice. We spoke with one relative whose family member had limited sight. They told us, "[Person] has the audio books, because [person] is now bed-bound. It's fantastic, the staff are all on the ball."

Another relative said, "Activities are held in the big room, [person] does not want to go as they are shy, but nurses chat to [person]." Staff told us it was people's choice whether they joined in, but always encouraged so people did not feel isolated.

Every person had been provided with a brochure upon arrival at the home which explained what services they could expect. This brochure informed people how to make a complaint and the timescale for investigating a complaint once it had been received. There was also complaints information displayed in the communal areas of the home which advised visitors and relatives in how to make a complaint. People and relatives we spoke with confirmed that if they had any concerns, they would feel happy to talk with staff or the registered manager. One person told us, "I've got no complaints, I would go to the nurse on this floor." Staff told us that if they were unable to help someone with a concern, they would refer it to a more senior member of staff to see if it could be resolved, before escalating it further. This ensured people did not wait to have their concerns addressed. We looked at the complaints records and found two complaints had been received in the last twelve months. These had been investigated and responded to in line with the provider's complaints policy and the registered manager improved practices where possible, so similar complaints were not received.

Is the service well-led?

Our findings

Comments we received from people demonstrated a high level of satisfaction with how the service was managed. Comments included: “Yes, (registered manager) was efficient when she first assessed [person] and we had a choice of three rooms”, “Atmosphere here is good, definitely compared to the previous place where staff were moaning, it was a pleasant surprise, it is not done here” and “I don’t think you could do any better. It’s as good as you can get.”

The provider’s achievements had been recognised by other health care organisations. For example, the provider was a finalist in the Collaborative Working category in the ‘Solihull Better Lives’ award 2015. Solihull Better Lives is a partnership of local and health and social care organisations that joined together as an organisation to make sure people were not admitted to hospital unnecessarily. The provider’s services and commitment to end of life care have also been recognised by achieving Beacon Status (highest award) by the GSF. This national award is assessed independently and is awarded based on evidence against 20 key themes primarily around care and dignity in death. The national assessor told us, “We work closely with CQC and our standards are aligned to yours. If a home is accredited you can be assured their end of life care is very good.” The registered manager talked to us about these awards and was passionate about the care they delivered and how this had a positive impact on the lives of people at the home and their families.

The registered manager was focused on building a community within the home of which every person, visitor and staff member played their part. They had developed a service where people were enabled to carry on living their lives, pursuing their interests and maintaining their relationships. The registered manager explained, “The time they are here, we look after them. We do our best for the people and relatives. We progress mobility, exercise to music and have singers in to keep people entertained. We always try to go that bit extra.” From our observations and talking to staff we found they also shared these values and enjoyed working for the provider. One staff member told us, “It’s not just the activities that are important; it’s how we keep up the momentum. I enjoy working with people.”

Staff told us the management team were available and supportive. One staff member told us, “I can talk to the

manager when I need. We have staff meetings but I can discuss anything when I need.” Another staff member said, “Yes they are very supportive and with personal issues, you can talk to them and they listen.” Staff said the managers walked the floor which provided opportunity to raise any concerns they had.

The registered manager told us they observed practice in the home to make sure staff followed policies and procedures, and helped them and also provided them with an understanding of the challenges faced by their staff. We asked the registered manager how they knew their staff were caring. They told us they did an ‘observed practice’ helped them to see and know how people were treated and supported. They said if they saw a staff member was not caring towards people, this would be addressed in a supervision meeting. The registered manager told us they were proud of the team at Swallows Meadow Court because they saw first-hand, how people were cared for but said if anything.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications and completed the Provider Information Return (PIR) which is required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

People were encouraged to contribute their views about the service they received. For example, meetings were held every three months for people and relatives. These meetings were used as an informal way for people to share concerns or ideas and any ideas or suggests made, had been acted upon. Some meetings were informal with no agenda so it was open to people to discuss what they wanted. Formal meetings enabled people to discuss certain topics, for example a meeting was planned for June 2015, to talk about advanced end of life care planning.

People and relatives feedback was sought about the quality of service they received and where improvements were required, actions had been taken. We saw an action plan from the last completed survey in 2014 which looked at specific areas such as catering, personal care support, daily living and management. Some people wanted lunch to be served later in the day and this was trialled and people were asked what they thought before it was officially changed.

Is the service well-led?

There was a stable management team in place. Although it was a large home, there was a consistent staff team with some staff members having worked there for many years which provided good continuity of care for people. There were clearly defined roles and all staff knew their own responsibilities and those of other staff, such as who led the shift. Staff told us they knew who to approach on shift if they needed help or support. Nurses regularly reviewed care plan records and other important information to make sure it was accurate. Regular checks of records were completed by the registered manager to ensure they had been reviewed and actions were taken so people's records continued to meet their needs.

There were systems to review the quality of service provided which included a variety of audits and checks.

These audits and checks identified any areas needing improvement so action plans could be put in place to ensure improvements were made. For example, audits around medication were thorough and regular audits of Medication Administration Records ensured staff followed the provider's policies and procedures and there was evidence that staff received supervision meetings when concerns were identified.

All accidents including falls were reported and monitored by the registered manager who ensured any actions required to minimise any further risks were carried out. The registered manager told us their analysis helped ensure people received the necessary support to keep them protected from potential risks.