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The Swallows Residential Care Home

Inspection report

Helions Bumpstead Road
Haverhill
Suffolk
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The Swallows Residential Care Home is a care home for up to 16 people older people. 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. The Swallows Residential Care Home is situated in Helion Bumpstead on the outskirts of the town of Haverhill, Suffolk. There were 13 people living at the home when we inspected on 5 and 6 March 2018. One person was in hospital during the first day we visited, however they arrived home during the second day.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good overall. Whilst we have rated the key question of Safe 'Requires Improvement there was no other evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also a partner in the provider company. We have referred to this person as the registered manager throughout this report.

People we spoke with told us they felt safe living at the home. Risks were assessed and safety of people was monitored by staff on an on going basis. Improvements were needed to fire safety arrangements; we shared this with the fire service.

There were not always sufficient staff to meet people's needs in a timely manner. We have recommended the provider review staffing levels.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received a service that was caring. Staff knew people's needs well and were responsive and supportive. Staff treated people with dignity and respect. Staff sought to gain people's views.

The service had a complaints procedure which was made available to people and their relatives. People were happy living at the home and had no complaints.

People who lived at the home, relatives and staff told us the service was well led. Staff were aware of their roles and responsibilities and were well supported.

Further information is in the detailed findings below.

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 has deteriorated to Requires Improvement. The service was not consistently safe.

Fire safety was not always well managed which placed people at risk of harm.

There were not always sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Most aspects of medicines management were well managed. Staff had attended training on medicines administration.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

The Swallows Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 comprehensive inspection took place on 5 and 6 March 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of two people in detail to check they were receiving their care and support as planned. We also looked at records including four staff recruitment files, training records, meeting minutes and management records.

We spoke with ten people who lived at the service. Some people were not able to communicate their views of the service to us and therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of care staff, the assistant manager and the registered manager as well as one of the care consultants employed by the provider. We also spoke with three people's relatives and three healthcare professionals to seek their feedback on the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 22 September 2015, we rated this key question 'Good'. At this inspection, we found improvements were required around the safe management of fire safety and therefore the rating has changed since our previous inspection, from 'Good' to 'Requires Improvement'.

During the first day of our visit we noted that there were three designated fire doors that were being inappropriately secured open due to the fire door mechanism not working. We looked at the fire safety records and saw that a check of the fire system had been carried out and was dated for the first date of our visit. This document stated that all fire doors were in good working order. This was not accurate. We also noted that some of the fire safety signs that stated 'fire door keep shut' had also been removed from doors within the home. Inappropriately securing fire doors open presented a risk to people living at the home in the event of a fire. Removal of the fire safety signage meant that staff were not prompted to keep the fire doors clear and not held open. We spoke to the assistant manager and provider's consultant on the first day of our visit who took action straight away to remove the items holding the fire doors open. By the second day of our visit the fire door mechanisms had been fixed. We spoke to the fire safety officer following our visits who told us they would attend the service to discuss and review arrangements for fire safety. The fire officer informed us that the provider had taken action and replacement fire door signage had been ordered.

Recognised tools such as a pressure ulcer risk assessment and nutrition screening tool were used. These helped assess the level of risk for people. We saw that these assessments were reviewed regularly and action taken such as fortifying of meals when a person was at risk of weight loss. However healthcare professionals we spoke with told us that staff didn't always use the equipment they provided and recommended to help prevent pressure ulcers. One professional said, "We provide the equipment and then find it not in use or the staff don't know where it is or why it is not in use." We spoke with one of the provider's consultants who told us that the home were working with health care professionals to improve communication.

People we spoke with reported that they continued to feel safe living at The Swallows. One person told us, "I feel safer here than at home." Another person's relative told us, "[Family member] is absolutely safe. Staff are constantly walking by and they put their head round the door, there is constant surveillance." Another relative told us, "[Family member] is healthy and happier than at home."

Policies and procedures were in place for safeguarding people at risk of abuse or neglect. Staff had received safeguarding training and demonstrated an understanding of how to identify potential concerns and what action they would take. Records showed concerns had been appropriately recorded and reported and action was taken by the registered manager to keep people safe.

On the whole, people were positive that there were sufficient staff to meet their needs, with the exception of when staff were busy helping other people. One person told us, "I ring my bell and they [care staff] are fairly amenable in the main, if they do make me wait a little while they are very apologetic. They are under pressure at times of course but they come quite quickly." Another person said, "If I need help I ring the bell. Mainly they come quickly but if they are busy it takes a little longer, but it's all within a decent time." A third

person told us, "In the night you can press a button and it goes into the lounge and they know you want help. There is nothing too much trouble for them, if you want anything there is a red button, you just press that and they are here."

We also received some mixed feedback about staffing levels from people and their relatives identifying that there were periods within the day where staffing levels were challenging. One person said, "You have to understand that if they are with someone else then you have to wait. They do get short of staff sometimes; they could do with one other [staff], three on duty at a time." Another person's relative told us, "My [family member] complained that they [care staff] didn't chat [to people using the service], but I don't think they have a lot of time for chatting."

As well as the care staff on shift, there was also additional staff with a chef and a member of domestic staff working each day however these staff only worked during the mornings and early afternoon. Staff were supported by an office worker and either the registered manager or assistant manager on each shift. The administration of people's medicines was undertaken by either a member of the management team or the office worker which further freed up care staff time to spend with people.

Most care staff we spoke with confirmed staffing levels were sufficient to meet people's needs. One member of staff told us, "Staff levels are great. We have two staff on duty which is currently a ratio of one staff to eight people. We have time to talk to people, spend time with them and offer plenty of choice."

A healthcare professional we spoke with told us they were concerned about the level of staffing at the home, they said, "There are not always enough staff around, I've noticed a few times that the kitchen staff have to come and help people because there aren't enough staff on duty to help." After our visit the registered manager told us that kitchen staff do not provide care but that care staff may have been seen coming from the kitchen.

During our visits, we saw that whilst there were sufficient numbers of staff on shift to spend time with people this was primarily during the morning. We were concerned about the feedback we received with regards to the staffing and the fact some people needed two staff to help them that at times when people needed assistance with personal care there were not enough staff to support them in a timely manner. After our visit the registered manager told us they were using a dependency tool that indicated they were exceeding the number of staff needed to support people.

We recommend that the provider review the staffing levels to ensure that they are sufficient to consistently meet people's needs.

The provider continued to have appropriate recruitment procedures in place, which ensured staff were suitable to support people who lived at the home. Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check is a criminal records check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained references about them.

Medicines were securely stored in three locked medicine cabinets which were accessed by designated staff only. Staff held the keys securely with them at all times. Staff administering medicines had completed relevant training and had been assessed as competent by the provider. People were given the support and time they needed when taking their medicines. One person told us, "I have no quibble about the medication side of things." We observed people had access to their 'when required' medicines outside of the planned medicine 'rounds'. One person asked for one of their prescribed medicines which was promptly bought to them with a glass of water. Another person said, "If I need pain medication I only have to ask."

We undertook a stock take of medicines with the assistant manager and found, with the exception of one medicine, them to be accurate. The stock levels of one medicine had a discrepancy of three tablets too many. The assistant manager told us that this meant a member of staff had signed for some medicine they had not administered. They told us that this was an error that they would report to the registered manager. We checked the stock levels of a further six medicines and found the stock levels to be accurate when checked against the administration records. We were told that medicine errors would result in staff receiving further training in the safe administration of medicines.

We looked around the home and with the exception of some of the fire doors, found it was generally well maintained. Checks completed in house were complemented by external contractor servicing and annual inspections of fire detection equipment and systems on an annual basis.

Systems were also in place to help reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) by staff. Staff received training in infection control and were clear of their role in this. We observed staff hand washing at frequent intervals. Improvements were made if things went wrong, the service learnt from this used the information to make improvements.

One of the providers consultants told us about some work they were undertaking with a healthcare professional to make changes following one person experiencing challenges with the smooth transition from the home to hospital

Good

Is the service effective?

Our findings

At our last inspection on 22 September 2015, we rated this key question 'Good'. At this inspection we found that the home had sustained this rating.

People's needs and choices had been assessed in line with current legislation and good practice guidance. The registered manager or senior staff met with people before they moved to the service to discuss their needs.

People and their relatives told us staff continued to be well trained and still had the right skills to provide effective care and support. One person said, "Staff are very good, I can't criticise what they do." We reviewed the training and learning undertaken by staff. Training had been completed using a face to face delivery of courses and included moving and handling, safeguarding adults and dementia awareness. Staff told us the training provided was good and had given them the confidence to undertake their role. Staff said they received regular supervision; there was good team work and communication between themselves and their colleagues. They also felt supported in their job role. A staff member told us they found supervisions a good opportunity to discuss their development. People received effective care because they were supported by an established and trained staff team that worked effectively as a team.

People's nutritional needs continued to be met. People told us they liked the food at the home. One person we spoke with said, "Some of the food here I like, if there is something I don't like I leave it. This morning on our table three people had a fried breakfast, I had a soft-boiled egg. For tea last night they had prawn cocktail, I had tomato soup. Anything you don't like they would change it, sort it out, they are very accommodating."

We saw that people were offered regular snacks and hot or cold drinks. The chef had a good understanding about people's individual needs and specialist diets, such as diabetic diets, pureed food and fortified diets. People's nutritional needs had been assessed and recorded. We saw that food and fluid intake was recorded where needed and that action had been taken when people's weight or intake had changed. One person living at the home who was at risk of weight loss due to a health condition was supported to have their food fortified with additional calories.

People continued to have access to the healthcare support they needed. One person told us, "I'm quite happy with my care, you only have to say you don't feel well and they get a doctor." Another person said, "If I'm not well I know they will look after me."

With the exception of our concerns about the fire doors at the home, we found the rest of the communal areas were accessible. The building was suitably adapted to meet the needs of people living there. Everybody had their own bedroom which had been personalised to their specific taste and choosing. There was suitable shared space such as a lounge /dining area. There was also a garden area that people could access.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training in MCA and DoLS and continued to have a good understanding of the Act. We checked whether the service was still working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person had been granted a DoLS authorisation which did not have any conditions attached to it. Another two applications had been made to the local authority and were waiting to be processed.

Good

Is the service caring?

Our findings

At our last inspection on 22 September 2015, we rated this key question 'Good'. At this inspection we found that the home had sustained this rating.

People we spoke with told us staff continued to be caring and treated them with kindness, respect and compassion. One person said, "They are very good to me here, it's very nice living here, they are very good, nothing is too much trouble." Another person told us, "They are all very nice girls, we are treated pretty well really, staff are very kind and patient."

Relatives were also complimentary about the kindness of staff. One person's relative told us, "Excellent care, we brought [family member] back to the home needing personal care once and they were very competent, treated them with dignity. The other day they were doing a person's nails, it is the personal touch. [Family member] is always clean." Another relative said, "From what I've seen the staff are caring, [family member] is the healthiest they have been in a long time."

Staff spoke positively about the people they supported. Throughout our visits we observed kind and caring interactions between staff and people. For example, we witnessed several occasions where members of staff greeted people with genuine pleasure. We also observed caring contact between people and care staff. During the first day of our visit one person was upset, several members of staff sat and spoke with them to offer comfort and a kind word.

Staff continued to support people to maintain their dignity and respected their privacy. One person told us, "The [care staff] that help me are very good, I never feel undignified." Another person said, "I had a bath last night, they let you soak and put smellies in it. Once my [relative] came just before I had my bath, I chatted with them for a while and staff kept my bath hot [for me]."

We saw people continued to be supported to maintain their individuality by staff who gave choices and sought people's views and involvement in their care. People chose when they went to bed and when they got up in the morning. One person told us, "I get myself washed and dressed; I stay in bed until I want to, I get up in time for lunch, and sometimes I'm up for breakfast." Staff confirmed they respected people's preferences and choices.

Staff continued to promote people's independence and people were able to have visitors at any time. One person told us, "I get a lot of company, my relatives come when they want." One visitor we spoke with confirmed that they were made to feel very welcome.

Good

Is the service responsive?

Our findings

At our last inspection on 22 September 2015, we rated this key question 'Good'. At this inspection we found that the home had sustained this rating.

People continued to have their needs assessed before they moved into the home. This meant that the registered manager and staff were confident that they were able to meet people's needs before care commenced. People had care plans in place which were detailed and person centred and were reviewed monthly. We noted that several of the care plan documents had been written a number of years ago and due to reviews some information had been crossed out and additional notes made on the document by staff. The care plan however, had not been reviewed and updated with a new version when changes were made. Despite this, we found that staff continued to be knowledgeable about people who lived at the home. They were able to tell us about people's needs, routines and preferences. The registered manager and their care consultant agreed that care plans would benefit from updating with the most recent changes and told us that they would be updating and reviewing care plans with people.

Relatives we spoke with continued to be complimentary about the responsiveness of staff and the impact this was having on their family member. One relative told us, "They [care staff] are doing a grand job, staff are very attentive, they are well intended. [Family member] is hanging in there and that is testimony to their care. Fundamentally there is nothing more they could have done differently to improve their quality of life."

There was a lack of any activity taking place in the home during the two days of our visit. The majority of people told us this suited them and that they did not wish to have lots of activities taking place. The registered manager and staff told us we had happened to visit on unusually quiet days in the home. One person told us, "I go down to the lounge for a chat once a day, everyone is very friendly. When they have anything on, like a sing song I go down for that. In the good weather you get to go out, one of the carers sometimes takes one of us out." Another person said, "We get a lot of entertainment, a man comes and plays the guitar, the Salvation Army come and give communion. I've got a telly, but I've only had it on twice, I'm not one for telly. It's nice and quiet here, I can't stand a lot of noise, I like to read. If they have a singer and it's too loud I just close my door. The only thing is I wish I could get out a bit more, the carers tell me I can go out whenever I want, they have said they would take me shopping." A relative told us that their family member enjoyed staff spending time with them on a one to one basis. They told us, "There is a member of staff who comes in and reads poetry with [family member], that's good."

Staff we spoke with told us that there were activities which took place on a regular basis. They said that people also had one to one time with staff. We spoke with a senior carer who was also employed as an activity co-ordinator. They showed us the range of activities and resources they had access to and told us about the one to one time they had allocated to spend with people looking at their hobbies and interests.

There continued to be a complaints policy and procedure in place. The complaints procedure was displayed in the hallway in a prominent position to help ensure it was accessible. People and their relatives that we spoke with were clear how they would raise a concern if they had one. One person told us, "The manager

has asked us if there is anything we want to complain about and we were sent a survey a few months back. They are very approachable." Another person told us, "I haven't got any complaints at all, if something didn't suit me I would soon tell them [staff]."

We looked at how the registered manager and staff cared for people who were nearing the end of their life. People being cared for at the end of their lives were kept comfortable and supported sensitively. Care plans included information about people's wishes and preferences for care at this time. Information on the submitted PIR stated, 'With respect to end of life care the home has a good track record of obtaining specialist input from district nurse, or hospice personnel to help residents in need of palliative care'. We saw evidence in the care records we looked at that people's final wishes were noted where these had been expressed.

Good

Is the service well-led?

Our findings

At our last inspection on 22 September 2015, we rated this key question 'Good'. At this inspection we found that the home had sustained this rating.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with continued to be happy with the leadership at the home and the ethos and values that meant they received the care they wanted. The registered manager told us that their mission was to make The Swallows as 'personal and homely' for people as possible. One person said, "I love it here, it's really good." Another person commented, "We [people] are lucky, very very lucky [to live at the home]."

Relatives we spoke with were equally complimentary. One relative told us, "This [The Swallows] was by a street better than others we looked at. We liked the smallness, this is not institutionalised, it is personal, friendly and has an emphasis on the person, very welcoming." Another relative said, "We looked at several [care homes], its very boutique and very low key here and they are on the ball with [family members] health issues. Them coming here was very comforting as this house is like their home."

Feedback from staff about the home was also very positive. One member of staff told us, "I love working here [The Swallows]. It's a friendly family environment. Communication is great between staff which really helps." Another staff member said, "We're working to the highest standards here. It's the best care home I've worked in and I've worked in a few."

The management team continued to have procedures in place to monitor the quality of the service provided. The registered manager continued to employ external consultants to act as advisors and to complete audits of the performance of the service and compliance with relevant legislation. Evidence of these checks was during our visit. We noted that improvements were needed to the oversight of fire safety due to concerns about the fire doors and associated recording keeping. We also found that improvements were needed to the oversight of safe medicines management where we found a minor discrepancy. Once we had identified these the provider took immediate action to address them. One of the consultants told us about an improved quality monitoring tool they had already started to develop; they showed us the template that they were in the process of introducing. This new audit covered all areas of the home and when in use should enable the provider to identify any necessary improvements or actions at the earliest opportunity. We will check the effectiveness of this at our next inspection.

One of the consultants also delivered training to staff and supported the registered manager with the implementation of risk assessments. The registered manager told us that the use of the consultants also enabled her to remain up to date with current legislation as they shared relevant information with her.

Information about the service was freely available in a communal area. This included the last CQC inspection report and details of the home's own internal quality audit which identified areas of good practice and also where improvements had been identified and had been acted on.

People were enabled to express their views. Meetings were coordinated throughout the year during which people were invited to attend. From the meeting minutes we saw that the aim of the meetings were to gain people's feedback about the home as well as an opportunity for staff to share information and updates with people.