

Charles Daker

Swan Hill House Residential Home

Inspection report

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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

What life is like for people using this service:

People told us that they felt safe living at Swan Hill House. People were cared for by enough staff who understood how to keep people safe from harm and abuse. People told us that they received their medicines on time however medicines were not always managed safely and some improvements were needed to the current system for medicine management.

Staff were kind and treated people with dignity and respect. People were supported to make their own choices and were encouraged to be as independent as possible. Staff understood people's preferences and care was delivered in line with people's wishes and needs.

People told us that the management team were approachable and people knew how to make a complaint. The registered manager carried out health and safety checks of the premises and equipment. Accidents and incidents were recorded and action taken where necessary to keep people safe.

More information is in the full report

Rating at last inspection:

At our last inspection (report published 28 September 2016) all of the key questions were rated Good and the service was rated as Good overall. At this inspection, the key question Safe has changed to Requires Improvement however this has not changed the overall rating and this remains Good.

About the service:

Swan Hill House is a residential home that provides accommodation with personal care for up to 28 older people. At the time of our inspection, there were 27 people using the service. Swan Hill House is a Georgian town house situated in Shrewsbury town and people have easy access to the town centre.

Why we inspected:

This was a planned inspection based on the date and the rating of the last inspection.

Follow up:

We will continue to monitor the service through the information that we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our Effective findings below

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Swan Hill House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

Inspection team:

The inspection was carried out on 25 January 2019 by one inspector.

Service and service type

Swan Hill House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection

The inspection was unannounced.

What we did:

We reviewed the information we had received about the service. This included notifications of events that had happened at the service such as deaths and serious injuries, which the provider is required to send to us by law. We looked at the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to tell us about what the service does well and any improvements they plan to make. We contacted the Local Authority for their feedback about the service. This information helped us to plan our inspection.

During the inspection, we spoke with five people who used the service and one relative. We carried out observations in communal areas to assess how people were supported by staff.

We spoke with two care staff, the cook, the registered manager and the provider. We viewed two care records and looked at how medicines were stored and administered. We saw records relating to the management and operation of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance

Using medicines safely

- Medicines were not consistently managed safely.
- Boxed medications were not always dated when opened. This meant that staff did not have an accurate record of how long medicines had been opened for which put people at risk of receiving out-of-date medications. This is particularly important for people who didn't take medication daily and received 'as required' medicines.
- There were no clear systems to check stock levels of medication. We found discrepancies in the numbers of tablets left in some boxes as these numbers did not always correspond with the Medication Administration Record (MAR) charts.
- We found some gaps on the MAR charts where staff had not signed to confirm that medication had been administered as prescribed. This meant that staff could not be confident that people had received their medications.
- The medication room temperature was not always consistently recorded. For the month of January, up to the date of inspection, we found that there was a total of nine days where the temperature had not been recorded.
- We brought these findings to the attention of the registered manager who took immediate action to address these issues. The registered manager told us that the service was in the process of moving to an electronic medication system and this would reduce the risk of errors occurring. There would also be a clear auditable trail if errors did occur with the new system in place.
- People told us that they received their medications on time. We spoke to a person who received 'time specific' medications and they stated that there had not been any issues with receiving their medications on time.
- Controlled drugs were stored, recorded and administered inline with legislation and best practice guidance.

Safeguarding systems and processes

- People said they felt safe living at Swan Hill House. One person said, "I feel totally safe here."
- Staff understood their responsibilities in relation to keeping people safe from harm and abuse.
- Staff told us that they had received safeguarding training and the registered manager kept a training matrix that identified when people were due to renew their training.

Assessing risk, safety monitoring and management

- Risks were managed safely.
- Risk assessments were completed following an initial assessment of a person's needs and an action plan put in place as necessary.

- Staff knew people well and could tell us the action they would take to reduce the risks for people and keep them safe.

Staffing levels

- People told us that there were enough staff to meet their needs.
- One person said, "There are enough staff here and they all work as a team." Another person said, "We are lucky to have a lot of staff, they all work together and that shows."
- A staff member said, "For the majority of the times, there are enough staff, I never feel like I am rushing around doing things and the staff team all work well together."

Preventing and controlling infection

- There was an infection control policy in place.
- Staff told us how they protected people from the risk of the spread of infection and we observed this during our inspection.

Learning lessons when things go wrong

- The registered manager used an electronic system to record accidents and incidents.
- The system would identify any trends or patterns in the records for the registered manager to address and put in measures to prevent the incidences from reoccurring.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received pre-assessments before moving to live at Swan Hill House. This ensured that the service could meet the needs of people and provide the appropriate level of care and support for people.
- The service was in the process of assigning staff as key-workers so that staff could be directly responsible for reviewing and up-dating people's care records.
- Staff told us that they read people's care plans to ensure they were meeting people's needs effectively.
- Staff were part of a handover process before each shift so that relevant and current information could be passed amongst staff to provide good outcomes for people.

Staff skills, knowledge and experience

- New staff received a full and comprehensive induction programme.
- Staff were suitably skilled to meet people's needs and were encouraged by the registered manager to develop their knowledge and skills through additional training programmes.
- Staff received supervisions and appraisals that were used as a platform for staff to discuss their training and development needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us that they had sufficient food and drink throughout the day and that the food was of a high quality.
- One person said, "I would like it on record that [cook's name] is a super cook." Another person said, "We always have a homemade soup to start, a main meal and a desert. We also get a glass of sherry at 12pm, just before lunch if we would like one; it is a lovely idea."
- People were given alternative options if they did not want to choose from the main meal on offer.
- Where people had specific dietary requirements, we saw that food was prepared in served in line with people's needs and choices.
- Staff used assessment tools to identify people who were at risk of dehydration or malnutrition. Appropriate actions were taken to ensure people's nutritional needs were met.

Staff providing consistent, effective, timely care

- Staff were observed working with one another to meet people's needs.
- The registered manager said, "Most of our staff have been here for long periods of time and we don't need to use agency staff." This meant that people received consistent care and support from staff who knew people well.

- The service worked well with other professionals to ensure that people received the right type of support from the right professionals.
- The service had their own physiotherapist who visited both people and staff at Swan Hill House.
- People had access to healthcare as required. The General Practitioner and district nurses regularly visited people to assess and treat any health care needs and we saw records of when visiting professionals had been to the service.

Adapting service, design, decoration to meet people's needs

- The building is typically Georgian in architecture and style and aids and adaptations have been made to the premises to ensure the layout and design meets the needs of people living at Swan Hill House.
- People were encouraged to personalise their own rooms with their belongings and this created a warm and homely feel for people.
- The service did have some shared rooms that were used for double occupancy. The rooms were partitioned appropriately so that the privacy of people could be respected.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff understood the principles of the MCA and could tell us how they adopted these principles in practice.
- People were encouraged to make decisions for themselves where possible. Where people did not have the capacity to make informed decisions, decisions were made in people's best interests and in the least restrictive way possible.
- The registered manager understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the Local Authority.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated in a kind and caring way by staff who demonstrated patience and compassion towards people.
- One person said, "Everyone is lovely here, the [staff] are all very kind towards me." Another person said, "They [staff] look after me very well, very well indeed."
- A relative told us, "We have struck lucky here; we are really happy with [person's name] care."
- People were observed chatting and engaging with one another. Staff took the time to speak with people and join in conversations and discussions.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own choices and decisions about their care.
- A staff member told us, "We don't just assume that people want something, we ask them and involve them even if they don't have capacity to make specific choices, we still involve them." During our inspection we observed practices that evidenced what staff had told us.
- People were encouraged to attend resident meetings to express their views and wishes about the service. The registered manager told us, "I always get direct feedback from residents anyway outside of formal meetings."
- The registered manager understood their obligations in relation to Equality, Diversity and Human Rights (EDHR) and considered the protected characteristics of people under the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected the privacy and dignity of people they were supporting.
- One staff member said, "I always ask people if they would like me to support them and I close doors and curtains. I treat people how I would like to be treated myself."
- People we spoke with confirmed what staff were telling us.
- People were supported to maintain relationships. Visitors were welcome to Swan Hill House at any time and visitors were made to feel inclusive. A relative said, "I am always asked if I would like to stay for lunch."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People were supported to receive individualised care.
- Care plans contained details of people's preferences, likes and dislikes. Staff told us that they used the care plans to aid them to provide person-centred care.
- Staff completed daily records for people in order so staff could monitor people's welfare.
- The service welcomed people's pets to live at Swan Hill House. This showed us that the service recognised what was important to people and how this would impact on people's well-being and quality of life.
- People told us that there were a range of activities on offer. One person said, "We have physio exercises, tai-chi and singers come in to entertain us. I also like to get out in the garden and the registered manager has said I can help do some gardening."
- People were encouraged where possible to utilise the nearby facilities in the town. The registered manager said, "We want to open up doors again for people who no longer had the opportunity to maintain links and utilise community resources."
- Reasonable adjustments were made for people in line with the Accessible Information Standards (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place.
- The service had not received any formal complaints since the last inspection. The registered manager said, "I like to think it is because we are so approachable so we can deal with minor issues before they go too far."
- People told us that they would feel comfortable making a complaint and they knew who to go to in any such event.
- There was a whistle blowing policy in place and staff told us that they would use the policy to report any concerns and issues.

End of life care and support

- At the time of the inspection, there was no one receiving end-of-life care.
- People were asked about their end of life wishes and preferences as part of the assessment process. Where people had specific requirements, these were documented in care files.

Is the service well-led?

Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager had systems in place to oversee the quality and safety of the service. However, not all of these systems were effective in identifying errors as they occurred. For example, the frequency in which medication audits were undertaken meant that errors were not picked up within a reasonable time frame. We discussed this with the registered manager on the day of our inspection. The registered manager had been in the process of completing audits since commencing their role as registered manager in January 2018 and stated that they would increase the frequency that medication audits were completed.
- We recommend that the registered manager undertakes more robust medication audits more frequently.
- Other audits we saw were completed in a suitable time frame and there were mechanisms in place to address and action shortfalls as and when they were identified.
- There was a staff structure in place that meant care management responsibilities were disseminated amongst senior members of staff. The registered manager said, "We break down the responsibility of tasks to senior staff and staff who are more than capable to take on that extra bit of responsibility for the general day-to-day running of the service." This meant that the registered manager could focus on managerial tasks as part of their registration requirements.
- The registered manager submitted statutory notifications to us, as required by law and the ratings of the service were displayed on their website and within the home.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager understood their obligations under The Duty of Candour, that is to be open and transparent and take accountability when things go wrong. The registered manager said, "If something happens, we take action and we say sorry."
- The registered manager spoke to us about the values of the service and was committed to continually improving practice to provide high-quality, effective care for people. They said, "Ultimately we want to be an outstanding service. We have systems and structures in place that we want to build and improve upon."
- People and their relatives spoke highly of the registered manager. One person said, "I know the management team and I know who to go to, they are all very kind." A relative said, "The management team are all approachable and they are all very nice."
- A staff member said, "The registered manager is very easy to speak to, so is the provider. If needed something I could always go to them; they are very approachable and friendly." Another member of staff

said, "The registered manager is one hundred percent approachable, we speak openly with one another and we get things done."

Engaging and involving people using the service, the public and staff

- People were encouraged to feedback about the running of the service both formally and informally through meetings and in general discussions with the management and staff team.
- The registered manager had sent out questionnaires to relatives and was in the process of changing the surveys and their content to hopefully improve the response rate.
- Staff had regular meetings to discuss their thoughts and feelings about the service and that memos were produced for staff containing useful and helpful information. We observed a staff memo on display in a staffing area during the inspection.

Continuous learning and improving care

- The registered manager had implemented new ways of working since commencing the role of registered manager a year ago. Staff told us that they welcomed the new ways of working as it gave staff more structure and guidance.
- The registered manager shared plans and ideas with us about shaping the service to ensure people were at the centre of the care at Swan Hill House saying, "Fundamentally, it is about getting everyone involved and providing excellent standards of care."
- The service used best practice initiatives to improve the quality of care for people. For example, the service was part of an organisation, Shropshire Partners In Care (SPIC) that provided advice, support and training for managers and their members of staff for the benefit of those they care for.

Working in partnership with others

- The service had developed good community links. For example, the local high school and primary school regularly visited the Swan Hill House to spend time engaging with people who used the service. The local church also visited the service to support people to follow their chosen faith.