

# Rajanikanth Selvanandan

# The Swallows

## Inspection report

The Swallows  
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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 9 November 2016 and was unannounced. The Swallows is a residential care home for older people. The home accommodates up to 19 people, and provides care and support to people with dementia. At the time of the inspection there were 18 people using the service.

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

The service was last inspected on the 7 June 2016, where we carried out a focused inspection. We found the service had made improvements and was meeting the regulations we inspected. These related to safe. At this inspection we found the service was meeting the regulations we inspected.

People were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and how to recognise and report their concerns of suspected abuse. Staff received on going safeguarding training. People were protected against identified risks. The service had devised risk assessments that identified the risk to people and how staff would minimise those risks. Risk assessments were reviewed regularly to reflect people's changing needs. People were supported to live in a safe environment that was regularly assessed. The service carried out regular safety audit checks of the environment. Where risks were identified, action was taken in a timely manner to make the environment safe.

People received their medicines in line with good practice. Identified errors were responded to in line with good practice to ensure the risk of poor management of medicines was minimised. Staff received training in safe management of medicines.

People were not deprived of their liberty unlawfully. Staff were aware of their responsibilities in line with the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. Staff received on going MCA and DoLS training and were aware of the correct procedure if they suspected people's capacity was fluctuating. At the time of the inspection 12 people were subject to a DoLS authorisation.

People received care and support from sufficient numbers of suitable staff. The service carried out robust recruitment processes to ensure staff were suitable to work at the service. Records showed staff had supplied two references, photo identification and a Disclosure and Barring Service [DBS] certificate prior to being employed. A DBS is a criminal check employers undertake to make safe recruitment decisions. The service employed sufficient numbers of staff to ensure people's needs were met.

People's consent to care and treatment was sought and respected. Staff encouraged people to make decisions about the care they received. Where people were unable to make these decisions action was taken in their best interests and in line with good practice. Staff respected and encouraged people's privacy and dignity.

People received care and support from staff that reflected on their working practices. Staff received on-going supervisions and appraisals whereby staff looked at what they did well and areas they required additional support and guidance.

People were supported to access sufficient amounts of food and drink that met their preferences and nutritional needs. People's dietary requirements were adhered to in response to guidance from health care professionals. People had their health and wellbeing monitored and were supported to have access to health care services when required.

People received personalised care that was tailored to their individual needs and preferences. The service had devised care plans that documented people's likes, dislikes, life history and medical and health needs. People and their relatives were encouraged to develop their care plans where possible. Care plans gave staff clear guidance on how best to support people in their care.

People were encouraged to raise their concerns and complaints with the service. The service had a robust procedure for receiving and acting on complaints in line with good practice. The service had posters in the communal areas of the home that gave people, their relatives and staff guidance on how to make a complaint. Records confirmed the service acted on complaints in a timely manner seeking a positive outcome.

The service carried out regular audits of the quality of care provided. Audits looked at medicine management, health and safety of the environment and care plans and risk assessments. Records showed audits identified areas of risk which were addressed in a timely manner.

The registered manager actively encouraged partnership working with other health care professionals to improve the care and support people received.

The service questioned the service delivery to drive improvements through quality assurance monitoring. The service reviewed feedback received and devised an action plan to address any issues that had been identified.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People received their medicines in line with good practice. Identified errors were responded to in line with good practice to ensure the risk of poor management of medicines was minimised.

People were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and the importance of reporting suspicions of abuse immediately.

People were protected against known risks. Risk assessments were detailed and reviewed regularly to reflect people's changing needs. Staff were given guidance on identified risks and how to support people to minimise them.

People received support from sufficient numbers of staff who met their needs. Staffing levels were reviewed based on people's needs. The service carried out robust pre-employment checks to ensure only suitable staff were employed.

### Is the service effective?

Good ●

The service was effective. People were supported by staff that reflected on their working practices through regular supervisions and appraisals. Staff received on-going training in all mandatory areas to improve their knowledge.

People were not deprived of their liberty unlawfully. Staff were aware of their responsibilities in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to sufficient amounts of food and drink that met their preferences and dietary requirements.

People were supported to access health care services to monitor and maintain their health care needs.

### Is the service caring?

Good ●

The service was caring. People received care and support from staff that were kind, respectful and compassionate. People's privacy and dignity was respected and encouraged.

Where possible people's independence was encouraged and maintained.

People had their confidentiality promoted and maintained. Information was shared with health care professionals following consent being given.

### Is the service responsive?

**Good** ●

The service was responsive. People received care and support that was person centred and tailored to their needs. Care plans gave staff clear guidance on how to support people safely.

People were aware of how to raise a concern or make a complaint. The service responded to complaints in a timely manner and in line with good practice.

People were encouraged and supported to make choices about their care. People's choices were respected.

### Is the service well-led?

**Requires Improvement** ●

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was well-led. The registered manager encouraged a transparent, inclusive and welcoming service where people, their relatives and staff could share their views.

The registered manager actively sought partnership working with other health care professionals.

The service monitored the service provision through quality monitoring questionnaires and on-going audits. Audits identified areas that required action and records showed action was taken in a timely manner.

# The Swallows

## **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 comprehensive inspection took place on 9 November 2016 and was unannounced. We last inspected the service on 7 June 2016 and found the provider had made improvements to the fire safety of the service.

This inspection was carried out by two inspectors and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed information we held about the service including notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke to seven people, one relative, three care workers and the registered manager. We looked at seven care plans, medicine administration records [MAR], seven staff personnel files and other records the service are obliged to maintain, for example, training records, quality assurance records and the complaints file.

After the inspection we spoke with one relative and received feedback of the service from a health care professional.

# Is the service safe?

## Our findings

People received their medicines in line with good practice. One person told us, "I have no worries, I'm under the consultation of the GP." A relative told us, "Yes the staff give [relative] their medicine. The GP comes in to review [relative's] medicine about once a month. I have no concerns about them [staff] administering [relative's] medicines. I'm assuming its going well." A health care professional told us, "I was accompanied by a Clinical Compliance Nurse employed by the local CCG. She was satisfied with the arrangements made for managing and recording administration."

At this inspection we reviewed the medicine administration records of each of the people living in the service. We found one instance of a medicine error, where staff had signed for medicine that had yet to be administered. When the error was identified we spoke with staff and the registered manager who took responsive action to address our concerns and had contacted the GP to seek urgent medical advice. The medicine error did not have a negative impact on the person's care and from reviewing all other MAR we were confident this was an isolated incident.

Medicines were stored in a locked in secure cabinets in a locked and temperature monitored room. People's photographs were attached to their medicine records to ensure the right person received the right medicine. When people refused medicines the reason was stated on their MAR sheet. For example, people had hospital appointments. A record was maintained of medicines not taken and there safe return for disposal to the pharmacist. The pharmacist and local health authority's pharmacy specialists provided support to the service in the form of audits and information sharing about best practices in medicines management. Records for medicines administered by district nurses were retained in a separate folder to enable healthcare professionals to maintain them effectively. People's allergies to specific medicines were noted in red at the top of each of their MAR sheets and again in care records. This meant people were protected from receiving the wrong medicine.

Clear protocols were in place for the use of 'when required' medicines. For example, one person's medicines records noted the signs for staff to be aware of that the person might be in pain along with the medicines to be administered in this situation. Information included the doses and frequency with which the medicine could be administered and the maximum number of doses permissible in a 24 hour period.

People were protected against the risk of harm and abuse. One person told us, "I feel safe here". A relative told us, "Yes, absolutely I feel [relative] is safe." Staff received on-going safeguarding training which gave staff the skills to identify different types of abuse and how to safely report their concerns of suspected abuse. The service had posters around the service which gave people, their relatives and staff guidance on how to raise their concerns of abuse. The service had robust systems in place to guide staff on dealing with harm and abuse.

People were supported against identified risks. A relative told us, "Yes I have seen the risk assessments and I've signed them. As far as I can see the risk assessments protect [relative] against risks." The service had in place risk assessments that identified a risk to people, the impact of that risk and how staff were to minimise the risk. Risk assessments looked at all aspects of people's care for example, mobility, eating and drinking

and medicines. Risk assessments were reviewed regularly to reflect people's changing needs and shared with staff supporting them.

People received care and support from staff that had undergone the necessary recruitment checks. The service had robust employment procedures in place to ensure only suitable staff were employed. We looked at staff files and found all staff had two references, photo identification and a disclosure and barring services [DBS] check. A DBS is a check undertaken by the employer to ascertain people's criminal convictions and make safe recruitment decisions.

People were supported by sufficient numbers of staff who met their needs. One person told us, "I like the feeling that there are people [staff] around, and they are keeping an eye on us". Another person said, "There seems to be loads of staff." A relative told us, "As far as I can tell on a weekend there seems to be adequate staffing there. I think they could do with having a third person there at night in case of an emergency." Another relative told us, "I believe there are enough staff on shift during the day, I don't know about the evening shifts." During the inspection we looked at the staff rota and found there were sufficient numbers of staff on shift to meet people's needs.

People were supported to live in a safe environment. One person told us, "The staff make me feel safe." Another person said, "I feel safe because I don't have any worries. If I do, I just mention it to the staff and they sort it out." Records confirmed the staff carried out audits of the safety of the service, for example, fire equipment checks, window restrictor checks and fire door checks. We found checks were carried out, daily, weekly and monthly and were completed. Where safety risks were identified, action taken to address this was done in a timely manner. For example, we saw records showed the window restrictor in the laundry room had come loose; action was taken within the day to ensure this was addressed. The service had an agreement plan in place with their sister home situated three minutes' walk down the road, that should there be an emergency during the night, staff could call upon the service to provide additional emergency support. The agreement had been shared with the local authority.

## Is the service effective?

### Our findings

People were not deprived of their liberty unlawfully. Staff were aware of their responsibilities in line with the MCA and Deprivation of Liberty Safeguards [DoLS]. A relative told us, "We were involved in the DoLS application." A health care professional said, "The home has worked closely with our Safeguarding team to ensure that DoLS authorisations are in place for residents for whom that is appropriate." The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of the inspection the service had 12 who were subject to DoLS authorisation and staff provided care and support in line with them. Records showed the service had followed the correct procedures in obtaining standard authorisations from the DoLS team.

People were supported by staff that had received a comprehensive induction. Records showed the induction process included meeting people, familiarisation with people's needs, understanding risks and care plans, learning the provider's policies and procedures and shadowing experienced staff as they delivered care to people. Staff completed competencies in all aspects of their caring role, prior to delivering care unsupervised.

People received care and support from staff that underwent ongoing training to meet their needs. One relative told us, "I would say the staff are trained well. Yes as far as I can tell they are knowledgeable." Another relative said, "I believe that they [staff] get training to meet [relatives] needs; however I can't say this with any certainty." One staff member of staff told us, "The dementia awareness training helped bring people's needs into a sharper focus for me." Another staff said, "This year I have done a lot of training. The stand outs were probably safeguarding, dementia and medicines because they are a part of what we do every day." We looked at the staff training records and found staff had received training in all mandatory areas, for example, first aid, safe medicine management, safeguarding and Mental Capacity Act 2005 [MCA].

People received support from staff that reflected on their working practices. One staff said, "We [deputy manager] meet every two months and talk. It's good. We're alone and focused. I find it supportive and I think it helps me help people." Another staff told us, "Supervision is better than a team meeting as everything applies to me, my work and the people I work closely with so it's helpful for everyone." A third member of staff said, "We talk in the supervision meetings about lots of things going on here. We talk about the training I have done and what training I want to do." Records showed staff received regular supervisions and appraisals. Supervision records showed staff received one-to-one time with their line manager to discuss their roles and responsibilities. This looked at areas of achievement and areas requiring improvement.

People's consent to care and treatment was sought prior to care being delivered. One relative told us, "I believe they [staff] do seek [relative's] consent. I don't know how much consent she can give. But they [staff] will tell me if she has decided not to have her hair washed." Another relative said, "I've had to sign things to

give consent, for example medicine consent. Staff do let me know if [relative] has not given consent, which shows staff have attempted to seek consent." One staff told us, "When people can't give an informed choice we support them with best interests to decide what's best. Sometimes [relatives] come and sometimes a professional. Mostly people decide for themselves though." Throughout the inspection we observed staff interacting with people and sought people's consent to care. For example, we observed one staff member asking some information missing here

People were supported to access sufficient amounts to eat and drink that met their preferences and dietary requirements. One person told us, "The food is very good, if you don't like it, they [staff] will get you something else." Another person told us, "It's lovely food, they [staff] give you extra. There's a menu so you have a choice but they know what I like." A third person told us, "I think it's quite good, not marvellous or wonderful, but I eat everything they [staff] give me and if I don't like it they find me something else." A relative told us, "The food looks and smells lovely. [Relative] looks so much better now she is there as she is drinking properly, more so than she did when she was living at home." A staff told us, "[Person] name can eat independently but needs company and continuous encouragement. S/he won't eat much without that encouragement so it's important." Records showed the service had received a five star rating from the food standard agency.

## Is the service caring?

### Our findings

People spoke highly of the staff that supported them. One person told us, "Staff are kind and caring. They're always popping their head in [the bedroom] to see if you need help." Another person said, "I can't find any fault. They [staff] are very, very good to me. They are very attentive, for example, if I have a cold." A third person said, "They [staff] speak to you, that's the main thing. They know you by name which helps a great deal."

People were encouraged to make decisions about the care and support they received. A relative told us, "[Relative is encouraged to make decisions, I know that the staff do try." Throughout the inspection we observed staff interacting with people asking for their consent and encouraging them to make decisions. For example, one staff asked people if they wanted support with personal care. Another staff was observed asking a person if they wanted support in mobilising to the main lounge to interact with their peers. Staff were patient when speaking with people, enabling them the time to digest the information and make a decisions. On the day of the inspection all decisions made were respected by staff.

People had their privacy and dignity respected. One staff told us, "We respect people's dignity in ways like knocking on bedroom doors and closing doors when giving personal care and covering exposed parts when giving personal care." Staff were aware of the importance of maintaining people's privacy and encouraging their dignity. Throughout the inspection we observed staff supporting people and knocking on their bedroom door and awaiting permission to enter before doing so. Staff were also observed speaking privately with people when discussing matters of a personal nature.

People were encouraged to maintain their independence wherever possible. One relative told us, "[Relative] used to walk with a stick, however the service have given her a walker and she is now walking independently and the risk to her falling has reduced." Another relative said, "The staff do help [relative] with being independent." Staff demonstrated encouraging people to remain independent during the inspection, for example, we observed staff encouraging people to walk unaided however where on hand should help be required.

People had their confidentiality maintained and respected. Staff were aware of the importance of their role in maintaining confidentiality. The service kept records stored confidentially with only those with authorisation having access to them. People's care plans contained signed agreements of consent, which meant people gave permission for their details to be shared with health care professionals where appropriate.

People were given information in a manner they understood. Records showed people's preference to communicating was documented, as were any hindrances to their communication methods. Staff were aware of how people preferred to be spoken with and this was observed throughout the inspection. For example, one staff member spoke to someone in a jokey manner that reflected the person's personality. Whereas with another person, the staff was observed speaking to them in a quieter tone and repeating their request several times, until the person understood what was being asked of them. Staff were also observed

maintaining eye contact when conversing with people.

People were encouraged to maintain relationships with people that were important to them. One person told us, "You can have visitors any time here." A relative we spoke with told us, "I feel welcome when I come here." A staff member told us, "The most important thing is to build a relationship and to build a rapport. That way people trust you and you can also tell when something is wrong with someone when they aren't themselves." People's care plans documented their life history and people that were important to them. Staff encouraged people to maintain relationships and visitors were welcomed to visit the service at a time convenient to them.

People were supported to access health care services to ensure their health and wellbeing was monitored and maintained. One person told us, "I went to the GP." Another person told us, "The GP comes to see me here at the home." A third person told us, "I don't need to see a dentist but the optician visits." A relative told us, "[Relative] is supported to see a GP and has a medicines review regularly. I'm confident they [staff] would contact a health care professional if my relative needed it." Records showed people had access to health care professionals as and when needed. For example, records showed people were visited by the district nurse, optician, GP and nutritionist. Records confirmed the service followed guidance given by the health care professionals to ensure their health and medical needs were maintained.

## Is the service responsive?

### Our findings

People received care and support that was person centred to meet their individual needs. One person told us, "I'm invited to a meeting every six months, we review my care plan then." A relative told us, "I've been involved in the development of [relative's] care plan. The staff asked me about [relative's] likes and what I thought they should do with [relative]. The service have taken on board [relative's] preferences and meet them as far as I can see." A health care professional told us, "The care planning is now more personalised than previously, with a new person centred overview document having been introduced to give staff a quick to read summary of each service user's background and individual needs." The service had in place person centred care plans that documented all aspects of people's care. For example, health needs, care needs, likes and dislikes life history and diagnosis. We looked at people's care plans and found these were comprehensive and reviewed regularly to reflect people's changing needs. We spoke with the registered manager who showed us a newly developed care plan style, which was further person centred and spoken in the voice of the person. The service had followed good practice in ensuring the 'new style' care plans clearly reflected people's preferences and identified needs.

The service carried out pre admission assessments to ensure they could meet the needs of people. People's care plans contained records from the funding authority pre admission checks. A relative told us, "The registered manager came and did the assessment himself. He asked [relative] questions and was very good with her. I couldn't fault him on that day." We looked at the preadmission records and found these looked at people's preferences regarding the care they wanted to receive, medical needs, health care needs and diagnosis. The service then assessed people's identified needs and developed a care package to ensure they could meet their needs.

People were encouraged to make choices about the care and support they received. One relative told us, "Staff help [relative] to make choices." Throughout the inspection we observed staff supporting people and encouraging them to make choices about their care. For example, what they wanted to do, where they wanted to go and if they wanted a drink. We also found staff offered people the choice of receiving support or if they wanted to do things for themselves.

People were protected against the risk of social isolation. The service monitored people's health and wellbeing including their emotional presentation. Records showed people whose presentation changed were discussed during care plan reviews and daily handovers. Staff were observed spending time talking to people to ensure they were well and if they had any concerns could raise these with the staff. A keyworker system was in place which meant people spent time with their allocated keyworker and their emotional issues were addressed and support given.

People were encouraged to participate in planned activities. One person told us, "Yes, sometimes we have a little dance, but mostly we talk to each-other." Another person told us, "I attend the exercise class and staff help me to tidy my room." A third person said, "We play bingo and other games." The service employed an activities coordinator who was present in the afternoon of our inspection. People present in the main lounge were engaged in dancing, singing and music and appeared to enjoy this activity. People who chose not to

participate in the activity were supported to access the 'quiet lounge' to engage in other activities.

People were aware of how to raise a concern or complaint. One person we spoke with told us, "I don't have any worries." A relative told us, "I would phone up and speak to the deputy manager about my concerns. I'm not backwards in coming forward and would say something." Another relative told us, "There's a list of information on how to report your concerns and steps to take if not satisfied. [Relative] may not raise a concern but would let me know if they are unhappy." The service responded to concerns and complaints in an appropriate manner. For example, we looked at the complaints file and found the service had received a complaint and completed an investigation in a timely manner to reach a positive outcome for all concerned.

## Is the service well-led?

### Our findings

People, their relatives and staff spoke highly of the management team. One person told us, "The registered manager is lovely." Another person said, He's [registered manager] very nice, he's always got a lovely friendly smile." A staff member told us, ""They're [management team] really supportive. If you need something they always respond."

The registered manager operated an open door policy where people, their relatives and staff could meet with him. One relative told us, "I think he [registered manager] would be very approachable". A staff member told us, "I would say they [registered manager and deputy manager] are approachable and take on board staff suggestions. Last year we [staff] suggested the home should get redecorated and they did it." Another staff said, "I feel able to talk to both of them [registered manager and deputy manager] because they are nice. A third staff said, "I have confidence in them, they listen and give good advice." Throughout the inspection we observed staff speaking with the registered manager and deputy manager seeking guidance and advice. The registered manager was a visible presence within the service, this meant that people were able to approach him.

The manager carried out daily, weekly, monthly, six monthly and yearly audits of the service. Audits looked at the safety of the premises, health and safety, care plans, risk assessments and medicine management. Records showed audits were undertaken in line with good practice and identified risks were then took timely action to mitigate the risks. We looked at audits and found these were then signed off by the registered manager to ensure action was in line with the providers policies.

The service carried out quality assurance checks to gather feedback on the service provision. A health care professional told us, "Audits and processes are now being managed more consistently, and taking place on schedule. Recent feedback from relatives has been more positive than sometimes in the past." The service had recently sent out the 2016 questionnaires and were awaiting the return of completed questionnaires. We looked at the completed 2015 questionnaires and found the service had received positive feedback on the service provided. For example, people felt the service delivered care that was compassionate. Where comments were made about the décor of the service, action was taken to address this and the service has been redecorated. The registered manager had a system in place that identified areas of concern from the questionnaires and an action plan implemented to address the concerns.

The registered manager encouraged partnership working to ensure people received a wide range of support. Records showed where required the service sought advice and guidance from external health care professionals. The guidance given was then documented and adhered to and care plans detailed requests and referrals made by the registered manager. A health care professional told us, "They [the service] have worked hard to overcome the shortcomings that were identified in [CQC] initial report, in particular with regards to fire safety and general health and safety."

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

