Swinton Hall Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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

We carried out this unannounced comprehensive inspection on 05 and 06 April 2017. This inspection was undertaken to ensure improvements which were required to meet legal requirements had been implemented by the service following our last focussed inspection on 12 July 2016.

At the previous focussed inspection improvements were required to ensure medicines were managed safely and this was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with regards to safe care and treatment.

At this comprehensive inspection we found the service to be in continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with regards to the safe management of medicines. We also found the service in breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to effectively assess, monitor and improve the quality and safety of the services provided. We are currently considering our enforcement options in relation to these breaches.

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 who used the service and their relatives told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise risk.

We observed good interactions between staff and people who used the service during the day. People felt staff were kind and considerate.

Recruitment of staff was robust and there were sufficient staff to attend to people's needs.

The service undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards. However, at this inspection we found audits of the safe management of medicines had not recognised or identified the issues we found at this inspection.

People's nutrition and hydration needs were met appropriately and they were given choices with regard to food and drinks. Staff responded and supported people with dementia care needs appropriately.

People and relatives told us they were involved in making decisions about their care and were listened to by the service.

We saw people being treated with kindness and respect and when support was provided, such as

supporting people eating their lunch time meal.

People were involved in developing their care plan and sensitive information was being handled carefully. We saw that people were involved in group activities and other individual activities that took place during our visit.

The service followed the Six Steps programme in end of life care and were supported by relevant community professionals.

There was a service user guide and statement of purpose in place. There was a business continuity plan in place that identified actions to be taken in the event of an unforeseen event.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required.

There was a complaints policy and procedure in place which had contact numbers for CQC and the local authority and a copy was available in the entrance to the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not consistently safe.

As part of this inspection we checked to see what improvements had been made with the management of medication. We found that people were still not protected against the risks associated with the unsafe use and management of medicines.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service and staff were recruited safely.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse.

Is the service effective?

Good

The service was effective.

Staff were subject to a formal induction process and probationary period and there was a staff supervision schedule in place.

Staff were aware of how to seek consent from people before providing care or support. People's care plans contained records of visits by other health professionals.

There were some adaptions to the environment to assist people living with a dementia.

Is the service caring?

Good

The service was caring.

Staff we spoke with had a good understanding of how to ensure dignity and respect and showed patience and encouragement when supporting people.

We heard lots of chatter between staff and people and there was a positive atmosphere within the home.

Relatives spoken to said staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

Care files contained care plans that covered a range of health and social care support needs.

People's care files identified that individuals and their relatives were involved in the planning of their care.

The home had procedures in place to receive and respond to complaints.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led.

The service undertook a range of audits, however it was apparent the service was not effectively assessing and monitoring the quality of service provision with regards to the safe management of medicines.

Some staff told us they believed there was an open and transparent culture within the home and people's relatives said they would have no hesitation in approaching manager about any concerns.

Swinton Hall Nursing Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection was undertaken on 05 and 06 April 2017.The inspection was undertaken by one adult social care inspector and a CQC pharmacist inspector.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We reviewed statutory notifications and any safeguarding referrals previously submitted by the service. We also liaised with external professionals including the local authority.

We looked at records held by the service, including policies and procedures, staffing rotas and staff training records, eight medication administration records (MAR), six care files and seven staff personnel files. We undertook pathway tracking of care records, which involves cross referencing care records via the home's documentation. We observed care within the home throughout the day in the lounges and communal areas.

We observed the medicines round and the breakfast and lunchtime meal. We toured the premises and looked in various rooms. We also reviewed previous inspection reports and other information we held about the service.

At the time of the inspection there were 36 people using the service. During the inspection we spoke with the operations director, the operations manager, the registered manager, five care staff, three people who used the service, four relatives and one visiting healthcare professional.

Inadequate

Is the service safe?

Our findings

People we spoke with living at Swinton Hall and their relatives told us they felt the service was safe. One relative said, "I think [my relative] is safe here; staffing levels are okay and they go that extra mile and above and beyond what they are expected to do." A second relative told us, "Before [my relative] came here we visited and had a look round and thought it was good. Staffing levels are good and I feel [my relative] is definitely safe here, always well-presented and in clean clothes." A third relative commented, "[My relative] is very happy here; always well dressed and their room is always very clean. The manager and staff are always very welcoming and I don't feel anything is covered up. We once had a concern about medicines but this was resolved to our satisfaction and we have not been displeased with anything in the past 12 months."

When we carried out an unannounced comprehensive inspection in January 2016, we found that medicines were not handled safely, this was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment in respect of medication. We told the provider they must take action to ensure people were protected against the risks associated with the unsafe handling of medicines.

We then carried out a focussed inspection in April 2016 to ascertain if improvements had been made in order to meet legal requirements and to ensure people were safe. A CQC pharmacist medicines inspector concluded that medicines were still not being handled safely and people were at risk of harm. Following that inspection we sent the provider a Warning Notice to tell them they must make improvements to ensure people were safe.

On 12 July 2016, we carried out another focussed inspection to ascertain if improvements had been made to meet legal requirements and to ensure people were given their medicines safely. A CQC pharmacist medicines inspector again concluded that limited improvements had been made, however people were still not protected against the risk of unsafe medicine handling and the home was still in breach of Regulations. We issued a Notice of Decision to impose conditions on the provider's registration in order to protect people who may have been exposed to risk of harm due to the unsafe management of medicines.

At this comprehensive inspection carried out on 5 and 6 April 2017. A CQC pharmacist medicines inspector again checked to ascertain if improvements had been made in the safe handling of medicines and found people were still not protected against the risk of unsafe medicine handling.

We looked at medicines and records about medicines for eight people and found concerns about the safe handling of medicines for seven people. People were not given their medicines safely.

Two people had been given less than the prescribed doses of one of their medicines because nurses had not noticed that a lower strength had been supplied and they had not followed the new directions on the box. Another person had been given half the dose of one of their medicines because nurses had not followed the prescriber's directions. One person had recently been discharged from hospital with some new medication but nurses had not given the newly prescribed medicines because no records had been made that the

medication was in the home and needed to be given. No explanation could be offered as to why these serious errors had occurred. This placed people's health at risk of harm.

Medicines were still not administered in accordance with the manufacturers' directions regarding food. Medicines which must be given before meals were given at the same time as medicines which need to be given with food. If medicines are given at the wrong times with regard to food they may not work properly and people will not receive the full benefit of their medication, which places their health at risk.

Some people needed to have their medicines crushed before taking them. We saw that nurses had not sought and recorded advice from a pharmacist to ensure it was safe to crush all their medicines.

People who are prescribed insulin must have their blood sugars monitored. We found one person was having their levels monitored but there was no information to tell nurses what their safe range should be.

People could not have some of their prescribed medicines and dressings because they had run out. One person ran out of an antimicrobial dressing for four days. Another person ran out of one of their tablets for six days and a third person ran out of their nutritional supplement for six days. No explanation could be offered as to why these medicines had not been ordered in time. This placed people's health at risk of harm.

Records about the quantities of medication held in the home for each person were inaccurate. For some people there was more medication was in stock that had been recorded as being available. For other people no record of the quantity of medicines in the home was recorded at all. This meant that audits and checks could not be done to show that all medicines had been given as prescribed. It also meant that medication could not be accounted for or evidence medicines had been handled safely. When accurate stock records were available they showed that medicines were not given properly to some people. No explanation could be offered as to why the records were not accurate.

Improvements had been made to information available to guide staff as to where and how often to apply creams. However this information was not always up to date and did not apply to all the currently prescribed creams. The information was kept with the medication administration sheets used by the nurses and was not readily available to the care staff when they were applying creams. The records about the application of creams made by care staff did not provide evidence that creams were applied as prescribed. One person was prescribed a cream which was to be applied by nurses. There was no information recorded as to how to apply this cream. The manager told us that the cream was no longer needed but the nurse on duty thought it should still be applied.

Seven people were prescribed medicines to be taken "when required" including medicines prescribed for symptom relief at the end of life. However there was either no information or limited guidance to guide staff when administering some of the medicines which were prescribed in this way.

Nurses continued to fail to record the medicines fridge temperature each day. The maximum fridge temperature recorded each day was consistently higher that it is safe to store medicines that must be kept cool. The room temperature was also consistently recorded higher than the recommended maximum temperature for the storage of medicines. We saw there was an air-conditioning unit in the room but it was not in use. Improvements had been made in the safe storage of waste medication and creams.

We noted that since the date of the last inspection there had been a high turnover of nursing staff that had left the service for various reasons. We found that prior to these staff members leaving all staff who administered medicines had been appropriately trained as required which we verified by looking at training

records, but since that time the most recently recruited nurses had not all completed medicines training and this would contribute to an increase in the potential for medicines errors.

These issues meant the home was still in continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment in respect of the safe management of medicines. We are currently considering our enforcement options in relation to this breach.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We looked at rotas for February and March 2017 and spoke to staff on duty about whether they had any concerns about staffing levels. One staff member said, "I think were still struggling with recruiting nursing staff although one new nurse has recently started. " Another staff member said, "I feel okay with staffing levels at the moment but if we got more residents we would need more staff."

We found there were sufficient numbers of staff on duty during the day and night to support the 36 people who used the service at the date of the inspection. There were two nurses on duty during the day who were supported by nine care staff, domestic and kitchen staff and an activities coordinator. At night there were two nurses and six care staff.

The manager told us they used agency nurses to cover any shortfalls and were currently endeavouring to recruit permanent nurses as they currently had vacancies. They explained that recruiting nurses was very difficult and that when reliant on agency nursing staff, they tried to use the same agency nurses to ensure continuity for people who used the service.

We found that when determining the level of staff required to meet people's needs the service took into account people's needs and their dependency level, using a dependency level tool. This had been introduced since the last comprehensive inspection and identified the level of staff assistance required for various tasks such as washing/dressing/mobilising. A relative told us, "There is always loads of staff around when I've visited and they come into [my relative's] room all the time to talk to them."

We reviewed a sample of seven staff personnel files, including recruitment records, which demonstrated that staff had been safely and effectively recruited. The files included written application forms, a written record of the job interview, proof of identity, proof of address and at least two references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. This showed us staff were recruited safely.

During the inspection we checked to see how people living at the home were protected from abuse. Staff that we spoke with were all able to explain to us the principles of safeguarding and what action they would take if they had any concerns. We found that all staff had received training in safeguarding vulnerable adults, which we verified by looking at electronic training records that were maintained by the training coordinator. We also looked at the home's safeguarding policy together the local authority safeguarding policy that was available to all staff.

Staff we spoke to where able to tell us what action they would take if they had any concerns. One member of care staff told us, "If I felt someone was not getting the appropriate level of care or being abused I would report it to the manager or the local authority safeguarding team." A second staff member said, "If I had a concern about the manager I would tell the owner or go directly to CQC."

The home had a whistleblowing policy in place. We looked at the whistleblowing policy and this told staff

what action to take of they had any concerns. Staff we spoke with had a good understanding of the actions to take if they had any concerns and told us they would contact the proprietor, the local authority or CQC.

We saw people had risk assessments in their care plans in relation to areas including falls, nutrition, moving and handling, pressure sores, continence. We looked at how the service managed accidents and incidents. Care files included an initial assessment and an environmental assessment to help ensure people's safety. Appropriate up to date accident/incident policy's were in place and accident/incident forms were completed correctly and included the action taken to resolve the issue and reduce the potential for repeated events.

There was appropriate information regarding the maintenance of the premises. We looked at building maintenance files, which included information about the maintenance, servicing and testing of the lift, hoisting equipment and fire equipment. All the records were complete and up to date. Up to date gas, electrical and legionella certificates were in place. There was also a fire risk assessment and a fire policy and procedure in place.

Fire call points were tested regularly and we saw there were monthly emergency lighting and fire door tests and weekly fire alarm tests. Fire drills were undertaken and there were personal emergency evacuation plans (PEEPS) for each person who used the service which identified their level of dependency and what assistance was required in the event of an evacuation of the building. This would help ensure people received the required level of assistance in the event of any emergency.

Bathrooms and toilets were cleaned daily. Records regarding cleaning were completed and up to date. Liquid soap and paper towels were provided in each of the toilets/bathrooms. There was instruction on appropriate hand washing techniques which helped to minimise the risk of cross infection within the home. The premises were clean and tidy and there were no malodours in any areas. Building cleaning schedules were in place and these identified tasks to be carried out in various areas of the home. A recent infection control audit had been carried out by Salford City Council in January 2017 and the service had achieved an overall score of 95% compliance with no real concerns.

Staff wore appropriate personal protective equipment (PPE) such as gloves and aprons as required which would help prevent the spread of infections, however we saw two staff members who were not wearing PPE whilst they served people's meals; we asked these staff why they were not wearing any protective clothing and they could not give an explanation but then obtained and wore an apron which was in close proximity and readily available.

Good

Is the service effective?

Our findings

As part of this inspection, we checked to see how the service ensured that staff had the required knowledge and skills to undertake their roles. People who used the service and their relatives told us that they believed staff were competent in their roles. One relative told us, "We've had peace of mind since [my relative] has been here; she is always well dressed and eats well. The food is good and [my relative] eats a lot. The staff are organised and understand their job role." A second relative said, "Communication with the home is good and there have been no issues so far. [My relative] has a very good GP and follow-up from them and the home is excellent so we feel they [the service] haven't lost track of [my relative]." A third relative commented, "The food is great here and [my relative] is eating well and can eat whenever she wants. [My relative] is very happy here; she's well-dressed and has her hair and nails done regularly. The staff definitely appear competent and know what they are doing."

We looked at the process of staff recruitment. Newly recruited staff followed a six week formal induction programme and undertook a range of basic mandatory training and were required to read certain policies as part of this process. An induction checklist booklet was completed for each new staff member and this was used until the staff member was deemed competent.

Staff confirmed they received an induction when they first started working at the home. One staff member told us, "I had an induction when I first started and had to do various training and look at information about the service." Another staff member said, "Yes I had an induction when I started but it's a long time ago now and I can't really remember the details but it included training and reading information and policies."

We looked at staff training records which included details of training previously undertaken and dates for when training was due for renewal. The service had dedicated training facilities on site. For example, all staff had undertaken training in safeguarding, moving and handling, fire evacuation, health and safety, and infection control. We found training needs of all staff were effectively addressed and planned for by the service. One staff member told us, "I've done over 70 training courses since I've worked for this service."

All staff we spoke with confirmed they received supervision, which we verified by looking at supervision records. Supervision tracker identified that all staff had received supervision in January or February 2017. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. However the supervision policy did not state the frequency of which supervision sessions should be undertaken, and this was determined in discussion with the manager and each staff member individually. This could result in staff not getting the appropriate level of support.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The MCA/DoLS require providers to submit applications to a 'supervisory body' for authority to do so and we saw that the service had made the appropriate applications as required. At the time of our inspection, there were a number of people living at the home who were subject of a Deprivation of Liberty Safeguards (DoLS) authorisation.

When we last checked this domain at our inspection on 6 January 2016 we found that though some DoLS applications had been made and authorisation granted, there was no record held in the main office which would enable the process of applications to be monitored effectively. At this inspection we found there was now a DoLS log in place which identified a range of information for each person including the person's name, the date the authorisation had been requested, the date of the local authority social worker assessment, the date the DoLS was authorised and when it was due for renewal.

There were appropriate MCA assessments and best interest decisions in place and applications for DoLS where the indication was that this was required. These were up to date and reviewed regularly to capture any changes in the person's capacity. We also saw that the conditions relating to DoLS authorisations related to what was recorded within the care plans about people's support.

A relative told us, "I've been involved in best interest meetings for [my relative] and spoken with the dementia nurse who support the family as a whole. [My relative] is happy and I feel staff definitely act in her best interests."

People were eating breakfast when we arrived which was a choice of cereal, porridge, toast and jam or marmalade, and there was also a cooked option available if requested, for example one person was eating two poached eggs on toast. We saw snacks and drinks were offered throughout the day. There was a food hygiene policy and we saw that staff had completed training in food hygiene. There was a four week rolling menu which was posted on the wall of the dining room and was in pictorial format which would assist some people to recognise the food type on offer.

We looked in the kitchen and saw that it was clean. The fridges, freezers and cupboards were well stocked with food. There were plenty of frozen and tinned provisions as well as dry goods, fresh food and fruit.

In the morning we saw staff explaining to people what was for lunch and asking what they would like for lunch. At the lunchtime meal there was a relaxed unrushed atmosphere and we saw that staff interacted with people in a respectful and dignified manner and encouraging their engagement. There was discussion and laughter between people who were dining. Staff provided assistance to people who required it and spoke politely to people confirming with them what they wanted to eat and drink before serving it.

Information on special diets was displayed in the kitchen and there was also guidance around high calorie. We saw evidence of diet and fluid charts for people who required monitoring in these areas, these were also complete and up to date

Throughout our inspection, we saw staff seeking consent from people before undertaking any tasks such as delivering personal care or support with eating. Staff took their time to explain to people what they wanted to do, which demonstrated a very kind and caring culture. When we undertook our last Inspection of this domain in January 2016 we found limited evidence of any documented and written consent from the person

who used the service, or their representative. At this inspection we found that the service had introduced guidance for establishing consent to care, and consent forms were kept within people's files, these included consent to care and treatment and consent to have photographs taken and used. Within the care files we looked at there was evidence of appropriate and timely referrals to relevant professionals including opticians, chiropodists and doctors.

We found there were people living at Swinton Hall who were living with dementia. We saw staff responded and supported people with dementia care needs appropriately. We saw people's bedroom doors had their photo and room number on it which would assist some people to orientate to their room. There was signage throughout the home identifying different areas such as the dining room and bathrooms/toilets which would assist some people to orientate around the building.

Different areas/units of the building had been given different names, which had been chosen by people who used the service and each unit was decorated in different colours which would assist with recognition and orientation. There was a secure and pleasant garden area with a variety of different seating types to suit different needs. There were assisted bathrooms and walk-in showers which were easily accessible by anyone with mobility problems.

People's health needs were recorded in their files and this included evidence of professional involvement such as GPs, podiatrists or opticians where appropriate. Relatives we spoke with told us they were kept informed of all events and incidents and that professionals were called when required.

Care files included appropriate health and personal information and appropriate risk assessments were in place and were up to date. People's health requirements and allergies were recorded and there was now a dependency profile to assess the level of assistance required by each person who used the service. We saw evidence of professional visits and appointments in people's care records.

Good

Is the service caring?

Our findings

Staff were caring and kind towards people they supported. It was clear that staff were familiar with people they were supporting and had developed good relationships. We saw people smiling and enjoying each others company. We saw many instances where staff took the time to speak to people and enquire about their welfare or inform them of what was going on.

One person who used the service told us, "Despite my health issues staff do try and promote my independence if I have the energy to do something; sometimes I don't want to do anything and that's okay with the staff, but I have a laugh with them every day." A second person said, "Staff are very friendly and couldn't be more helpful. I joke with the staff every day and I feel confident that staff would listen to me if I had any worries."

A relative told us, "When we first visited we felt there was a very homely feeling and this has been maintained since then. Staff are very person-centred and down to earth and I'd feel comfortable in asking the manager for help if needed. [My relative] is happy and being looked after very well." A second relative commented, "I feel very confident that when I am not able to be here [my relative] is being looked after very well." A third relative said, "Staff are very respectful to people and treat them with dignity at all times and I've never had any concerns."

Throughout the inspection we observed staff members to be kind, patient and caring whilst delivering care. The home had an autonomy and independence policy in addition to policies on equality and diversity and anti-bullying. Staff were aware of these policies and how to follow them.

We asked staff how they ensured people's dignity was respected when delivering care, one staff member said, "If I was providing support for personal care I would first ask the person what they wanted and tell them what I was going to do; I'd shut the curtains and the door and cover up any parts of the body not being washed." A second staff member said, "You need to take your time when supporting people and involve them as much as possible; sometimes there isn't a lot of time available due to the other tasks that need doing."

People and their relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved when reviews of care had taken place. One relative told us, "We got a guide to services at the beginning and my brother is involved in care planning; the service is working really well for [my relative] who is living with dementia and is very settled here."

We saw people being treated with kindness and respect and when support was provided, such as supporting people eating their lunch time meal, this was done with sensitivity and compassion.
Staff appeared to know people well and there was a friendly atmosphere between staff and people living at the home. We observed laughing and joking between staff and people during a pampering activity session that took place during our visit. It was apparent the people involved in the activity were enjoying themselves.

The sessions also included the option of seeing the hairdresser in the hairdressing salon and we saw several people had their hair done on the day of the inspection.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning which ensured that each person had a person-centred plan in their care files. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

The home was also a member of 'Care Aware Advocacy Service,' which was a 'one stop shop' for people and families to seek independent advice and support. This included advice on social service assessment procedures, assessing support of local support groups and end of life wishes in respect of enduring/lasting powers of attorney.

The home was part of the Six Steps End of Life Care programme. This programme is intended to enable people to have a comfortable, dignified and pain free death. The home also had close links with MacMillan nurses. At the time of the inspection no person was in receipt of end of life care.

Good

Is the service responsive?

Our findings

A visiting relative told us, "This home has met [my relative's] needs more than I thought they could do. They took time to speak to [my relative] and the family about his previous life history at the beginning and I feel I can talk to staff at any time without any worries. We held discussions with the nurse and the manager and a pre-admission assessment was done in hospital before coming to the home." A second relative said, "The service has been very good so far. [My relative] has had various assessments done at the home and when in hospital before coming to the home and is now eating well."

We looked at a sample of six care files of people who used the service. We found these records to be of a good standard and included information on people's background and histories likes and dislikes.

People who used the service had a care plan that was personal to them. This provided staff with guidance around how to meet their needs and what kinds of tasks they needed to perform when providing care. We found care plans included detail of whether people required support in making decisions, cognitive capacity, and whether a DoLS was in place. We saw that people's wishes were adhered to, for example, where they wished to take their meals and times of rising and retiring to or from bed.

Care plans were comprehensive and person centred and provided clear instructions on a number of areas including medication, personal care, continence needs and skin integrity and were regularly reviewed by the service.

Some people were still in bed when we arrived at the home and we saw that they got up at a time of their choice. All the people living at Swinton Hall were dressed well and well-presented.

We looked at how complaints were managed. There was a complaints policy and procedure in place which had contact numbers for CQC and the local authority and a copy was available in the entrance to the home. People told us they had never had reason to make a complaint but would feel confident in doing so. We saw evidence within the complaints log that complaints had been followed up appropriately and in a timely manner. People who used the service and their relatives told us that they knew what to do if they had a complaint. One relative said, "I have details of how to make a complaint but I've never had any concerns. Staff are in [my relative's] room all the time and really try hard to find out about his interests and what he likes to do."

People were able to personalise their own room and were encouraged to bring personal family photographs and items relevant to the individual. People could use their own bedding if requested. We saw that rooms were personalised and all were very clean and fresh.

During our inspection, we checked to see how people were supported with interests and social activities. We saw that people were involved in group activities and other individual activities that took place during our visit, for example there was a painting and drawing activity taking place in the dedicated activity room and it was clear people were enjoying this activity. There was also a multi-sensory room which provided

opportunities for people living with different stages of dementia to be stimulated and engage in activities, either as a group or individually with the activities coordinator. Notices about activities were displayed in various parts of the building and there was a rolling programme of activities that changed every month. Activities included one-to-one support, crafts, crossword/quiz words, reminiscing, hairdressing and pamper days, baking, singing and dancing, creativity in care, films and visits by other external entertainers

The activities coordinator took time to speak to every person individually in order to understand what they liked to do and people's recreational interests and life histories were recorded in their care plans. For example one person who was unable to verbalise due to a health condition had been referred to the speech and language therapy team and a pictorial communication book had been made in partnership with the person's family. This provided a stimulus for conversations to take place about the person's life history.

Another person told us they liked to read a specific newspaper each day and we saw that this was provided to them. Another person was able to listen to music in their own room because the activities coordinator had spoken with this person about what music they liked and had put this music on a iPad so that they could listen to it in their own room; their relative told us, "[My relative] is losing interest in some of the things he used to do but staff have got him listening to the radio again which he used to love to do. The activities person sees [my relative] regularly and together they have made up a list of music that he likes, which he can listen to in his own time." A person who used the service told us, "I've been making Easter cards today which I like to do. I've never had to complain and get on well with the staff." A second person said, "Staff talk to me every day about what I want to do and I've never had a reason to complain."

We found that were people chose not to involve themselves in group events, they had the option of one to one stimulation with the activity coordinator. Records were maintained of what activities and engagement people participated in.

Requires Improvement

Is the service well-led?

Our findings

When we last inspected this domain on 06 January 2016 there was no registered manager in post. At 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.

During the inspection we asked staff, relatives and people who lived at the home for their views about the leadership of the service. One relative told us, "The manager is very approachable and good at communication; we get invited to meetings with other people but can't always attend these." A staff member said, "The manager is approachable but always seems busy but I feel 100% valued as a team member and I've never had any negative issues with management." A second staff member said, "The manager is very busy and doesn't always have time to speak to us, which doesn't feel very supportive." A third staff member told us, "I feel supported by the manager who listens to my ideas and we have built up a good working relationship over time."

We spoke with a social care professional who was visiting a person living at Swinton Hall regarding a matter totally unrelated to the care home. We asked them their opinion about the home and they said, "I've been here before and everything looks less cluttered now and feels much better. There's definitely been a positive change since the new manager came. Everyone looks clean and well-dressed when I visit and staff are very helpful when I've been. I have no concerns."

The service undertook a range of audits of the service. These included regular fire systems checks, environmental audits, bed rail checks, meal times, wheel chair audits, window restrictor checks and mattress and pressure relief. We looked at audits for falls, DoLS assessments, safeguarding, end of life, infection control, hand hygiene, medication and accidents.

When we inspected this domain on 6 January 2016 the temporary manager acknowledged that auditing had not been consistently undertaken. We inspected the service again on 28 April 2016 and 12 July 2016 and found continuing beaches in relation to the safe management of medicines. We then issued a Notice of Decision against the provider requiring them to ensure that systems and processes are established and operated effectively to ensure adequate governance of the safe management of medication. However, at this inspection we found audits of the safe management of medicines had not recognised or identified the issues we found at this inspection.

This meant there was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to effectively assess, monitor and improve the quality and safety of the services provided. We are currently considering our enforcement options in relation to this breach.

Shortly after the date of the inspection the service identified to us that a new format of medicines audits was

going to be introduced and the views of staff would be inputted into this process.

Regular testing of fire safety equipment and alarms was undertaken together with fire drills and regular reviews of care plans and risk assessments were also undertaken.

There was a business continuity plan in place that identified actions to be taken in the event of an unforeseen event such as the loss of utilities supplies, catering disruption, flood and lift breakdown.

Staff had access to a wide range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, health and safety and infection control. These could be easily accessed and viewed by staff if they ever needed to seek advice or guidance in a particular area.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service. The registered manager understood their role in sending notifications to CQC and had sent us notifications as required by the regulations. People's care records were kept securely and confidentially, and in accordance with legislative requirements.

Residents and relatives meetings were undertaken approximately every six months. We looked at the minutes of the previous two meetings and saw that discussions included entertainment and activities, day trips out, a garden party, special celebration events, communication and nursing staff vacancies. People and their relatives told us they were aware of these meetings in advance and attended when possible or if they wished to.

We looked at feedback comments that the service had previously received from satisfaction surveys given to people's relatives. Comments included, 'We have been happy with the service given to our Mum; the staff and nurses have been very supportive and caring with the whole family,' and 'Our Auntie was treated with dignity, respect and understanding; thank you for standing outside of the building on the day of her funeral, it meant a lot to us and a measure of the care you felt for her.'

We looked at staff satisfaction surveys conducted in 2016 and saw that from 17 responses received, six staff were dissatisfied with the attitude of other staff, particularly nursing staff. Comments included, 'I am finding certain members of nursing staff very unapproachable and when I have spoken about this matter I haven't had any feedback to say whether this problem is going to be resolved, ' and 'More feedback from managers is needed.'

We saw evidence of a staff meeting held in January 2017 where discussions included employment law, uniforms and suitability for the role. Notes of another meeting held in July 2016 identified there were discussions about the CQC inspection, medicines management and safeguarding.

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a standard required set of information about a service. Relatives we spoke with confirmed they had received these documents.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. The service worked in partnership with a wide variety of organisations and professionals including local faith groups, doctors, dieticians, speech and language therapists, social workers and consultants as required.