Hermes Care Ltd

Swinton Grange

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 January, 2017 and was unannounced. The home was previously inspected in August 2015 when two breeches of legal requirement were identified. The provider sent us an action plan outlining how they would meet this breech. You can read the report from our last inspection, by selecting the 'all reports' link for 'Swinton Grange' on our website at www.cqc.org.uk.

Swinton Grange is situated in Swinton, South Yorkshire. The home provides accommodation for people who require nursing or personal care. The service is provided by Hermes Care Ltd. It can accommodate up to 27 people who were living with dementia. The home has bedrooms on three floors of the building. At the time of our inspection there were 26 people using the service.

The service had a registered manager in post at the time of our inspection. 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.

Throughout our inspection we observed staff interacting with people who used the service and found there were enough staff on duty to meet people's needs. Staff responded to people in a calm, unhurried manner and kept people safe.

The provider had a policy and procedure in place to ensure that people received their medicines in a safe way. We saw risks associated with people's care had been identified and risk assessments had been put in place to help reduce the risk from occurring. However we raised one issue with the registered manager and this was resolved without delay.

We looked at four recruitment files and found the provider had a safe and effective system in place for employing new staff. The four files we looked at contained pre-employment checks and they were obtained prior to new staff commencing employment.

Staff were knowledgeable about protecting people from the risk of harm and knew what action to take if someone was at risk of abuse.

We looked at records in relation to training and found appropriate training was provided to maintain the skills of the staff team. Staff found the training provided was interesting and informative. The staff we spoke with confirmed that they received training on a regular basis.

People received a balanced diet based on their individual needs and choice. Drinks and snacks were offered throughout the day.

The provider was meeting the requirements of the Mental Capacity Act. Best interest decision meetings were

held and were appropriate.

People had access to healthcare professionals as required and staff took advice from them. Care plan documentation was amended so that the correct care was given to people. This showed that guidance from professionals had been sort and acted upon.

We observed staff interacting with people and we found they were kind and caring in their approach. Interactions were person centred and focused on individual people. Staff ensured that people's privacy and dignity were maintained.

We looked at records belonging to people and found they were detailed and explained how people needed supporting. We saw an assessment of needs had been completed prior to people moving in to the home.

We saw activities took place and people joined in and enjoyed them. The service employed two activity co-ordinators to ensure social stimulation was provided over seven days a week.

The service had a complaints procedure and people felt able to raise concerns with the registered manager.

We spoke with relatives of people who used the service, and they felt the registered manager was approachable, friendly and would address any concerns without delay.

We saw that audits had been completed to ensure the service was providing appropriate care and support. We also saw that actions were addressed and resolved.

We saw evidence that people were involved in the service and were asked for their feedback. People were able to contribute to new projects and offer ideas and suggestions to improve the service.

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.

We observed that there were enough staff available to meet people's needs. Staff worked well as a team and kept people safe.

We saw that medicines were mainly managed in a safe way. However, we identified one issue which was resolved immediately.

We saw that risks associated with people's care and treatment had been identified and there were plans in place to help minimise the risks occurring.

Staff were knowledgeable about safeguarding issues and knew how to recognise and respond to abuse.

We looked at recruitment files and found the provider had a safe and effective system in place for employing new staff.

Is the service effective?

Good

The service was effective.

We looked at records in relation to training and found appropriate training was provided to maintain the skills of the staff team.

People received a balanced diet based on their individual needs and choice. Drinks and snacks were offered throughout the day.

The provider was meeting the requirements of the Mental Capacity Act.

People had access to healthcare professionals as required.

Is the service caring?

Good

The service was caring.

We observed staff interacting with people and we found they

were kind and caring in their approach.

Staff ensured that people's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive.

We looked at care plans belonging to people and found they gave a clear picture of the support people required.

We spoke with relatives and were told that activities took place. The activity co-ordinator was available on the day of the inspection and spent time engaging with people.

The service had a complaints procedure and people felt able to raise concerns with the registered manager.

Is the service well-led?

Good

The service was well led.

We spoke with people who used the service, their relatives and staff and they felt the registered manager was approachable, friendly and would address any concerns without delay.

We saw that audits had been completed to ensure the service was providing appropriate care and support.

We saw evidence that people were involved in the service and were asked for their feedback.

Swinton Grange

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 took place on the 12 January 2017 and was unannounced. The inspection was carried out by an Adult Social Care inspector.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service. We had asked the provider to submit a provider information return (PIR) and this had been returned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two relatives, and spent time observing staff supporting with people.

We spoke with two care workers, a nurse, the cook, the registered manager and the activity co-ordinator. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with relatives of people who used the service and observed interactions between staff and people. Relatives told us that they felt their relative was safe and well looked after. One relative said, "I visit on a regular basis and I am always satisfied with the home. I always leave knowing my relative is well cared for and safe."

We observed staff interacting with people who used the service. Staff responded well and in an unhurried manner without delay and kept people safe. We found there were sufficient numbers of staff available throughout the inspection. We checked rotas and found this was a true reflection of each day. We saw that during the day five care workers were available who were supported by a qualified nurse. In addition to these numbers an activity co-ordinator was employed.

We looked at care records belonging to people and found that the service used a dependency tool to identify how many staff were required on each shift. The dependency tool looked at the level of dependency of people. For example, low, medium, high or very high need. Staff were allocated accordingly.

We spoke with staff and they told us they felt there were enough staff working with them and worked well as a team. On care worker said, "We all join in together and support each other."

The provider had a policy and procedure in place to ensure that people received their medicines in a safe way. We observed a nurse administering medicines to people. We saw the nurse sat with people while they took their medicine and returned to the Medication Administration Record (MAR) to record this. However, we saw that medicines were sometimes 'potted up,' into medicine pots if the person was not available to take their medicines. We discussed this with the nurse and the registered manager and the issue was resolved immediately. The registered manager spoke with the nurse and arranged for the nurse to attend a refresher training course in the safe handling of medicines.

We saw that some people were taking medicines on an 'as and when' required basis known as PRN (as required) medicine. For example, for pain relief or agitation. We found people had PRN protocols in place. These protocols detailed when to give PRN medication and explained how people presented when they were in pain or agitated. The reason the medicine was given was recorded in the carer's notes section on the reverse of the MAR sheets.

We looked at the procedures in place for storage of medicines and found they were stored safely. The medicine trolley was kept in the nurse's office and other medicines were kept in a locked room. The service had appropriate storage for controlled medicines and for items requiring cool storage. Temperatures were taken on a daily basis of the medicine room, the nurse's office and fridge containing medicines. We checked the controlled medication stored on site and found this was recorded correctly and the stock was correct.

The provider had a policy in place to protect people from abuse. Staff we spoke with were knowledgeable about safeguarding people from abuse. They told us they had received training in this subject and knew how

to recognise and report abuse if they needed to.

We spoke with the registered manager who showed us a record of all safeguarding alerts and gave a brief description of the incident and the outcome.

We looked at care records and found risks associated with peoples care and treatment had been identified. For example one person was at a high risk of falls due to poor mobility. We saw a falls risk assessment was in place which was supported by a 'resident handling profile,' and moving and handling care plan. These documents detailed the support required to minimise the risk occurring.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff. The three staff files we looked at contained pre-employment checks which were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Good

Is the service effective?

Our findings

We spoke with relatives of people who used the service and observed interactions between staff and people. Relatives told us that the staff were trained to do their job. One relative said, "The staff know exactly what they are doing, I have every confidence in them."

Staff we spoke with told us that the training they received was of a good quality and worthwhile. Staff confirmed that they received training on a regular basis. We saw records in relation to training and found they were up to date and covered relevant subjects. Subjects covered included health and safety, food hygiene, infection control, safeguarding, and dignity and respect. Training was provided face to face and on an annual basis. This ensured staff were kept up to date with core subjects.

Staff we spoke with felt supported by the registered manager and told us that they received supervision sessions. Supervision sessions were individual support meetings with their line manager. We spoke with the registered manager who could evidence that supervision sessions took place on a regular basis.

We spoke with relatives about the provision of food and were told the meals were very good. One relative said, "I can't fault it, it's like a five star hotel. The meals are lovely and nothing is too much trouble for the cook. If people don't like the meal an alternative is swiftly found."

We observed lunch being served in the dining area and found that the meal was served at a pace that suited the people living at the home. Support was offered in line with people's individual care plans. For example one person required a plate guard and this was offered. Another person did not like eating with cutlery and therefore finger food was provided.

We spoke with the cook about the types of diet required and the menu choices. The cook was knowledgeable about the different diets and ensured a range of choices were on offer. We were told that fresh fruit and vegetables were used and homemade cooking was encouraged. For example each day a fresh homemade soup was offered.

We saw people were offered snacks and drinks throughout the day. This included hot and cold drinks and snacks such as biscuits and fruit. People were given a choice and we saw that their choice was respected.

The Care Quality Commission is required by law to monitoring the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) are aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Through our observations and from talking with staff we found the service to be meeting the requirements of the DoLS. Where appropriate, DoLS applications had been placed with the supervisory body. We saw that where appropriate best interest decisions had been made on behalf of people who lacked capacity. We saw

consent forms within care plans for such things as taking photographs for in house media, dealing with finances and consulting with other professionals.

We looked at care records belonging to people who used the service and found they evidenced that people had access to health care professionals as required. Each person had a professional visitors record which contained details of the professionals involved in people's care and what advise they had provided. We also saw that care plans had been updated where required to include directions from other professionals.

Good

Is the service caring?

Our findings

We spoke with relatives of people who used the service and observed interactions between staff and people. Relatives told us that staff were caring and thoughtful. One relative said, "The staff are brilliant, very caring and there is always a lovely atmosphere in the home." Another relative said, "I have no worries at all. Day or night the staff are always obliging."

We observed staff interacting with people who used the service and found that they were kind and caring in nature. The staff assisted people at a pace suitable for people and maintained dignity and respect throughout their interactions. It was clear that staff knew people very well and had a good understanding about their needs and likes and dislikes. Staff endeavoured to provide support in accordance with their individual preference.

We looked at care records for people and found they included information about people's likes and dislikes. We saw one page profiles which detailed what was important to people and how best to support them. We also saw life stories in place which were also used to help staff gain information about people and about how they preferred to be assisted.

Staff we spoke with were able to explain how they ensured people's privacy and dignity was maintained. One care worker said, "I explain what I am doing and talk through a care task. It's all about building up a relationship where people feel comfortable."

The home had two dignity champions who helped to ensure people were respected and treated as individuals. Information was available to staff about respecting dignity and staff we spoke with were keen to ensure this was maintained

The home had a key worker system in place to ensure people had all their personal shopping and that their likes and dislikes were respected. People also had a named nurse who ensured all their care and treatment needs were fulfilled.

A handover system was in place to aid effective communication between shifts. Where appropriate, updates were provided for each person. This ensured that important information was passed on between staff.

Relatives we spoke with felt involved in the home and their relatives care. We observed staff to be friendly and polite with family members visiting the home and communicated well with them.

Good

Is the service responsive?

Our findings

We spoke with relatives of people who used the service and observed interactions between staff and people. Relatives we spoke with told us they were involved in their relatives care and were kept informed of any changes in their care plans. One relative said, "I am involved in my relatives care plan and I attend meetings to discuss it."

We looked at records belonging to people and found they were detailed and explained how people needed supporting. We saw an assessment of needs had been completed prior to people moving in to the home. This covered all aspects of care and was in place to assess if the service could meet each person's needs. Care plans were then devised which identified people's needs and what the aim of the plan was and how this could be achieved. Care plans were reviewed on a monthly basis to ensure they were still current and meeting the people's needs.

A daily information record was completed which gave information about what people had engaged with during the day and what care and support had been offered.

The home employed two activity co-ordinators who provided and organised activities within the home. This cover was provided over seven days a week to ensure people were occupied. During our inspection we saw that activities flowed with what people wanted to do. The activity co-ordinator and care staff worked well together to ensure people were stimulated and occupied.

An activity plan was in place and displayed within the home. However, staff were mindful about ensuring people engaged with activities; therefore this was not always followed as people preferred to partake in other activities.

The provider had a complaints procedure in place and the registered manager kept information about complaints received. We saw evidence that people's concerns had been dealt with in a timely manner. The registered manager told us that any lessons learned as a result of complaints raised, would be discussed with the staff team.

Relatives we spoke with told us that they would feel comfortable to approach staff and the registered manager if they had any concerns no matter how small. Relatives told us that the felt the registered manager would act in a timely way to effectively resolve any problems. One relative said, "I can talk to any of the staff, they understand and would not like me going home upset or worried about anything."

Good

Is the service well-led?

Our findings

We spoke with relatives of people who used the service and they felt confident in the registered manager's abilities to manage the service. They felt they could speak with her about any aspect of the service and their relatives care. One relative said, "The manager's door is always open and they find time to talk with me."

The registered manager was supported by a management team consisting of a deputy manager and qualified nurses. Staff we spoke with found the management team supportive and told us there was always someone they could ask for advice or talk to about something if they needed to. One care worker said, "We all work together well as a team irrespective of our position and it works well." Another care worker said, "The manager is very fair and is a good boss. She is visible in the home and joins in as part of the team." Staff told us they were supported by team meetings which were valuable and held regularly.

We saw that audits were in place to monitor the quality of service delivery. Audits were completed regularly in areas such as, care planning, staff files and training, medication, health and safety, dignity and respect and accident analysis. There was also an audit which was completed on a monthly basis by the quality and compliance assessor. This looked at issues such as care plans, risk assessments, complaints, the environment, health and safety and staff files such as training and supervision and appraisals. Actions from the previous month were revisited and recommendations from the current visit were recorded and discussed with the registered manager.

Relatives we spoke with told us they felt able to contribute ideas and suggestions to improve the service. They told us that relatives meetings took place and they were involved in discussions about the home. Staff told us that regular meetings took place and that they were asked for their opinions and suggestions.

Quality assurance questionnaires were sent out to people, relatives and external professionals on a frequent basis asking for feedback on the service provided. The last one was completed in October 2016 and we saw that mainly positive comments had been made. We saw that the results were collated and displayed in the main entrance to the home. This showed people what the outcome of the survey was and what was being done to address any issues.