

Solihull Care Limited

# Swallows Meadow Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Swallows Meadows Court is a care home providing personal and nursing care for up to 70 people. There are four units providing residential and nursing care to people who may be living with dementia. The home also specialises in providing end-of-life care. At the time of our inspection there were 65 people living at the home.

### People's experience of using this service and what we found

People were very happy with the care they received at Swallows Meadows Court. People knew the staff well and felt safe being supported by them. Staff understood how to support people in order to keep them safe and to minimise any risks to their health and well-being. People had access to staff when needed. Systems were in place to recruit staff to the home and to check on their background to assure the provider of their suitability to work at the home. Accidents and incidents were monitored and changes made to people's care where necessary.

Assessments were undertaken prior to people moving to the home. Staff received comprehensive support in terms of their training and development. People are supported to maintain healthy lifestyle. Staff understood when to escalate concerns and source further medical support when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People liked the staff supporting them. The management team promoted an inclusive environment for both people and staff. People were encouraged to maintain their independence and dignity.

People contributed to their care planning. People's care was regularly reviewed and updated. People were encouraged to take part in activities and hobbies of their choice. People understood they could complain if they needed to and felt assured that action be taken should they need to complain.

The registered manager was well thought of by both people and staff. Staff reported an open environment where they were supported to reach their potential. The management team at the home were working with families to improve how families were able to access the management team. The registered manager worked with other registered managers to improve their knowledge and improve on best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (22 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Swallows Meadow Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

There were two inspectors in the inspection team. There was also a specialist adviser who had a background in nursing.

#### Service and service type

Swallows Meadow Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and eight relatives about their experience of the care

provided. We spoke with ten members of staff including the registered manager, deputy manager, unit leads, senior care workers, care workers and the activities co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. A relative told us, "We've been very fortunate with their safety and care here."
- Staff understood how to report any concerns they had. Staff were confident any concerns they raised would be taken seriously by the registered manager. Systems were in place to escalate concerns with us, CQC and the local authority.

Assessing risk, safety monitoring and management

- Staff understood the risks to people's health and well-being and confidently supported people to minimise those risks.
- Care records and risk assessments had been reviewed and updated regularly. Where required, specialist equipment was in place and staff used this equipment safely. One person told us, "They move me with the hoist. It was a bit strange at first but there's always a two of them and of course they know what they're doing."

Staffing and recruitment

- There were enough staff to keep people safe. Although some people told us they occasionally had to wait for the support they needed, we saw staff respond to people in a timely way.
- Systems were in place for the safe recruitment of nurses and care staff. The registered manager told us staff recruitment was ongoing. This was to ensure they always had an adequate number of staffing.

Using medicines safely

- People told us they received appropriate support with their medicines. Systems were in place to ensure people received their medicines as per their individual prescriptions. Some people required specialist feeding equipment to take their medicines. This was in place and staff had received the training they needed to ensure this was used safely.
- Regular checks were carried out to ensure safe medicines practices.

Preventing and controlling infection

- The home was clean and odour free. Staff had received training in preventing the spread of infection and followed good practice guidelines aimed at minimising the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were reviewed. Falls were monitored so any trends could be identified. Information was shared with staff so they understood the persons updated care needs.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. Where appropriate, applications had been submitted to deprive someone of their liberty. Systems were in place to ensure applications were monitored.

- Staff explained things to people before they commenced care and knew the importance of consent. However, care plans lacked information about how an assessment about people's capacity had been formed. Care plans did not contain information about their assessment for their capacity or how decisions were made in their Best Interest. There was a risk that this could lead to inconsistent practice when supporting people.

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

- The registered manager met with people and their families prior to moving into the home, in order to understand their needs and to ensure the correct support was in place. Where appropriate equipment was arranged to ensure care was responsive to people's needs.

Staff support: induction, training, skills and experience

- People and their families were assured staff received the right training to support people correctly.
- Staff spoke positively about the training provided and felt encouraged to achieve their potential. Staff told us they were regularly encouraged to try new training and development opportunities and without this encouragement they would not have felt empowered. For example, one staff member told us how they had been continually supported to develop their role and had developed specialist knowledge to benefit people living at the home. Another staff member was expanding their knowledge of tissue viability in order to promote best practice.



Supporting people to eat and drink enough to maintain a balanced diet

- People were offered choices in the meals prepared for them. Where nutrition was a concern, people's weight and food intake was effectively monitored to ensure they received the correct support. Staff knew which people required additional support and how they needed this support to be delivered..

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was a good working relationship between nursing and care staff. Care staff felt nursing staff were approachable and gave them the advice and guidance they needed to support people appropriately.
- Referrals were made to other healthcare professionals when appropriate and people had regular access to a GP.

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

- People were encouraged to take in personal possessions such as photographs to help the person feel at home. Staff at the home had worked with people and families to ensure the home reflected people's preferences. Staff spoke with pride about improvements to people's communal area's they had worked together to improve. The registered manager told us about improvements to the garden area and tea room that people benefitted from.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the staff supporting them. Comments included, "I'm happy" and, "My relative loves the staff; they have a good rapport and enjoy a laugh and joke together".
- The deputy manager spoke about how they supported both people and staff to feel welcome and part of the home. The deputy manager also spoke about how they promoted diversity within the home by having positive role models.

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

- People told us they were involved in day-to-day decisions about their care and throughout the inspection we saw people being involved in their day-to-day care. For example, people were encouraged to make decisions about where they would like to spend their time and whether or not they would like to get involved in activities.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence in the things they chose to do. One person told us they preferred to place their own laundry in the wardrobe and staff support them to do this. They told us, "They leave it on the bed for me and I check it and put it away." People told us they liked how staff supported them to maintain their independence.
- People told us they were treated with dignity. Staff told us they had received training and understood the importance of supporting somebody to maintain their dignity. One staff member gave us examples of how they supported people in accordance with how they would expect their family member to be supported.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their families felt part of the care planning process. People felt involved and able to share their priorities for care. One relative told us, "I was asked to provide information about my relatives likes and dislikes and if they had any preferences. It made me feel they wanted to get to know them well."
- Care plans had been regularly reviewed and updated in accordance with people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's preferred method of communication. We saw one person had very specific and specialised communication needs. Staff understood this person's needs and knew how to support them and told us how they amended their communication technique for the person. For example, for people with hearing difficulties we saw staff leaning and speak clearly the person could understand them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities on offer at the home. One room had been decorated to resemble a café and people could use this area to meet families. The activities co-ordinator also used the area for reminiscence work with people. Staff spoke proudly about how they worked with people and their families to ensure this room was accessible and a place they could meet and spend quality time and in private if needed.
- Local faith groups were invited to the home so people could be supported with their spiritual needs.

Improving care quality in response to complaints or concerns

- People were comfortable they could complain if they needed to and felt able to speak with any member of management team. Complaints were reviewed and responded to.

End of life care and support

- People where relevant had discussed their end of life wishes. Staff took pride in supporting people achieve their end-of-life wishes. Training was given to staff to ensure staff understood how best support to support people. Staff also reported a close working relationship with local health professionals in order to minimise any distress to the person.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they knew who to speak with within their unit. People were not always familiar with members of the management team. However, this was already being addressed and increased information was available to people about how they could access the management team should they need to. Information about this was displayed on notice boards for people to access.
- Staff described a very positive working environment that was open and inclusive. Staff described the registered manager as accessible and they felt supported. Regular meetings took place and staff told us information was shared with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and obligations and the importance of investigating and responding to any concerns should they arise.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a deputy manager and unit heads. The registered manager had a nursing background and described how this helped to review people's care to ensure it maintained the standard they expected. Unit managers also described how they undertook regular checks of people's care, and how this was reported to the registered manager for the registered manager to identify any trends. Systems were in place to review people's experience of care and make necessary changes were needed.
- Within the PIR the Registered manager submitted they gave us examples of actions they took to monitor the quality and safety of the service. This included tools to analyse clinical occurrences at the home so these would be thoroughly investigated and any learning taken to reduce further risks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were supported by a diverse work staff. The deputy manager told us how they were supporting diversity within the workforce and how this in turn would help promote an inclusive environment within the home. Staff told us they were encouraged to support people to maintain their culture and life choices.
- The registered manager was keen to promote information about developments within the home. A "You said, we did" display board which featured feedback about improvements to the home. The registered

manager also shared with people how they were going to make and sustain improvements. For example, people had highlighted contact with the management team and the registered manager shared information about how management team member would be available at weekends.

#### Working in partnership with others

- The registered manager described how they worked with other registered managers from each of the registered provider's services. They told us they met regularly to share best practice and information about key developments in social care. The registered manager also discussed how they were acting as the nominated individual and working to develop a way of improving the quality assurance systems further. The registered manager attended local best practice groups with other registered managers from the local area to share best practice. The registered manager also worked closely with the Clinical Commissioning Group and were keen to support their work.