

Charles Daker

Swan Hill House Residential Home

Inspection report

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Date of inspection visit:
28 February 2023

Date of publication:
05 April 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Swan Hill House Residential Home is a residential care home providing personal care to a maximum of 28 people. The service provides support to older people. At the time of our inspection there were 25 people using the service. Accommodation is provided in one adapted building over 4 floors and 4 bedrooms are for shared occupancy.

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

People were not fully protected from risks associated with the safe management and administration of their medicines. However, the provider acted immediately following the inspection to address the issues raised. People shared mixed views about staffing levels, however we found no evidence that people were at risk of harm. People told us they felt safe living at the home and with the staff who supported them. Staff had been trained to recognise and report any signs of abuse. The provider's systems for the recruitment of staff helped to protect people from harm. Risks to people were assessed and there were plans in place to mitigate risks in relation to people's health and well-being. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice. People's protected characteristics were assessed and understood and respected by staff. The provider followed current government guidance in relation to infection control and prevention and management of risks relating to COVID-19.

The provider's quality assurance systems were not always effective in identifying or improving the quality and safety of the service provided. Audits and checks had not identified the shortfalls found at this inspection. Systems to monitor the competency of staff had not been effective in identifying or addressing areas for improvement. Staff told us they did not receive regular supervisions where they could discuss their role and performance. People were provided with opportunities to express their views about the service provided on a daily basis and through regular surveys. People and staff told us they found the registered manager and deputy manager approachable. The registered manager understood their legal responsibilities and of their responsibility to be open and honest when things go wrong. The provider worked in partnership with health and social care professionals to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 February 2019).

Why we inspected

We received concerns in relation to the management of the home, staff recruitment, staffing levels, environmental risks and infection, prevention and control procedures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swan Hill House Residential Home on our website at www.cqc.org.uk.

Enforcement

We have found breaches in relation to the safe management and administration of people's medicines and good governance at this inspection.

Please see the safe and well-led sections of this full report. The provider took immediate action during and following the inspection to address some of the issues raised.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Swan Hill House Residential Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Swan Hill House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Swan Hill House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 February 2023 and ended on 6 March 2023. We visited the service on 28 February 2023.

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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who lived at the home and 2 visitors. We spoke with 7 members of staff which included the registered manager, deputy manager, administrator, cook, head of care, senior care and care staff. The registered manager is also the registered provider. We looked at 3 care plans and multiple medication administration records. We looked at 2 staff recruitment files and training records. We looked at records relating to health and safety and the management of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At our last inspection we found some improvements were needed to ensure the safe management and administration of people's medicines. We found further improvements were need at this inspection.
- People's medicines were recorded on a pre-printed medication administration record (MAR). However, there were occasions when handwritten entries had been made and these had not been confirmed as correct by two trained members of staff. This meant there was a potential risk of errors.
- The temperature of the room storing medicines was not consistently recorded. This was also the case for the temperatures of the medication fridge. A medication trolley was kept in the main lounge and another on a landing and temperatures of these rooms were not being maintained. These issues were also found at the last inspection. Medicines should be stored at temperatures within the manufacturer's guidelines to ensure their effectiveness was not compromised.
- Some people's medicines were prescribed on an 'as required' basis however there were no protocols in place to guide staff as to when to administer the medicines. This meant staff may not follow a consistent approach and people may not receive their medicines when needed.
- One person had been prescribed a medicine on an 'as required' basis for periods of 'extreme agitation.' Their MAR chart showed the medicine had been administered on three separate occasions in February however, on checking daily records made by staff there was no indication of any periods of distress which warranted the administration of the medicine. The lack of accurate records meant the provider could not demonstrate the medicine had been given appropriately.
- One person told us they took their medicines with a cup of tea during breakfast, however their prescribed medicines stated these should be taken with water at least half an hour before food or other drinks. When we brought this to the attention of staff, they had been unaware of this. This meant the person did not receive their medicines as prescribed.
- Portable medicine trolleys were not securely stored. Trolleys were stored in communal areas and had not been secured to the wall. This could pose a risk to people living at the home.
- Staff told us they had completed medication training and their competency was checked annually. However, due to concerns seen we were not assured that this training had been effective.

Systems were either not in place or robust enough to demonstrate people's medicines were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions relating to the safe management and administration of people's medicines had been addressed.

Assessing risk, safety monitoring and management

- Regular environmental and equipment checks were carried out to ensure risks to people were minimised. These included checks on hot water outlets, fire detection and alarm systems and regular servicing of equipment used by people. However, these had not identified a cupboard without a lock which stored potentially hazardous items and a dirty laundry floor. The provider took immediate action to make the cupboard storing hazardous items safe.
- There were effective procedures to assess and manage risks which staff understood and followed. These included, risks associated with pressure damage to the skin, mobility and eating and drinking. Risk assessments had been regularly reviewed to ensure they remained appropriate.
- People were provided with the equipment needed to help minimise any risks. For example, where people were at high risk of pressure damage to their skin, mattresses and cushions were in place and people were supported to change position in accordance with their plan of care.
- Each person had a personal emergency evacuation plan (PEEP) which detailed how to support them to evacuate the building safely in the event of an emergency.
- External contractors ensured equipment, such as moving and handling equipment and the shaft lift were regularly serviced and maintained.

Staffing and recruitment

- People expressed mixed views about staffing levels. One person said, "I need help to have a shower but often there aren't enough staff on duty, and it can get pushed back a day or two." Another person told us, "I think there are enough staff, I've no complaints." Another person said, "I have a call bell in my room and the response is quick if I use it." We shared people's feedback with the registered manager during the inspection.
- People were protected from harm because the provider followed safe procedures for the recruitment of staff.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "The staff are very nice, they keep us safe, I have no worries."
- Staff had received training and knew how to recognise and report any concerns.
- People's protected characteristics such as religion and sexuality were assessed and respected by staff.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People told us they were able to make choices about their day to day lives and staff respected their wishes. A member of staff said, "This is their home. We respect what the residents want to do and help them

make decisions which are in their best interests."

- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The laundry floor was dirty, although cleaning schedules stated these had been cleaned.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting followed the latest government guidance.

Learning lessons when things go wrong

- There had been very few accidents or incidents involving the people who lived at the home however, these were reviewed by the registered manager to help identify any trends and consider action to reduce the risk of reoccurrence.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we recommended the provider undertakes robust medication audits more frequently as these had not been effective in identifying or addressing shortfalls. At this inspection we found further improvements were required.

- Although the registered manager took action to address the shortfalls found during the inspection in relation to the safe management and administration of people's medicines, systems had not been effective in identifying or improving the quality and safety of the service.
- Audits and checks on the environment had failed to identify the dirty floor in the laundry room, a missing lock on a cupboard storing hazardous items and a bath hot water tap which wasn't working.
- Systems to monitor staff skills, knowledge and competence had not always been effective in identifying areas for improvement. For example, in relation to the management and administration of people's medicines and environmental audits.
- Staff told us they had not received opportunities to discuss their role and performance through regular supervisions. A member of staff said, "We haven't had supervisions for a while now." The deputy manager acknowledged this and told us they would ensure staff supervisions were re-introduced.

Systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that action had been taken to address some of the immediate shortfalls identified and additional audits and checks had been put in place.

- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- The provider had notified us of all significant events which had occurred in the home in accordance with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People told us they no longer had meetings but that their views were sought on a daily basis. One person said, "The staff verbally ask us about our experience. I wouldn't change anything about the home, and I can suggest any improvements where needed."
- People and staff completed surveys to comment on the quality of the service provided. The results of a recent survey had been positive.
- People and staff told us they found the registered manager and deputy manager approachable. One person said, "I am happy living here, I have no concerns, if I did, I would tell the owner [registered manager]. They are here most days." A member of staff told us, "The manager [deputy manager] is approachable and the owner [registered manager] too and they are generally responsive to requests we make."
- People's protected characteristics such as religion and sexuality were discussed with them and recorded in their plan of care. These were understood and respected by staff. There were regular religious services at the home for people who wished to attend.

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 had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the duty of candour.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met People's medicines were not always safely, stored, managed or administered. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met Systems to monitor the quality and safety of the service provided were not always effective in identifying shortfalls or driving improvements. Regulation 17(1) & 17(2)