

Cuerden Developments Ltd

Swallowfield Garden Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Swallowfield Garden Care Home is a care home providing personal and nursing care to 30 people living with dementia and/or a mental health condition at the time of the inspection. The service can support up to 30 people.

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

People were kept safe from risk of harm and staff had a good understanding of safeguarding processes. Risk assessments were robust and relevant. Staff were recruited safely. Medicines were managed safely. Systems were in place to reduce the risk of the spread of infection. Accidents and incidents were reported and analysed in a timely manner.

Managers were open and honest in their approach to supporting people. The provider had clearly defined roles and managers and staff were clear about their responsibilities. People were given the opportunity to regularly give feedback to improve service provision. The provider had clear audit processes to ensure good quality care.

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 4 August 2021)

At our last inspection we recommended that the provider review the systems they had in place to ensure risks were appropriately assessed and policies were being robustly reviewed and adhered to. At this inspection we found improvements had been made and in line with our previous recommendations.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of nutrition and hydration. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swallowfield Garden Care Home on our website at www.cqc.org.uk.

Recommendations

We have made recommendations about record keeping.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Swallowfield Garden Care 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 two inspectors 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

Swallowfield Garden Care 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. Swallowfield Garden Care Home is a care home with 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.

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 all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager, clinical manager, regional manager, and 7 support staff. We spoke with 4 people receiving support and 4 relatives. We reviewed 4 people's care records.

We reviewed records and audits relating to the management of the service. We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff did not always accurately record support activities carried out to ensure people's safety and health needs were met; this meant actions taken to mitigate potential risks of abuse or neglect were not always accurately recorded in a timely manner. We noted there was no impact of harm on people.
- We spoke with the provider, who presented evidence of ongoing programmes of work with staff to improve record keeping.

We have recommended the provider consider current guidance on record keeping and take action to update their practice accordingly.

- The registered manager ensured staff received safeguarding training and knew how to recognise and respond to signs of abuse.
- Relatives told us they felt people were kept safe. One relative said, "It's pretty safe [and secure]; people don't know the codes for the lift or stairs [and this is assessed]. My [relative] has never been so happy; they say it is wonderful. They feel safe and hasn't had any issues since moving into Swallowfield [Gardens]."

Assessing risk, safety monitoring and management

- The provider ensured environmental risk assessments, including fire risks, were in place. People had personal emergency evacuation plans to ensure staff knew how to safely support them if emergency evacuation was necessary. Premises' risk assessments and health and safety assessments were in place.
- The registered manager identified, assessed and recorded people's risks. Staff understood and followed risk management plans.
- Staff received training in identifying and managing individual risks, including people with complex needs, and those who need support with behaviours that challenge.
- Relatives told us they felt restrictive practices were reviewed regularly. One relative said, "[My relative's] medication was changed recently and now they don't need medicines for anxiety. I feel staff are well trained in de-escalating situations."

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely by the provider, and all relevant checks had been carried out prior to them commencing their employment. Disclosure and Barring 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.
- The provider ensured there were enough staff, with the right training and skills, to meet people's needs.
- People told us they felt safe because there were always enough staff available to meet their needs. One person said, "There are plenty of staff; it's much better than my last placement. I feel safe and secure; staff are brilliant."

Using medicines safely

- The provider had processes in place to ensure medicines were managed safely.
- People's medicines support needs were recorded and audited; records showed medicines were given as prescribed.
- Staff demonstrated a good understanding of how to administer medicines and adopted least restrictive practices to administer 'as required' medicines in line with personalised protocols.
- Some people needed their medicines administered covertly (when a medicine is hidden in food or drink). Medicines records gave clear directions for staff when people required their medicines covertly.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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 was following government guidance for safe visiting and at the time of the inspection visiting was not restricted.

Learning lessons when things go wrong

- The registered manager recorded and investigated concerns in a timely manner to keep people safe.
- Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of care provided.

- Staff told us the vision of the provider was to ensure people's voices were heard. One staff member said, "We have monthly meetings to look at incidents and feedback; there is an open-door policy and managers work with us."

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provide reviewed the systems they had in place to ensure risks were appropriately assessed and policies were being robustly reviewed and adhered to. The provider had made sufficient improvements.

- The provider had clear lines of accountability and staff understood their roles and responsibilities. A number of staff had additional responsibilities as 'champions' for service quality which saw them monitoring competencies and feeding back on areas of improvement.
- Staff were clear about their responsibilities in supporting people through difficult situations and when to contact health professionals.
- A range of audits and monitoring systems had been used by the registered manager to assess the quality and performance of the service provided; these had been completed both internally and at provider level.
- Relatives said the registered manager was very approachable. One relative told us, "We often chat when I arrive as their office is at the entrance. All the staff are friendly and the [registered] manager knows all the people by name. I also talk to the clinical manager; he is very open and understanding and always tries to resolve my concerns."
- Staff told us they felt clear about their role and the expectations of the provider. One staff member said, "I have been made to feel very comfortable here; it is very good. The quality of care is really good, and staff have really caring, professional, relationships with people; which encourages [people] to be open and honest with staff about how they are feeling and builds trust."

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

- The provider had processes to ensure person-centred care was provided which focused on people's needs, wishes and outcomes.
- People and relatives told us they were regularly invited to take part in surveys and questionnaires about the service. One person told us they had recently been involved in discussions about the new menu and had attended a taster session with their relatives. Another person showed us their 'My Journey' document showing how they had been involved in redesigning their bedroom.
- People told us they felt the service was well managed and person-centred. One person said, "We have

regular residents' meetings and there is a lot to do in the local community. I know the manager and they often speak to me. I am part of the [service] activities committee and I'm a member of a local football team. This is the happiest I have been in the last 20 years."

- Staff said they supported people to access several local community groups to support people's needs and aspirations. One staff member told us there were a number of inclusive projects available to empower people, including service champions; a people-led buddy system for people new to the service; a number of cultural and equality initiatives; and people were also involved in staff recruitment.

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; Continuous learning and improving care

- The provider had transparent processes for investigating concerns.
- People, relatives and staff felt comfortable raising concerns with managers and were confident they would be listened to.
- The provider encouraged staff to continue their learning to meet the needs of people using the service and the service was registered as a 'learning environment' for student nurses.
- Relatives told us they felt people were safe and the provider listened to them when they had concerns. One relative said, "After an issue we met the registered manager and agreed to have an alarm fitted on the [bedroom] door for [my relative's] safety. It was a really good idea and it has worked well".
- Health professionals told us, whilst the service could improve record keeping, people were safe and happy, and staff were very responsive. One health professional said, "Staff are caring and compassionate; incidents are dealt with appropriately [by managers] and documented well. Swallowfield has a good culture of reporting incidents and have good action plans in place. The registered manager is quick to respond to any queries and is responsive to suggestions on quality improvement."

Working in partnership with others

- The registered manager worked closely with a wide range of professionals to meet people's health and social needs.
- People told us they had opportunities to explore education, employment, and relationships. One person told us they were working closely with the registered manager and health professionals to find their own home in the local community.
- The registered manager told us Swallowfield Garden Care Home had good links with the local community and worked closely with other service providers such as dementia services, local religious centres, local schools and local sports groups.