

HC-One Limited

Swallownest Nursing Home

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 

Overall summary

We inspected Swallownest Nursing Home on 24 February 2015. The inspection was unannounced. When we visited the home in April 2013 we found people were not protected from the risk of infection because appropriate guidance had not been followed and accurate and appropriate records were not maintained. When we inspected the service in July 2013 to follow up, we found the service had addressed these issues. When we inspected in April and July 2013 there was a breach of regulations regarding the management of medication. When we inspected the service in October 2013 to follow up, we found the service had addressed these issues.

Swallownest Nursing Home is situated approximately nine miles from Rotherham. It is a purpose built home providing care for up to 65 older people. The home has bedrooms on the first floor and ground level of the building. There is parking and gardens to the rear of the building.

On the day of the inspection 64 people were living in the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

All of the people who used the service and family members we spoke with gave positive feedback about the home, the staff, the food, the activities and the level of care provided.

There was a homely feel and everywhere was clean. People were well cared for and there were warm interactions between people who used the service and staff. People's views and opinions were sought and taken in to consideration and staff demonstrated a good knowledge of people. For instance, most had worked in the home for a long time and were readily able to tell us people's likes and dislikes.

We did not identify any areas of major concern, although there were some minor areas for improvement that we highlighted regarding how some staff engaged with people at lunchtime.

There were sufficient staff, who were well supported through a system of induction, training, supervision, appraisal and professional development. One person who used the service said, "The staff are smashing."

The recruitment systems were designed to make sure new staff were only employed if they were suitable to work at the service. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. People who used the service and staff were confident to raise any concerns.

There was a comprehensive, formal quality assurance process in place. This meant that the service was monitored to make sure good care was provided and planned improvements and changes could be implemented in a timely manner.

Summary of findings

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 safe.

There were appropriate levels of staff who had received training in safeguarding and knew how to protect people from harm and how to report any concerns regarding possible abuse.

People had care plans and risk assessments associated with their needs and lifestyles. Medicines were stored and handled safely.

The way staff were recruited was safe and thorough pre-employment checks were done before they started work.

Good



Is the service effective?

The service was effective.

People received the care and treatment they needed and were encouraged to remain as independent as possible.

The staff worked within the Mental Capacity Act 2005, and it's Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to make sure staff had the training and skills to provide the care people needed.

Good



Is the service caring?

The service was caring.

People told us they were well treated and the staff were caring. .

People who used the service, and those who were important to them, were involved in planning their care.

It was evident that people were looked after as individuals and their specific and diverse needs were respected.

Good



Is the service responsive?

The service was responsive.

People agreed to the support they received and their care plans were personalised to reflect their individual needs. This meant staff knew how people wanted and needed to be supported.

There were many, varied activities available and good links with the local community.

People knew how they could raise a concern about the service they received. Where issues were raised they were investigated and action taken to resolve the concern.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a registered manager employed. The registered manager set standards and used good systems to check that these were being met.

The registered manager had formal quality assurance process systems in place to monitor the quality of the service provided.

People's views were actively sought and people told us they felt listened to.

Swallownest Nursing Home

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 was planned to check 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.

We carried out this inspection on 24 February 2015 and it was unannounced. The inspection team consisted of an adult social care 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 service. A member of CQC's support team attended for personal development reasons.

During our inspection we spoke with eight people who used the service and four people's visiting relatives. We also

spoke with an activity coordinator, six members of care staff. The registered manager was not available, and we were aided by the regional manager and two senior members of care staff.

During our visit to the service we looked at the care records for four people, and other records that related to how the service was managed, such as staff personnel and training records, complaints and quality assurance files.

Before our inspection, we reviewed information we held about the service, which included incident notifications they had sent to us. We contacted Rotherham 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 also obtained information from Rotherham Council and Doncaster Council, who commission services from the provider.

Is the service safe?

Our findings

Everyone we spoke with who used the service told us that they felt very safe. For instance, one person said, “I was falling a lot when I was at home and my family were very worried about me. Since I’ve been here, they’ve got peace of mind because they know that the staff look after me very well.”

Discussions with staff and a check of records confirmed that staff were trained in safeguarding vulnerable adults. Our records confirmed that when such incidents had occurred they were referred to the local authority safeguarding team. The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received the service. We spoke with two staff about their understanding of keeping people safe. They were aware of different types of abuse and the signs that could indicate that abuse had occurred. They had a good understanding of what action to take if they had any concerns that someone might be being abused.

The provider had a policy for whistleblowing. The care staff we spoke were aware of the policy and how to whistle blow, should the need arise.

We looked at four people’s care records and these confirmed that the provider had risk management systems in place. People’s care plans were individualised, taking into account each person’s needs and wishes. Policies and procedures were in place to keep people safe and to make sure staff provided care in a consistent way that did not compromise people’s rights. Records showed that risks were reviewed regularly and plans updated when necessary.

We looked at the arrangements in place for the administration and management of medicines and found that these were appropriate. Medicines were stored securely in locked cabinets. Medication Administration Records (MAR) were accurately completed. Arrangements were in place for the storage of controlled drugs, if required. We saw from training records that all staff who administered medication had received appropriate training.

The environment was clean and no odours were detected. The kitchen had a 5 star rating for hygiene from the local council’s environmental health officer. The provider regularly undertook an environmental risk assessment,

which highlighted any risks people may be exposed to in the home and how to reduce them as much as possible. We saw the provider had specific cupboards to store household products which could be harmful. These cupboards were locked.

We spoke with one staff member who said, “The company are very good. If there is anything which needs replacing or repairing as a matter of urgency, there is a four hour turn around to make sure it is done. That would include things like call buzzers or anything else vital. Other work is done as quickly as possible. If I need any specific equipment to do my job there is never a big issue and if the request is reasonable the equipment will be provided. I also do fire drills and bed checks to make sure things are right and people are safe. We keep spare airflow mattresses as well, in case any fail.”

There was a recruitment and selection process in place. The staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a criminal records check.

We asked people and their relatives if they thought that there was enough staff. Most people thought there was sufficient staff. However, One person’s visitor told us, “There can never be enough staff really, unless there was one for every person but, of course, that’s not realistic. They are always busy, but my relative doesn’t have to wait overly long before staff come to him.”

One person who used the service said, “There is always somebody around, but they are really busy. They all work ever so hard but they’ve always got time to have a word. They never make me feel that I’m being a nuisance. There is just so much for them to do.”

At the time of the inspection there were sufficient staff on duty to meet people’s needs. The staff we spoke with told us that there were arrangements for covering for short notice issues, such as staff sickness and most was covered by the existing staff taking on additional shifts. This ensured that staffing levels were appropriate. We observed two people sitting in the lounge who both needed assistance at the same time. We alerted a staff member, who came immediately to reassure them both that they

Is the service safe?

would fetch additional help. The two people were not kept waiting as the staff member returned quickly, with three colleagues, so there were sufficient staff to assist both people.

Is the service effective?

Our findings

We spent time in the dining areas while people had their lunch. We saw the food was appetising and nourishing. Staff told us people were provided with choices of meals and the food was of good quality. Fresh fruit was also available and had access to snacks and drinks throughout the day. The staff and people who used the service told us that menus took people's preferences into account. One person who used the service told us, "The food is fine. You can always have something else if we fancy it. I usually have what's on the menu though."

We asked a member of care staff about the seating arrangements in one dining area and they explained, "Four gentlemen are all friends who like to sit together. One lady likes to sit on her own because she is a very private person and doesn't like to share a table. Other people tell us where they want to sit and who with."

We saw that one person asked to move to another table to sit with their friend. A staff member responded quickly and supported them to move to where they wanted to be. In another dining area visiting relatives sat at the dining tables with people and chatted during lunch.

Tables were clean and nicely set, with cold drinks in jugs, place mats and flowers on each table. Overall, lunchtime was pleasant and relaxed. People were not hurried and could eat in their own time. Most staff were attentive and engaged with people. We saw that some people required help with eating and staff members sat with each person, supported them and chatting with them. However, we saw some areas of staff practice, which require improvement. For instance, one staff member did not engage with people to check if they needed any assistance before intervening. Clothing protectors were put on most people without them being asked whether they wanted to wear them.

We saw that people's specific dietary needs were included in their care plans and where necessary, other health care professionals such as dietitians and speech and language therapists advised on their care and treatment. One person's visiting relative asked us if a dietitian had advised on the overall menu, to make sure people were getting the correct nutritional value. We asked the registered manager about this after the inspection. They told us this was the

case and added that provider was very keen to make sure that menus were created to provide good food, for people. They went to a great deal of trouble to make sure that meals were nutritional, well balanced and appetising.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The senior staff we spoke with were knowledgeable about the Mental Capacity Act and its Code of Practice and knew how to make sure that people's rights were protected if they were not able to make or to communicate their own decisions. Care staff had a reasonable understanding of the Act's provisions and how it affected the people they provided a service to. They were aware of people's capacity to make day to day decisions about their life and their care. The records we saw confirmed that practice in the service was in line with the MCA Code of Practice.

Staff told us they had received induction training and worked alongside experienced staff, so they could get to know the needs of each person before providing care and support.

Staff had the training they needed to carry out their roles and responsibilities effectively. They had received training in areas essential to the service, such as fire safety, infection control, safeguarding, moving and handling and medication. The records we saw also showed that staff had completed other training including, working with people with dementia. . There was a system which identified when staff training updates were due, so these could be planned for in a timely way.

Staff we spoke with confirmed they received sufficient training to keep their knowledge and skills up to date Staff files showed that staff received regular one to one supervision meetings with their manager. Staff told us this

Is the service effective?

was useful for their personal development and helped to make sure they were up to date with current working practices. This showed us staff had the training and support they required to help them meet people's needs.

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring. For instance, one person said, I love it here. They [the staff] are all lovely. They really do care and look after me properly. Nothing is too much trouble.” Another person we spoke with said, “It's lovely here. Christmas here was just fantastic. We had parties and music and dancing every night, I do a lot of dancing. It's just brilliant.”

One person's visitor told us, “This place takes some beating. We looked at other places but this is the best. I have to say, I'm quite passionate about this place. Both the people and the place are super.”

One person was visited by his friend, who had brought their dog on the visit. The visitor said, “It's very pet friendly here, which is great because [my friend] lost their dog a couple of months ago and has been really upset. Bringing my dog in cheers [my friend] up a bit.”

We asked if people were involved in the planning, decision making and management of their end of life care. People said they were. For instance, one person's visitor told us, “We have discussed [my relatives] end of life plan but, it's not an easy conversation to have. He was involved though, and at least we know what he wants.”

We saw that relationships between people who used the service and the care staff were supportive and caring. People told us that their individual nursing and care needs were met and they were treated with dignity and respect. For instance, one person said, “I don't like to be thought of as a patient and nobody here treats me that way. They are all very respectful.”

Staff interacted well with people. People were given choices and staff were aware of people's likes and dislikes. One person told us, “Staff treat me very well. I get everything I need.”

We spoke with staff about how they preserve people's dignity. One member of staff said, “I always knock on doors before going into people's bedrooms and make sure people were kept covered up as much as possible when providing personal care. The staff member told us they encouraged people to do as much for themselves as possible.

People we spoke with told us they were encouraged to be independent. For instance, one person told us, “Staff come in to clean and change or make the beds, but I like to make my own bed. They know that and they just laugh, because I've done it before they come. They are smashing.”

We visited some people in their bedrooms. The rooms were well decorated and people had brought in things to make it more like home, such as ornaments and pictures. One person's visitor told us, “When [my relative] first came here, they didn't like the room very much because there were trees outside and they thought it was too dark. We asked if there was any chance that they could have a lighter room and, as soon as one was free that [my relative] liked, they changed rooms.”

The support plans we looked at included information about each person's life history, needs, likes, dislikes and preferences and staff were able to demonstrate a good knowledge of people's individual preferences. It was evident that people were looked after as individuals and their specific and diverse needs were respected. Regular residents' meetings were held. This was a forum where people could feed back about any issues and talk about ideas to improve the service. We saw from the minutes of these meetings, that trips and activities were discussed and planned.

Is the service responsive?

Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs. For instance, one person told us, "It's very impressive. I was very suspicious about coming here, but it's really nice. I have been consulted on everything. I have a care plan which was discussed with me and I signed to say I agreed with everything. Anything I didn't understand was explained to me."

One person's relative told us, "[My family member] is doing well. They really are well, their appetite is great and I can tell they are happy."

The care plans we saw provided detailed information about how the person's planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans had been written with the involvement of the person and where appropriate, their close relatives.

One person's visitor said, "We are very much involved with [my relative's] care. It's like a community here and all the family are encouraged to be part of the team. [My relative] won't hesitate to make their feelings known if they are not happy. Clearly they'd prefer not to be here, but [the staff] understand that and they know when [my relative's] is just having a grumble, or if something is really bothering them. If they think that, then they will let us know so that we can all talk about it."

Staff supported people in maintaining relationships with their friends and family members and people told us that their visitors were made welcome.

People's care plans described how they should be cared for and included their likes and dislikes. We saw staff supporting people in accordance with the assessed needs described in the care records. These records had been kept under regular review or as people's needs changed.

The feedback we received from the representative of the local authority was generally positive they felt home had a nice atmosphere, a varied and interesting entertainments program and good links to the community.

We found that many of the staff had worked at the home for many years and knew people well. There was an extensive activities programme, which included entertainers, music, singing and dancing. People engaged with the local community and told us they went in small groups to a local day centre for, "A change of scenery, a catch up with friends and a gossip."

We saw the service had a complaints procedure which was publicly displayed. We saw the record of complaints kept in the home and found that the service had not recorded any complaint in 2015. We saw three complaints that had been raised in 2014 and the records showed that when complaints were received, they were taken seriously and investigated thoroughly.

People we spoke with knew how to make a complaint. One person said, "If I was unhappy about something I would tell [a staff member] and they would help me." Another person said, "I wouldn't know who to tell if I had any problems, but it doesn't matter because everything is alright. I suppose I'd tell one of the care staff."

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission. It was clear from talking with staff that the registered manager led by example, to provide a good quality service to people. For instance, one staff member said, “This manager has been here for about eighteen months and she’s the best we’ve ever had. She was the one who put all these little sayings about family on the walls and she’s not afraid to roll up her sleeves and help out with anything. She’s even helped with some of the decorating. She’s determined to make this the best home that she can.”

Staff felt the registered manager was relaxed yet professional. They felt listened to and that they could speak freely about any aspect of the service. All the staff members we spoke to told us they really enjoyed working at Swallownest. One staff member told us, “I have worked here for twenty five years and I wouldn’t want to work anywhere else.”

The regional manager told us that when the Chief Executive of HC-One Limited bought the home they said they wanted it to be the ‘kindest home’ it could possibly be. This was a key part of the culture of the organisation and the message was part of staff’s induction and on going training.

People’s views and opinions were taken in to consideration and people told us they felt listened to.

Questionnaires were used on an annual basis. We saw all the returned questionnaires had rated most aspects of the service highly. People’s views were sought at regular meetings and people’s care plans also documented their wishes, views and opinions. Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or, blow the whistle, if they were concerned about something.

The feedback we received from the representative of the local authority was that the home was managed well. They felt the registered manager’s daily audit was a particular strength, as it allowed actions to be drawn up on a daily basis. We found the provider had systems in place to assess and monitor the quality of service that people received. These checks took place on a daily, weekly and monthly basis.

We saw records of audits carried out within the service covering areas such as care records, health and safety, food safety, medication, finance and the environment, catering and infection control. This meant that the quality of service provision was regularly monitored. Any issues highlighted in the audit received a plan of action. Therefore, any issues were addressed quickly.