

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?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out this inspection on 12 July 2017 and our visit was unannounced.

Swallows Meadow Court provides accommodation and nursing care for up to 70 people. There are four units providing residential, nursing and care for people who may have a diagnosis of dementia. The home specialises in providing end of life care to people. There were 68 people living at the home on the day of our inspection.

We last inspected this service on 16 and 17 June 2015 and gave the home a rating of 'Outstanding' in caring and 'Good' overall. At this inspection we found the ratings remained the same.

There was a registered manager in post at the service. 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.

The registered manager, deputy manager, provider and staff team continued to make sure people were cared for in an environment where people were supported to carry on living their lives as they wished. People continued to be encouraged and supported to pursue their interests and hobbies, as well as maintaining relationships important to them.

Staff continued to demonstrate they had an understanding of the visions and values of the home which were to ensure people remained as comfortable and well cared for as possible. This included providing compassionate care for people nearing the end of their life and included support for their family members. People were treated with respect and dignity at Swallows Meadows Court. Family members and friends were encouraged to visit as often as they wished.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people's care plans included restrictions on people's right, choices or liberties, the registered manager had applied to the Supervisory Body for the authority to do this in people's best interests.

People told us they felt safe at Swallows Meadow Court. The registered manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. Staff had a good understanding of risks associated with people's care needs and how to support them.

There were enough staff at Swallows Meadow Court to support people safely and at the times they preferred. Recruitment procedures made sure staff were of a suitable character to care for people at the home.

Medicines were stored and administered safely, and people received their medicines as prescribed. Regular audits were carried out of medicines to ensure they were managed in line with good practice guidelines.

People were supported to attend health care appointments to maintain their health and well-being and received support with food and drinks that took account of their preferences and dietary needs. People's health needs were regularly monitored and they were referred to external healthcare professionals when a need was identified and especially when people were at end of life.

Staff were caring, kind and supportive and ensured people's privacy and dignity needs were met. People were encouraged and supported to maintain their independence. The management team and staff had a good understanding of people's individual needs and preferences.

The registered manager and staff were focussed to ensure a person nearing the end of their life was comfortable and pain free. Staff worked collaboratively with other healthcare professionals and agencies to provide support to the person and their family and friends. Families were supported to be involved in their relation's care planning and were kept regularly informed with any changes.

People were supported to pursue their hobbies and interests both within and outside the home. One activity coordinator had recently left the service which had impacted on the amount of activities offered, however the provider was addressing this. People who lived at Swallows Meadow Court were encouraged to maintain links with friends and family.

People and relatives knew how to make a formal complaint and told us they felt comfortable raising any concerns they had with the staff. The provider had systems in place to monitor complaints so they could identify areas where improvements could be made.

Most staff, and healthcare professionals, felt the management team were supportive and promoted an open culture within the home. Staff were able to discuss their own development and best practice during one to one supervision and team meetings. A programme of training and induction provided staff with the skills and knowledge they needed to meet people's needs.

The registered manager and deputy manager felt well supported by the provider. The management team carried out a range of audits to check the support and care people received to continually monitor and improve the quality of the service.

People and relatives were encouraged to share their views about the quality of service provided through regular meetings, 'drop in' sessions and quality surveys.

The provider remained a member of recognised good practice initiatives and continued to work with agencies and organisations to develop new and caring ways of supporting people, especially those who were at end of life.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Outstanding ☆

The service remains Outstanding

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Swallows Meadow Court

## 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.

This inspection took place on 12 July 2017 and was unannounced. Two inspectors, an expert by experience and a specialist advisor conducted the inspection. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in nursing care. An expert-by-experience is someone who has knowledge and experience of using, or caring for someone, who uses this type of service.

Before our visit we asked the provider to complete a Provider Information Return (PIR). The PIR 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 found the information in the PIR was an accurate assessment of how the service operated, such as what they did well and areas they identified for improvements.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 10 people who lived at the home and six relatives. We spoke with the registered manager, deputy manager and 12 staff, (including nurses, care workers, the activity co-ordinator, maintenance worker and cook.) We also spoke with three healthcare professionals who provided medical, and end of life support to people and family members, as well as providing training and guidance for staff.

We reviewed six people's care plans to see how their support was planned and delivered. We reviewed management records of the checks made to assure people received a quality service.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

All the people we spoke with confirmed they felt safe living at Swallows Meadow Court and provided us with positive comments such as, "Just knowing they're around to take care of me makes me feel safe." And, "I feel safe and happy there are lots of people here."

Staff understood their role in keeping people safe and protected from abuse and had completed safeguarding training. Staff described to us the different types of abuse and knew what to do if they suspected someone was at risk of abuse and who to report their concerns to. Comments made were, "Abuse is any kind of harm, physical or just being cruel to someone." And, "Abuse is not tolerated here; we had safeguarding training so we are skilled to look for signs such as bruises." Staff had recently celebrated 'World Elder Abuse Day' with people living at the home. This was a global project that aimed to raise awareness on what forms abuse could take and how people could report concerns. The registered manager understood their responsibility to report any concerns to the local authority to ensure the safety and welfare of people.

Everyone we spoke with said there were enough staff to meet people's individual needs. One person said, "There are plenty of staff around." The provider, in consultation with staff, had recently changed the hours staff worked to reduce the amount of time they worked on shift. To ensure there were sufficient numbers of staff on duty to support people, the provider had employed some agency staff to support staffing numbers and was actively recruiting new permanent staff members to the home. Regular agency staff were employed to maintain continuity of care and ensure people were supported by staff who were familiar with them.

There was a system in place to identify risks and protect people from harm. Each person's care file had a number of risk assessments completed. Where risks had been identified, staff had guidance and information that helped them to manage risk in areas such as manual handling, mobility, skin breakdown, catheter care and malnutrition. Risk assessments were regularly reviewed by nursing staff to make sure risks to people were minimised when their needs changed. Staff were updated about any changes to risks which meant they continued to provide the care, support and treatment people required to keep them safe.

There was a system of checks and audits to ensure the environment and equipment was kept in good order to maintain people's safety. Fire safety drills were carried out and regular maintenance checks made sure people were kept safe and risks to their health and welfare were minimised.

People's medicines were stored and appropriately managed and there were clear medicine policies and procedures in place to ensure people received their medicines safely. Prior to our inspection visit the provider had made us aware of a serious medicine error. Positive action had been taken by the management team to reduce the likelihood of similar incidents occurring and any lessons learnt shared with the nursing staff. Staff who gave medicines had received training in medicine management and their competency was regularly assessed to ensure they continued to give medicines safely. There was guidance

in place for when people required 'as required' (PRN) medicines, such as pain relief.

# Is the service effective?

## Our findings

At this inspection, we found staff continued to have the same level of skill, experience and support to enable them to meet people's needs as we found at the previous inspection visit. The rating continues to be Good.

Staff new to the home received an induction to ensure they understood their role and responsibilities and had the knowledge to support people effectively. One member of staff told us, "Training is good; we have refreshers for most topics each year. We have manual handling, hoist training to make sure we know what we are doing. During my induction I was supernumerary (extra to staff numbers) and shadowed other staff. It helped me to get to know people and their routines."

Staff spoke positively about their training and developmental opportunities. A GP who visited the home regularly commented, "Nurses are very skilled and always available." They went on to tell us care workers were knowledgeable about the people they supported and were able to answer questions asked of them.

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. 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 MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and DoLS legislation. They had undertaken capacity assessments to determine which decisions each person could make themselves and which decisions should be made in their best interests. Where people's care plans included restrictions on people's rights, choices or liberties we found applications had been made to the supervisory body. Some were still awaiting approval and the registered manager told us they would follow this up with the relevant agency.

Staff had a good understanding of the principles of the Act and how this affected their practice. Care workers understood the importance of obtaining people's consent prior to providing care and support. Staff told us, "Some people don't have capacity but we know them well so we can make informed choices on their behalf." And, "People are encouraged to make choices. Such as where they want to sit, or what time they want to get up." Staff told us they would always ask people for their consent prior to undertaking care tasks.

People were able to access food and drinks throughout the day. People were supported to maintain a nutritious diet that met their preferences. There was good communication between the cook and staff regarding specific diets people required, for example, some people required soft diets as they had difficulty in swallowing.

The provider worked in partnership with other health and social care professionals to support people's needs. One healthcare professional told us, "It's the best communication with staff I have ever found." They went on to tell us twice weekly GP 'rounds' were held and every Friday a supporting healthcare professional,



specialising in elderly care, also attended to offer support and advice. This had recently resulted in one person not having to be admitted to the local hospital to receive a specific medicine to maintain their health and well-being. The person was supported to have their medicine whilst staying at the home. The healthcare professional went on to say, "It's so good because it prevents unnecessary hospital admissions by all of us working together."

People received additional support when required from healthcare professionals such as opticians, dieticians, speech and language therapists and McMillan Nurses.

## Is the service caring?

### Our findings

At this inspection we found people continued to enjoy the same positive interactions with staff as they had during our previous inspection. The service maintained its strong commitment to supporting people and their relatives before, and after death and the rating continues to be Outstanding.

Without exception people and relatives we spoke with continued to describe the level of care they received from staff, as excellent. People and relatives praised the caring attitude and nature of staff. One person said, "They're caring and helpful and they are there when I need them." A relative told us, "We had to find somewhere quickly. As soon as I came in I knew this was a good place for [person], everyone was very welcoming."

Staff we spoke with also commented about the caring nature of their colleagues. One told us, "The nurse on duty today is so caring, I cannot fault her. If I was ill I would let her look after me." Staff demonstrated a clear understanding of the caring values the provider and registered manager promoted. One staff member told us, "People receive good care. We have high standards here."

The service had been awarded a 'highly commended' under the accredited Gold Standards Framework (GSF). The GSF is a national program of care that enables staff to provide a gold standard of care for people nearing the end of life. The home also received support from the Macmillan Nurse's End of Life Practice Development Nurse. They offered support and training to staff to ensure they were confident in supporting people effectively with their end of life care. This included training and workshops around effective communication with people and relatives, the correct assessments of people's needs, and, once a plan of care was agreed, ensuring all the services the person needed to support them were effectively co-ordinated. Training also included management of the person's condition and symptoms to keep them comfortable and how to provide bereavement support and care to family and friends, both before and following the person's death.

The home was passionate about providing the right level of support to people who were at different stages of their end of life. The End of Life Practice Development Nurse told us the home used a 'Supportive Care Register' which enabled them to identify people who were in their last 12 months of life. Once identified staff then carried out assessments using the 'Supportive Care Plan'. This plan was used when a person was admitted to the home and a 'traffic colour' coding system indicated the person's level of support and needs. For example, people requiring full nursing care would have a green indicator. When there were changes in the person's health and well-being and they required additional support, they would be reassessed as amber and then finally red. As a person's needs increased more frequent reviews of their care by staff and the medical team took place. Preparations then took place, for example, the prescribing of specialised medicines to ensure the person was kept comfortable and pain free as much as possible. In addition regular discussions were held with the person's family to ensure they were kept fully up to date with their loved ones condition and care.

The registered manager and staff recognised as an important part of end of life care, it was beneficial in

having loved ones close by, especially those who did not live in the area. We saw there was a quiet room available for the use of relatives who wished to stay. However we did not see a bed available for them and discussed this with the management team. They informed us if a spare bedroom was available relatives were welcome to use this. In addition they planned to purchase an occasional bed, in order for relatives to stay the night when a room was not available, or if they wished to sleep close by their family relation. One relative told us, "I have been staying overnight; I feel it's important to be here, staff made me feel welcome."

The management team told us providing 'excellent' care for people nearing the end of their life was a priority. The registered manager told us they were continually looking for innovative programmes to increase staff knowledge and skills to achieve this. For example, the registered manager was planning to introduce 'The Namaste Care Programme'. They explained the programme is specifically designed to give comfort and pleasure through sensory stimulation, especially touch, for people living with advanced dementia in care homes. The programme combines compassionate nursing care with individualised activities and it aims to meet the sensory and emotional needs of people and enrich their quality of life. For example, giving hand and foot massages, brushing or combing a person's hair with slow movements and moisturizing people's faces with face creams that contained a scent they may remember from their youth. The emphasis of this support is to bring pleasure to people when the activity is carried out with a loving touch.

All the healthcare professionals we spoke to were complimentary about the high level of care provided by the staff. A GP who visited the home regularly told us the deputy manager often worked as part of the nursing team and they felt this benefitted people and staff. They told us, "That helps because it gives [deputy manager] a feel for how things are in each area. I think we have excellent communication with the management. They have an open door policy and we can discuss end of life care so it's clear we are all being consistent in our approach and support."

The provider organised a series of 'drop in' meetings for people and relatives to help support them in gaining further information and learning in specific areas. For example, one 'drop in' meeting was attended by the End of Life Practice Development Nurse. The session, in May 2017, was to discuss and promote 'Dying Awareness' week. This was an event which gave an opportunity to discuss with people, and their relatives, the importance of talking about dying, death and bereavement and how people could support each other. It is a nationally organised event which encourages care homes to hold awareness meetings and is organised by 'The Dying Matters Coalition.' The Coalition's Mission is to help people talk more openly about dying, death and bereavement, and to make plans for the end of life.

The registered manager told us the home held meetings after a person had died to reflect with staff and the End of Life Practice Development Nurse on what had worked well in supporting the person. Discussions were held on what improvements could be made and these were shared with other staff members to continually improve the level of care provided. These meetings were also used as an opportunity to support staff. The registered manager told us, "It is important we support our staff, they become very close to people and their families."

We spoke with one of the nursing staff who told us they were passionate about providing high quality and compassionate end of life care. They told us it was important to them that the care given at this stage in a person's life should be of the highest quality and provided by staff appropriately trained. They commented, "It is important to work with and support relatives and enable them to be as involved in the care as they wish. It's also important to have discussions about what to expect and prepare them for the various scenarios."

One relative told us, "I visit every day the care is very good. [Person] was previously in another home which does not hold a candle to this one. ...End of life care is very good. I am very impressed; staff are gentle, patient and kind." Another told us they had a, 'compassionate and realistic conversation,' with the nurse caring for their family member. Other relatives confirmed staff kept them fully informed about their family member's condition.

The provider encouraged staff to spend time with people and build relationships. We observed numerous occasions through the day where staff spent social time with people. Interactions between staff and people appeared to be positive, caring and respectful. We saw there was friendly banter with staff and good interactions between people. People and relatives seemed happy and at ease when engaging with staff. One relative told us, "I feel the staff care about me, they always ask how I am and if I want a drink or a sandwich. That's caring; they don't have to do that."

Staff showed sensitivity to people, for example at lunchtime one person, who was new to the home, could not hear the friendly banter that was taking place between staff and people. One member of staff turned the radio off and introduced the person to others who were sat at the dining table. We heard discussions being held about liver and bacon, how the local shopping centre had changed and where the best place to buy fish was. The staff member made sure the new person could hear what was being said and was included in the conversation. We heard the group laughing and light hearted jokes being shared which everyone seemed to enjoy.

Relatives told us they could visit at any time during the day or night and staff were always welcoming. One told us, "We can visit whenever we like; staff even made us tea and cakes when we had overseas visitors." Staff promoted a calm and peaceful environment at the home and one staff member explained why this was important. "It is a calm and relaxed environment; it's good for people and means they don't become unnecessarily anxious, it's quiet so there is not too much noise. That's good especially if people are unwell."

Staff explained how they upheld people's privacy and dignity and supported their independence. One staff member gave examples of how they promoted this, "We have shower screens in the communal bathrooms so people can wash in privacy. That's also good for dignity as I understand people can be embarrassed. We promote independence every day. It's important people do what they can for themselves. Simple things like giving [person] a straw means they can have a drink whenever they want one."

Staff ensured people were given choice on how they liked to receive their care and support, for example one member of staff told us, "[Person] prefers a bath to a shower, in the shower we have to wash them but when they have a bath they can take their time and wash themselves. I always offer them a bath." People and relatives confirmed they were offered choice.

Staff understood they had to be aware of people's individual values and cultural beliefs. For example, the PIR gave an example of one person who had died and remained in the home for a period of time so their family could spend time praying. The registered manager told us faith and spirituality formed an important aspect of advanced care planning. People and families were involved so staff knew what people's wishes were and could respect these when needed.

Some people had lasting power of attorneys and plans were made regarding 'Do not attempt resuscitation' plans. The registered manager said all this information was discussed when people first moved into the home.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Staff were available to support people whenever they needed their assistance. One person told us, "If I wanted anything at night, they would bring it, I've never asked but they would."

People told us the service supported them in accessing interests and hobbies that met their needs. One person told us, "I used to do things but I can't be bothered now, there's so much going on here I don't need to do anything else." On the day of our inspection visit staff supported two people to access the local community to do some shopping.

The provider informed us one of the activity coordinators had recently left and this had impacted on the level of activities people were able to take part in. This was being addressed and on the day of our inspection visit a meeting was scheduled to discuss how activities could be improved whilst the recruitment of a new activities coordinator took place. The activity coordinator told us they scheduled time during their day to visit people who remained in their room to sit and talk to them. For those people living with dementia a 'touch screen' tablet was used which contained various activities and historical photographs. This helped people to talk about their past memories and reminisce.

Care records were centred around the person, for example their likes and dislikes, the level of support needed and how they wanted to receive care. We saw care plans were reviewed and updated regularly. Staff told us, and records confirmed, people who used the service were involved in planning their own care. Where appropriate, relatives were consulted to obtain their views. One relative told us, "I feel very involved in [person's] care. I have been asked and the care plan does reflect my views and feelings." Care plans were tailored to meet the needs of each person. For example we saw one person's plan stated they were at risk of losing weight as they had difficulty holding their cutlery due to their medical condition. Their plan of care provided staff with clear instructions on how they should be supported. One member of staff told us, "Some days [person] can eat their meal without help; other days we help. We know when they need help as soon as we put their meal in front of them. We watch their body language and if they don't pick up their knife and fork that tells us they want assistance."

Care staff we spoke with told us, following the recent shift changes; they no longer held a group handover meeting at the start of their shift. We discussed this with the registered manager who told us the nursing staff held a meeting and then updated care staff about any changes in people's needs or any new admissions to the home. Staff told us the nurses regularly kept them updated, one commented, "Everything is well organised, I know what it expected of me and the nurses guide us when we are busy." However another told us, "Communication is ok, we don't always get to attend handover and we are reliant on the nurses to pass on anything important. Most of the nurses are good and do tell us." The provider had introduced a handover sheet and a communication book for staff to read which documented important information about changes in people's support needs or condition. Staff told us they felt communication

was good, one commented, "Everything is well organised, I know what it expected of me and the nurses guide us when we are busy."

People and relatives told us they felt comfortable to raise any issues or concerns with staff, if they had any. We saw information about how to make a complaint was available in each person's room. Records showed complaints were managed in line with the provider's policy. The registered manager reviewed complaints to identify any trends and patterns so improvements could be made.

# Is the service well-led?

## Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continues to be Good.

There was a clear management structure in place to support people and staff at Swallows Meadow Court. The registered manager had taken a leave of absence for a two month period in early 2017 and the deputy manager had managed the home. They acknowledged this had been a stressful period; however they had felt well supported by the provider who had visited frequently. Staff and people we spoke to told us this had not impacted on the service provided. One person commented, "It's my home isn't it. There is nothing to improve on."

Staff told us there was a strong team spirit and they continued working together to support people and each other. People and their relatives confirmed staff were very supportive of them. They told us, "All my expectations are met." And, "Nothing is too much trouble."

Regular 'drop in' sessions and meetings with people and their relatives were organised by the management team to discuss various topics. One of these had been to keep people updated about the change in the staff duty times, one person told us, "It was nice that they included us." The registered manager told us they continued to have an 'open door policy' and encouraged people and their relatives to visit at any time to speak with them.

People were asked to give feedback about the service. The service ran yearly quality assurance questionnaires and we saw the results of the most recent one. The provider produced an action plan from the results and addressed individual issues raised. For example, some people had requested more green vegetables and an improved selection of available snacks during the day. There was a comment box at the reception desk for people and visitors to make comments about the service. There was also a 'You said, We did' scheme where people could make suggestions for improvements. For example, a bench had been requested for people and visitors to sit on outside the main entrance. In response the provider had purchased one and we saw it in use several times during the day.

We had mixed views from staff when we asked if they felt able to raise issues with the management team. One told us, "I would like a bit more support, some issues aren't always dealt with." Some staff told us they felt more comfortable approaching the nursing staff who were supportive. However, other staff told us they did feel happy raising concerns with the management. One told us, "The managers are lovely; I think the home is very well run. I feel supported and I am confident to ask questions." We discussed this with the registered manager who told us they would reassure staff they were always available and this would be discussed at team, and individual supervision meetings.

Staff were supervised using a system of supervision meetings, observations, and yearly appraisals. Regular supervision meetings (one to one meetings) provided an opportunity for staff to discuss personal development and training requirements to keep their skills up to date. One told us, "I have supervisions

every couple of months to discuss how I am doing. I can ask for more training." Staff told us they could speak with a manager when they needed to, and there was always support available from a member of the management team 24 hours a day by telephone.

The registered manager completed monthly audits to assess the quality of the service. They checked people's care plans were completed, regularly reviewed and checked that medicines were administered safely by staff who continued to be competent to administer them. They monitored and analysed accidents, incidents and falls to identify themes and trends to reduce the likelihood of them re occurring. This ensured the service continuously improved.