Donna Burrows and Harold Burrows

# The Swallows Residential Care Home

## Inspection report

Helions Bumpstead Road
Haverhill
Suffolk
CB9 7AA

Tel: 01440714745

Date of inspection visit:
09 January 2023
16 January 2023

Date of publication:
13 March 2023

## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

About the service
The Swallows Residential Care Home is a residential care home providing personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 16 people.

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

People, including those living with dementia, were not always safe and were placed at risk of harm. This was due to the condition of the environment, poor infection control processes, medication management and lack of consideration of fire safety measures at the service.

People were not always kept safe. People were at risk of harm as the provider had not identified, assessed or mitigated risks. This included risks related to people's health and care needs

The leadership, management and governance arrangements did not provide assurance the service was well-led, that people were safe, and their care and support needs could be met. The provider had not ensured that their systems and processes were effective in enabling staff to provide safe and effective care for people.

Not all staff received training in areas relevant to people's needs including their health and safety. The provider could not evidence during the inspection that all staff completed an induction when they started work at the service. People were at risk of being supported by insufficient numbers of staff at certain times of the day.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Audits and checks in place had failed to identify areas of improvements we identified during this inspection.

The provider had not ensured there was adequate oversight of the service. Quality assurance systems and processes did not identify or address all of the issues found during this inspection.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 6 July 2021) and we found a breach of Regulation 12 of the Health and Social Care Act. This was because infection control processes were not adequate. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected
We received concerns in relation to the security of the building and standards of care at the home. As a result, we undertook a focused inspection to review the key questions of safe, effective 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 requires improvement to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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

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

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection. We have also made a number of recommendations about the provider seeking advice best practice in relation to dementia care, healthcare liaison and compliance with the Mental Capacity Act 2005.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was not safe.<br>Details are in our safe findings below. | **Inadequate** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our effective findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not well-led.<br>Details are in our well-led findings below. | **Inadequate** |

# The Swallows Residential 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 site visit was completed by two inspectors and an Expert by Experience. The Expert by Experience made telephone calls to relatives to seek their feedback on the service. 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
The Swallows Residential 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. The Swallows Residential Care 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. At this location, the provider and the registered manager were the same person. They have therefore been referred to as 'the provider' throughout this report.

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. 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 6 people who lived at The Swallows Residential Care Home to seek their reviews of their care and support. Not everyone who used the service were able to tell us about their experience of receiving the service, so observations of care and support were also made. We spoke with 11 people's relatives and spoke with 8 staff members. These included the provider, deputy manager, office support workers, care staff and maintenance staff. We also spoke with 2 independent care consultants engaged by the provider.

A selection of records were also viewed, and these included the care plans and associated records for 3 people who used the service. The medicines records for multiple people were also reviewed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance/health and safety records.

Inadequate

# 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. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure staff followed government guidance on COVID-19 closely enough keeping people safe from the possible transmission of infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and we remained concerned about the provider keeping people safe from transmission of infection. The provider remained in breach of Regulation 12 at this inspection.

● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were infection control issues which had not been identified and mitigated within the care home.
● Previous government guidance stated that face masks in care settings should be worn at all times, however, this recently changed so providers now should conduct risk assessments to make decisions about the use of masks in their care homes. We found staff not wearing masks at The Swallows Residential Care Home on our arrival, however, no risk assessment of this decision had been completed.
● Not all areas within the home were well maintained to facilitate good infection and control procedures. Some areas of the home such as flooring were in a poor state of repair. This inhibited good cleaning practices and increased the risk of bacteria harbouring and infection spreading.
● There were several bathrooms in use. Across all of the bathrooms and toilets we found equipment rusty, such as handrails and toilet seat raisers which meant they could not be cleaned appropriately.
● The edge of the flooring and tile grout at the back of a shower room was mouldy. This meant these areas were not being effectively cleaned.
● We found extensive black mould on the ceiling and walls in the laundry room. Mould can produce allergens irritants and, sometimes, toxic substances and may, therefore, have caused harm to people or staff harm.

The provider failed to assess the risk of, and preventing, detecting and controlling the spread of, infections. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

● Staff did not have clear guidance on how to support people's needs. We saw that care plans did not always provide clear information. For example, one person's care plans had contradictory guidance on their health diagnosis and a potential allergies. This lack of clear guidance, risked staff providing unsafe care.
● One person who had a catheter did not have the risks associated with this medical intervention assessed. This put them at risk of harm.
● Environmental risks including potential risks to people's safety were not picked up and appropriate action taken to ensure people's safety. External doors were not always secure. Some people were living with dementia and this placed them at risk should they have exited the home through one of the doors and particularly if they were not safe to do so alone.
● Environmental risks were not consistently managed. We found several hazards around the building. For example, flooring with rips and rusty and/or damaged equipment and fixtures. This exposed people to the risk of harm.
● The food management in the kitchen was not always hygienic and despite the Environmental Health Department raising concerns with the provider during a previous inspection, their concerns had not been addressed on their second visit. This meant people were placed at risk of harm as appropriate standards of hygiene within the kitchen environment had not been maintained.
● Fire safety checks were not routinely completed; records showed the fire alarm system weekly checks had not taken place since September 2022. During our inspection, we also found a fire door did not close fully and a folded wheelchair and floral display partially blocked a fire exit.
● Records of medicines administration were not always completed in line with best practice. Hand written medicine administration records (MAR) charts were not always signed by two staff. Having two staff checking and signing hand written MAR charts reduces the risk of errors.
● We found staff had used correction fluid on MAR charts to make alterations or amend previous entries. This is not in line with safe recording practices.
● When people refused their medicines or for example, were asleep, records did not show staff making later attempts to give them their medicines if still appropriate.
● Some prescribed creams and lotions were in use without having their date of opening recorded and some were being used past their expiry date. This practice is important to ensure creams in use remain effective.
● Stock levels of medicines were not consistently in line with MAR charts of amounts that should be available. This meant not all medicines could be accounted for.

The shortfalls we found in the management of risk and medicines demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● People's relatives told us their family member received their medicines when they needed them. One person's relative said, "As far as we are aware, they [care staff] are very good and they make sure [family member] has taken their tablets."

Staffing and recruitment
● We received mixed feedback from relatives with the majority telling us that there were insufficient staff to ensure their family member received their care a timely manner. One relative said, "[Family member] asks for help but no one gives it to [family member] because they are busy, they have to wait." Another relative told us, "No there are episodes when there are not enough staff around. On several occasions we have pressed the buzzer, and no one comes even when I have been with [family member]." A third relative said, "We were a bit concerned, they needed someone in the lounge a bit more."
● We observed a system where by office staff were called between administrative duties and care duties as they maintained a presence in the lounge and communal areas whilst staff were supporting people with their personal care. This resulted in the office staff juggling a variety of roles and a disjointed approach.

● Following our last inspection at The Swallows Residential Care Home in March 2021, the provider assured us that the staffing levels at the care home had been increased and that there would be 3 staff members working in the evening. During this inspection we found that the staffing increase had not been sustained, and there were only 2 staff on shift after 5pm.
● We remained concerned that there were only 2 staff on duty in the home after 5pm. This was despite 5 people requiring 2 staff to assist them with their care needs. In addition, both the cook and domestic staff finished work at 2pm which meant care staff were also required to pick up these additional tasks.
● There was no system in place to assist the provider to determine the staffing levels needed to meet people's needs and risks.

The provider had failed to ensure there were sufficient numbers of suitably trained staff deployed in the service. This placed people at risk of harm and is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had failed to ensure staff were recruited safely and robust recruitment checks were not always carried out. The provider did not have oversight of recruitment processes to ensure that fit and proper persons were employed. This failure placed vulnerable people at risk of receiving care from staff who were not of good character.
● We reviewed records where we identified legal requirements had not been met. This included ensuring staff had provided a full employment history and that any gaps in employment were explored and accounted for. Improvements were also required to ensure references were appropriately sought.

Unsafe recruitment practices which put people at risk of harm was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● Whilst there had been no safeguarding concerns raised at the service, we were not assured that the systems and processes in place were sufficient to protect people from the risk of harm or recognise where a safeguarding referral needed to be made.
● The provider was unable to evidence that all staff had received safeguarding training to ensure they had the required skills and knowledge. When we asked staff about safeguarding, not all were able to confidently tell us what action they would take externally of the service, should they need to.

Visiting in care homes
● People were able to receive visitors without any restrictions as the provider and staff team were following government guidance. We observed people to be freely enjoying visits from family members during our visit.

Requires Improvement

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they started using the service, however, when people's needs changed, their care plans were not consistently updated to ensure it was clear what support and care people required.
- People's preferences and choices in respect of the care they needed was recorded in their care plans, however, we received mixed feedback about how well the service involved people's relatives in ongoing discussions about their family member's care.

Staff support: induction, training, skills and experience
- Staff had not always received the support and training necessary to ensure they could be effective in their roles.
- The provider was only able to show limited evidence of staff supervision and training during this inspection. Some staff who had been in post 6 months or more had yet to undertake some training the provider considered mandatory. This included safeguarding training and first aid.
- Some staff confirmed that they had not had any recent training such as fire safety. This meant people were at risk as staff did not always have the knowledge to support them effectively and, as reported on in the question of safe in this report, there was a lack of awareness of environmental fire risks
- With the exception of moving and repositioning training, all training was cascaded to staff via a workbook devised by one of the providers independent consultant. The training workbooks were not frequently reviewed to ensure they covered best practice. For example, the infection control booklet did not include COVID-19.

The registered person had not ensured staff supporting people were appropriately trained and supervised in order to perform their work. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet
- People's relatives had mixed views about the food and drinks provided to their family member. One relative told us, "[Family member] hates the food…when [family member] first [moved] in they had a menu to choose from but it's a bit hit and miss I have not seen a menu for a long time." Another relative said, "[Family member] is not keen on the food. They have alternatives as far I am aware." A third relative commented, "[Family member] will complain but it does not mean they do not eat it. [Family member] is well fed and happy and has put weight on".

● Some relatives told us their family member did not have access to fresh fruit as a snack and we found no supplies available during our visit. However, the cook told us that fresh fruit was always available and that stocks were due to be replenished the day of our inspection.
● We observed the lunchtime meal. Food was served to people ready plated and no choices were offered, however, people were offered more food once they had finished eating and had access to drinks during their meal. Following lunch, the cook asked people if their lunch had been enjoyable, to which most people confirmed it had been.

Adapting service, design, decoration to meet people's needs
● The environment needed improvement to ensure that good practice in guidance in dementia care was being followed. There was a lack of clear signs around the building to help people orientate themselves. For example, bedroom doors were a uniform colour and design, which meant people would have difficulty identifying their own room
● Some areas of the service were in poor state of repair. The external grounds were not well maintained with uneven patio areas and gardens that had broken or damaged equipment. A relative told us, "The paths and paving slabs in the back garden are so uneven it's dangerous and a trip hazard."
● People's internal bedrooms were personalised, homely and included lots of their personal possessions.

We recommend the provider reviews national guidance and best practice to ensure the environment can make a difference to the lives of people living with dementia.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● The provider monitored people's health, care and support needs but did not consistently act on issues identified. One person required some equipment which staff told us had been referred to occupational therapy services, however there was not put in place until the person had lived at the home for nearly a year.

We recommend that the provider reviews their processes to ensure that healthcare related referrals are made in a prompt manner.

Ensuring consent to care and treatment in line with law and guidance
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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● From the systems in place it was unclear if anyone living at the care home had an authorised DoLS in place, There were no copies of DoLS available for us to review and the provider's representatives were not able to tell us anyone who had a DoLS or if there were any conditions in place.
● Best Interests decisions were not always completed. Best Interest decisions are made for and on behalf of a person who lacks capacity to make their own decision.
●Following our inspection visits, the provider told us there were no DoLS applications submitted or authorised and they were reviewing their processes with their consultant. We have reported on the poor quality of oversight and reporting under the key question of well-led.

We recommend the provider and registered manager seeks advice from a reputable source in relation to best practice guidance to improve compliance with the MCA 2005.

Inadequate

# 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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 quality assurance systems were not robust. There was ineffective governance and poor oversight at a provider level which had failed to fully identify shortfalls in the service, putting people at risk of harm.
- Due to extenuating circumstance, the provider had been unable to maintain a consistent presence at the care home over the past year. They had, however, failed to appoint a suitable temporary manager to oversee the home in their absence.
- Governance processes were not always effective in reducing risk and helping to hold staff to account, to keep people safe, protect people's rights and provide good quality care and support. The systems in place to ensure good governance of the care provided for people were not effective in identifying the risks found during our inspection.
- Staffing levels and people's dependencies had not been formally assessed to ensure people needs were met in a timely manner. The assurances we received at our last inspection regarding staffing increases had not been maintained by the provider, who had reverted to the previous levels.
- Oversight of accidents and incidents within the service was not effective. Analysis was minimal, only recording number and type of incident. This meant identifying measures to implement and prevent reoccurrence or to reduce risks were not identified, placing people at risk of further harm.
- The provider's systems had not identified the shortfalls found and reported on in the key questions of Safe and Effective in this inspection report and we found an overall deterioration since our last inspection.
- The provider had failed to ensure people were receiving care that met their individual needs. Care plans were not consistent, accurate or kept up to date to give staff the instructions they needed to provide person-centred care.
- The culture at the care home did not always respect people's privacy, confidentiality and dignity. Throughout our inspection care staff discussed people's care needs in the communal areas of the service in front of us and other people.
- We received mixed feedback from people's relatives about the care home culture and promises made at the point of admission. One relative said, "I have tried to get [family member] in to another place but [family member] likes it here. [Care home] promised us trips and outings but these have not happened." Another relative told us, "No I think if I could put the clock back I would not [have chosen this care home]. When we first went there, they said they went on trips and to the seaside but that hasn't happened." However, a third relative commented, "We chose [care home] because its small."

● Some questionnaires had been sent to people and their relatives to seek their feedback on the service, however, many relatives told us they hadn't been involved and had never been asked for any feedback. For those responses received, the provider had not formulated a plan of action to make improvements where highlighted or suggested.
● The majority of staff told us they felt well supported and enjoyed their job role working at The Swallows Residential Care Home.

The provider had failed to ensure robust quality assurance systems were established and operated effectively to continually assess, monitor and improve the quality and safety provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Working in partnership with others
● Throughout the inspection process, the provider told us of their recognition of the concerns raised and their commitment to increasing oversight and to making the improvements needed. They told us they planned to be based full time at the care home again moving forward,
● Some relatives told us communication was not always effective. One relative said, "We do not know what's going on in the home when we are not there." Another relative told us, "They do not send emails out to update us."

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<br><br>Systems were either not in place or robust enough to demonstrate safety was effectively 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. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Safe recruitment practices were not in place |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had failed to ensure there were sufficient numbers of suitably trained staff. This placed people at risk of harm. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

**The enforcement action we took:**

We issued the provider with a Warning Notice