

Flightcare Limited

Swansea Terrace

Inspection report

108-114 Watery Lane
Ashton On Ribble
Preston
Lancashire
PR2 1AT

Tel: 01772736689

Date of inspection visit:
30 April 2019

Date of publication:
28 May 2019

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 ●

Summary of findings

Overall summary

About the service:

Swansea Terrace provides treatment of disease, disorder or injury, accommodation and personal care for 44 older people. At the time of our inspection the home had 35 people living there. The home is located close to Preston city centre. There are two large lounges/dining spaces, communal bathrooms and en-suite washing facilities.

People's experience of using this service:

The registered manager had sustained the improvements implemented at our last inspection. Standards, systems and procedures were embedded to demonstrate good practice in safety and leadership over time. Everyone we spoke with said the home had developed and enhanced their welfare. An employee told us, "Things are better than they have been for a while. I am enjoying it now more than ever. I love what I do."

Staff had good awareness of potential risks to people because the registered manager completed assessments aimed at minimising the risk of unsafe care.

The provider had good systems to maintain people's safety and welfare at Swansea Terrace. A relative stated, "[My relative] is safe, I go home feeling reassured she is well looked after." Staff had a good understanding about the principles of safeguarding people from abuse and poor care.

The registered manager completed a weekly dependency tool to check staffing levels continued to meet people's needs. One person stated, "Yes, there's enough staff. They are patient and I don't feel like I am taking their time up." Staff had a good range of training and competency-testing to enhance their skills and expertise. One employee said, "Yes, [the registered manager] checks our competency regularly and then we have a question and answer session."

The registered manager had good protocols to ensure people's medicines were managed safely. One person told us, "The nurse gives me my medication. I prefer that because it keeps me safe."

People and relatives stated staff completed timely referrals to other healthcare services and kept them updated. A relative said, "They got this thing called the SALT team out who assessed [my relative]. Now she has a soft diet and is doing much better."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. A staff member stated, "We must always first respect the resident's choice in this matter."

Care records held support plans to guide staff to each person's nutritional needs and level of assistance. A visiting professional told us they were impressed with how well staff kept documents up-to-date and monitored their nutrition and support. People were offered a variety of meals and could choose alternatives

if they did not like what was on the menu.

People confirmed staff were caring when supporting them. One person said, "Yes, the staff are very caring." The registered manager ensured staff had equality and diversity training as part of their commitment to provide a respectful and individualised service. A visiting professional added they found staff were friendly and approachable.

The management team assessed people's needs before admission and on an ongoing basis to guide staff to be responsive to each individual's needs. Care records included detailed information about each person's preferences and backgrounds to help staff understand their requirements.

People told us the management team was visible and kind. One person said, "[The registered manager] is lovely, she has a caring nature about her." Staff commented they felt valued and the registered manager worked with them in the development of Swansea Terrace. One staff member said, "We have staff meetings and go through anything that needs to be given out, share opinions and suggestions, trying different ways to do things and make improvements."

Rating at last inspection: At the last inspection the service was rated requires improvement (published 13 June 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified we may inspect sooner.

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

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 had improved to good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service had improved to good.

Details are in our Well-Led findings below.

Swansea Terrace

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

This service is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before our inspection we completed our planning document and reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department who used Swansea Terrace. This helped us to gain a balanced overview of what people experienced whilst living at the home.

During the inspection we spoke with a range of people about Swansea Terrace. They included four people

who lived at the home, one relative, the registered manager, the regional manager, the provider and six staff. We further discussed the home with a visiting healthcare professional.

We looked at records related to the management of the home. We did this to ensure the management team had oversight of the home and they could respond to any concerns highlighted or lead Swansea Terrace in ongoing improvements. We checked care records of two people who lived there. We also looked at staffing levels, recruitment procedures and training provision.

We walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Learning lessons when things go wrong

- The provider was keen to review lessons learnt to improve the service after our last inspection. They maintained a detailed action plan file to assess their progress with meeting requirements from their local authority contract, the regulations and national standards. The file evidenced improvements made, how these were sustained and how this reduced the risk of harm or abuse. One example was the latest local authority visit report, which noted progress achieved, good practice and no concerns. A relative said, "It is much better now and things are much more stable."

Assessing risk, safety monitoring and management

- The management team maintained up-to-date service safety certification to ensure people lived in a safe environment. They completed regular health and safety checks and monitored the effectiveness of systems intended to reduce accidents and incidents. The registered manager further analysed incidents and injuries and noted these had reduced in the first quarter of 2019.
- Staff had good awareness of potential risks to people because the registered manager completed assessments aimed at minimising the risk of unsafe care. These reviewed the level of risk and control measures to manage, for instance, medication, mobility, falls, bedrails and fire safety.
- People and relatives said staff supported them to live in a safe environment. One person told us, "Yes, I feel safe here." Another person commented, "The staff keep me safe, but they don't take away my independence."

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good understanding about the principles of safeguarding people from abuse and poor care. The registered manager provided training to enhance their awareness of their responsibilities.
- The registered manager worked closely with the local authority and assessed relevant systems and staff practices continued to reduce the risk of harm or abuse.

Staffing and recruitment

- The registered manager completed a weekly dependency tool to check staffing levels continued to meet people's needs. They employed a 'twilight' staff member four days-a-week to help people settle. They told us it was additional cover "like if they want a bath or one-to-one activity." Staff confirmed the workforce was sufficient and well deployed to ensure care was delivered with a timely approach. One employee said, "The allocation sheet works really well to organise staff. It works out well."
- The management team followed the same safe recruitment procedures we found at our last inspection. This ensured staff were suitable to work with vulnerable adults. One staff member commented, "The recruitment was good and professional."

Using medicines safely

- The registered manager had good protocols to ensure people's medicines were managed safely. Staff concentrated on one person at-a-time, explained the purpose of their medication and provided a drink. They checked people had taken their tablets before confirming this on their records. Documentation we sampled followed national guidelines in correct, safe recordkeeping.
- At our last inspection, we observed staff incorrectly used thickening agents as part of people's prescribed treatment. Although this was addressed at the time, we wanted to check staff retained good standards and practices. The registered manager operated a new system that ensured staff correctly used each person's own, prescribed thickening agent.
- Staff received training relevant to the safe administration of medication. The registered manager assessed their skills through regular competency-testing. They additionally audited all procedures to ensure their practice was safe.

Preventing and controlling infection

- The provider ensured staff had sufficient personal protective equipment to reduce the risk of cross-infection and contamination. This included access to and the use of disposable gloves, hand gel and paper towels. Posters displayed throughout the home guided staff about good handwashing practices. The registered manager regularly completed audits to assess environmental cleanliness.

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.

People's outcomes were consistently good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff confirmed they had a good range of training, which the registered manager strengthened with competency-testing to enhance their skills and expertise. Guidance included fire and environmental safety, moving and handling, dementia, behaviours that challenge and basic life support. A staff member said, "We get a good level of training. We've had the works."
- People confirmed staff were skilled and experienced. One person stated, "The staff seem to know what they are doing. They are not stupid and treat me with respect."
- Staff told us they had regular supervision and appraisal to explore their personal and professional progress. They said they felt well supported and valued by the management team. One employee commented, "[The registered manager] always says 'thank you.'"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager was referencing current legislation, standards and evidence-based guidance to achieve effective outcomes. For example, staff utilised International Dysphagia Diet Standardisation Initiative tools to enhance people's effective and safe nutritional support.
- The management team assessed their progress with developments and improvements implemented at Swansea Terrace. They provided evidence to demonstrate care delivery met people's needs, as well as the requirements of the regulations.

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 Act 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 with appropriate legal authority. 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.

- At the time of our inspection, there were no authorised DoLS. However, the management team regularly assessed people's capacity and checked care continued to meet their needs. Staff received relevant training and were careful about applying their knowledge in practice. One staff member told us, "The DoLS training is very comprehensive, it covers everything."
- People told us staff supported them to make their day-to-day decisions and they had signed their records to show their consent to care. One person said, "The staff check first how I want things done. Even down to a cup of tea they ask whether I want sugar and milk, they don't just go ahead and do it."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives stated staff completed timely referral to other healthcare services in the continuity of their care and kept them updated. One relative said, "[My relative] was not well last year and ended up in hospital, but [the registered manager] kept me informed all the way."
- Staff assessed people on a daily basis and acted to address any changes in health. A staff member told us, "We keep an eye on food and fluids and we report any marks on people to the nurse in charge." A visiting professional added they found staff had a good knowledge of each person, their care and their progress.
- Care records contained information about appointments with other healthcare professionals, such as GPs, Speech and Language Therapist (SALT) teams, social workers and opticians. Staff updated care plans to optimise the effectiveness of treatment. This had resulted in a reduction of incidents of chest and other infections to zero.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff promoted a social atmosphere at mealtimes to enhance people's enjoyment of their food. They supported each individual, where required, in a discreet, dignified and caring manner. People were offered a variety of meals and could choose alternatives if they did not like what was on the menu. One person stated, "The food is good." Another person said, "You get lots to eat and they make sure you get the types of things you enjoy. I enjoy my meals."
- The registered manager provided food hygiene and SALT training to underpin the safe and effective delivery of nutritional support. Care records held support plans to guide staff to each person's needs and level of assistance.

Adapting service, design, decoration to meet people's needs

- Swansea Terrace had wide open spaces and sufficient communal areas to meet people's requirements. Dementia-friendly signage identified the purpose of different rooms. The registered manager had checked people's communication needs and supported those with a disability, impairment or sensory loss. For example, staff used a pictorial chart to help people express their pain levels to better manage this through medication.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Care records evidenced people were at the heart of their care and involved in treatment decisions. For example, documented discussion between staff and families showed they explored and agreed risk management strategies.
- People stated the management team checked their backgrounds and day-to-day decisions. One person said, "Yes they asked what sort of things I enjoy, like meals and hobbies and recorded it all to help the staff get to know me."
- Information was made available to people about advocacy services. Consequently, they could access this if they required support to have an independent voice.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff were kind and caring when supporting them. One person told us, "The staff are friendly, you can have a laugh with them." Support was focused on assisting people to retain their independence through jointly established objectives. A staff member stated, "We're here for these people, not for ourselves."
- Staff understood the importance of maintaining people's privacy. One person said, "I like my own space and they always knock before they come in. I know they respect my privacy, but they also check I am ok and safe." A visiting professional added staff demonstrated good practice in protecting people's dignity and privacy.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager ensured staff had equality and diversity training as part of their commitment to provide a respectful and individualised service. Care records held information to guide staff about people's diverse needs.
- The management team worked hard to ensure they valued people's human rights. Care planning was centred on the provision of personalised care. One person stated, "What's that saying about 'I'm not a number?' The staff do treat me as a person first and foremost. They understand we are all different and can't fit into the same little box just to suit them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The management team assessed people's needs before admission and on an ongoing basis. They provided information to guide staff to be responsive to each individual's needs. One person said, "I have been improving no end. That's down to the care and dedication of the staff."
- Care records included detailed information about each individual's preferences and backgrounds to help staff understand their needs. This covered people's options about, for example, gender of carer, food likes/dislikes, personal care and activities.
- A visiting professional told us it was clear people were the workforce's number one priority. They found staff involved each person and their families in their care review to ensure this was responsive to their needs.
- The designated activities co-ordinator provided a good level of stimulation and social engagement to enhance people's wellbeing. The activity programme included painting, parties, external entertainers, quizzes and games. A relative commented, "[My relative] gets bored easily, but they have a great [activity co-ordinator] who spends time doing little bits of things and games with her. She is very well entertained."

End of life care and support

- The registered manager endeavoured to sustain good practice in end of life care by analysing each death that occurred at the home. This included a review with staff about what went well, what could be improved and any actions to ensure people received a dignified death. They told us, "We are very good at end of life care and have a reputation for that." At the time of our inspection, no-one received end of life care. However, the registered manager assisted people to complete advanced care plans to ensure they could meet their future needs.

Improving care quality in response to complaints or concerns

- The provider transparently reviewed and acted on feedback given about the service. For instance, they maintained a 'you said, we did' board to outline how they improved the service. This included acknowledgement about people not knowing the home's complaints procedure, which was consequently displayed more prominently. We reviewed how one complaint was managed by the registered manager and found this was dealt with to the person's satisfaction. One person told us, "I have no worries about this place. They do take notice of what you've got to say, so I have no doubt they would want to get things sorted out properly."

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

The service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person centred care.

Continuous learning and improving care

- The provider and management team had introduced a number of improvements since our last inspection to improve the quality of care. One example was a new system to ensure staff correctly used and recorded thickening agents. The registered manager regularly met with their workforce to enhance their understanding and involve them in the development of Swansea Terrace. A staff member stated, "Yes I'm very happy here. I find it much more professional and better managed than where I was before."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought and acted on people's feedback to ensure they maintained a safe and effective service. Comments seen included, 'I'm writing to you to personally thank you, and indeed all your staff at Swansea Terrace for taking such good care of my [relative]... It is the quality and commitment of your staff that make the real difference.' Another relative wrote, 'The home is expertly run and the... staff are the most lovely, caring and compassionate people we could have asked for.'
- The management team worked closely with their staff team and were keen to seek their input to develop the service. One staff member commented, "We all pull together, it's all about teamwork."
- Staff told us the registered manager worked closely with them to maintain good standards of care. One staff member said, "[The registered manager] understands. I feel well supported."

Working in partnership with others

- The provider sought feedback from other healthcare services to assess the quality of joint working practices. Comments included, 'A really welcoming and friendly atmosphere,' 'Keep up the good work, nice environment to be in' and, 'I always find the staff are knowledgeable about the patients I am seeing, their issues and any family dynamics.' The management team engaged with other organisations to share good practice and improve the quality of people's care. A visiting professional added they felt the registered manager was proactive, contacted them immediately instead of waiting for appointments and followed their recommendations

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

- The registered manager completed a variety of assessments to ensure people received a safe and effective service. These included regular audits of confidentiality, infection control, medication, fire and environmental safety, meal experiences, recordkeeping and activities. The management team underpinned this through external auditing. For instance, their recent pharmacy medication assessment showed they had

sustained improvements to medication administration and practices were safe.

- The workforce was clear about their individual responsibilities and lines of accountability. This included notifying CQC of any incidents in line with the regulations.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager promoted an open and fair culture. For example, they addressed people's concerns and met with them to explore different ways of improving the service. People and relatives said the management team was approachable and caring. A relative stated, "Yes, the manager is very good, she's all for the residents."
- Staff commented the registered manager was keen to listen to their ideas. A staff member told us, "[The registered manager] is great, very receptive and really supportive." We saw evidence the registered manager acted transparently to improve care delivery. For example, at our last inspection, we found concerns with the oversight of positioning documentation. Although this was improved at the time, we wanted to check staff retained good standards and practices. The registered manager operated a new system to monitor recordkeeping to ensure staff continued to follow good practices.