

Sutton Village Care Home Limited

Swanland House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good with outstanding in the key question Responsive. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Swanland House is a residential care home that provides accommodation and support to a maximum of 21 older people, some of whom may be living with dementia. The service is a privately owned residential care home that operates in a Grade II listed building. The home is surrounded by well kept gardens in the village of Swanland in east Yorkshire.

Staff interacted with people at every available opportunity and understood the importance of researching people's history and interests. This information was utilised to provide engaging activities and events that people enjoyed.

Staff were knowledgeable and knew people very well, taking a proactive approach to ensure changes in care needs were updated without delays to support people as they had chosen.

People's support plans were concise and person-centred. Staff supported people to enjoy one to one and group activities, encouraging relatives to join in when they could to create a homely atmosphere.

People were protected from avoidable harm and abuse. Systems and processes were in place to record and action any outcomes where safeguarding concerns had been raised.

Assessments of risks associated with people's care and support and for their environment had been completed. Assessments and support plans were in place and regularly reviewed to ensure people received safe care and support without undue restrictions in place.

The provider maintained safe staffing levels and recruitment included pre-employment checks to ensure people were of suitable character to work in a care home environment.

Systems and processes ensured safe management of medicines and infection control.

People received appropriate care and support to meet their individual needs because staff were supported to develop their existing skills and knowledge alongside regular supervisions to carry out their role.

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.

People told us that staff maintained their privacy and dignity whilst promoting their independence when possible. We observed practices that supported this information.

Staff were knowledgeable about supporting people's diverse needs and how to promote equality in the home. Staff knew people well ensuring their care and support reflected their wishes and preferences.

Systems and processes were in place to support people should they need to raise a complaint. Relatives told us that the registered manager was proactive in dealing with any concerns.

The provider sought feedback from people and their relatives to improve the service and lives of people living at the home. People's relatives or representatives were invited to participate in the running of their care provision.

Quality assurance systems were in place to drive improvements within the service. The registered manager knew the people living at the service and their relatives; this had built strong foundations for ensuring all aspects of people's needs were met. Staff told us the manager was approachable and extremely supportive, this added to the friendly and welcoming atmosphere of the home.

Further information is in the detailed findings below.

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?

Good ●

The services remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Is the service well-led?

Good ●

The service remains Good.

Swanland House

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 was a comprehensive inspection. The inspection took place on 16 and 17 April 2018. The first day was unannounced and the second day announced as we needed to be sure someone was available for us to talk with.

The inspection team consisted of one adult social care inspector.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding team. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people receiving a service and three visiting relatives. We spoke with four staff, the cook, the housekeeper, the nominated individual, the operations manager and the registered manager.

We reviewed a range of records which included care plans and daily records for four people and four staff files. We checked staff training and supervision records and observed medicines administration. We looked at records involved with maintaining and improving the quality and safety of the service which included audits and other checks.

Is the service safe?

Our findings

People told us they felt safe living at the home and that staff were friendly and caring towards them. One person said, "Yes, I feel safe definitely." Staff had completed safeguarding training and knew about potential types of abuse and how to report them. One member of staff told us, "I would report to senior management and we have the safeguarding numbers including out of hours in case we need to discuss a referral with them."

Care records included monthly reviews to update information which was reflective of people's changing needs. For example, one person had recently lost weight; a re-assessment concluded they were at risk of choking. Referrals had been made to the dietician and the speech and language therapist. A liquidised diet was recommended to lower the risk of choking incidents and the staff monitored food and fluid intake alongside regular weight checks. Staff were responsive to changes in people's well-being and contacted health professionals to support them when needed.

Risks assessments had been completed and were recorded in people's care plans. Staff had access to this information, which provided them with guidance to ensure people received safe care and support without undue restrictions.

The home environment, equipment and utilities had been checked to ensure they remained safe to use. This included documented fire risk assessments, electrical and gas safety certificates or servicing of equipment was in date and repairs had been carried out when necessary.

Prevention and control of infection was appropriately managed and staff had access to personal protective equipment, such as gloves and aprons. We spoke to the housekeeper and they were knowledgeable and knew the importance of using certain cleaning items without people being in their rooms such as air fresheners. This avoided any adverse effects for people that may suffer with asthma or respiratory conditions.

Records included personal emergency evacuation plans which enable staff and emergency services to evacuate people safely in the event of an emergency.

Staffing levels promoted a person centred approach. One relative told us, "There is plenty of staff, someone is always around to help if needed." Staff told us they worked flexibly together to cover shifts, this ensured staff knew people's needs well and kept consistency for people.

The provider ensured safe recruitment practices were in place. Staff files recorded pre-employment checks such as references being obtained prior to staff being offered employment. This ensured they were of suitable character to work with people in a care home. However, some references had no records to show they had been verified by the provider. The provider advised measures would be put in place to ensure records reflected the verification details of references.

Systems were in place for the safe management of medicines. People received their medicines as

prescribed. Staff administering medicines received training, including a period of shadowing an experienced member of staff followed by observed practice and a final competency assessment. This practice supported staff to manage and administer people's medicines safely.

Is the service effective?

Our findings

People and their relatives told us they thought staff had the skills needed to provide effective care and support. One relative said, "Oh yes, they provide good care all the time. [Name] is not confident but staff give encouragement and this gives [Name] the confidence to do things." Staff felt their training supported them in their role.

New staff completed a four week induction to the home, which included introductions to people, company's policies and procedures, shadowing with a more experienced member of staff and training courses. Staff training was evidenced as being up to date or scheduled. One member of staff told us, "We receive annual refreshers, this year I have already completed some refresher training in safeguarding, dementia, fire safety and moving and handling."

The registered manager told us they completed daily observations of staff practices to check they were competent in their role. Records confirmed staff received medicine competency assessments during six monthly supervisions and appraisals were completed each year. Staff told us, "We are supported well by the manager, the [Manager] provides information to guide us and I can ask anything if I'm unsure" and "The manager is hands on supporting us, there is a constant stream of communication and they are always by our side when needed. I feel very supported."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the MCA. Where the provider had concerns regarding a person's capacity to agree to informed decisions about their care and support, care plans recorded that assessments had been completed. Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for further assessment and approval.

Staff had received mental capacity act training and understood the importance of encouraging people to remain independent. One person told us, "The staff know my needs well, they listen to me and allow me to do some things independently when I can. It just helps me maintain my independence for as long as I am able."

People received support from staff to maintain their health and wellbeing. The cook knew people's dietary requirements, likes and preferences. For example, some people preferred spicier foods or may change their minds and ask for alternative options – the cook prepared additional meals just in case with extra portions in case people wanted a second serving. The cook advised, "We have a four week rotating menu and residents discuss meal choices and suggestions at meetings." During lunchtime we observed each person was offered a choice of drinks and served a two course meal of their choice. Staff supported people in a dignified way when assisting them to eat and drink. Two people requested an alternative to the menu and this was accommodated.

The provider took a proactive approach working in partnership with health professionals to ensure people's immediate needs were supported. Staff sought guidance when required and acted on advice given to them by visiting professionals. Care records included a "patient passport" providing personal details to ensure people continued to receive consistent care and support should they transfer to another health service.

People confirmed they could access services to maintain their health and we saw records of visits and communications that included the GP, speech and language therapists and district nurses. The home had its own gardens within the grounds which staff supported people to access.

Is the service caring?

Our findings

People and their relatives spoke about how caring and friendly staff were and that they created a welcoming and homely atmosphere. One person said, "There all good carers." A relative told us, "Staff are very friendly with [Name]" and, "The staff are the shining point of this place. They take time to sit and chat with [Name], they are all lovely."

Staff took time to interact with people and supported them when needed. Staff acknowledged each person as they walked by them or engaged in meaningful conversations when people expressed a need to talk to them. During the inspection we saw staff assisting people to eat and drink, using equipment to support people to mobilise and various other activities. Staff allowed people time to move at their own pace and explained clearly the information people needed to know before they made any decisions. Where people showed signs of confusion or needed information to be repeated staff were seen to be kind and patient with them, repeating any information as required. Staff knew people well and we observed lots of laughing and joking between staff and people living at the service.

Staff understood the principles of providing dignity in care and respected people's privacy. Staff told us they knocked on doors before entering, closed curtains and ensured people were covered up when providing personal cares. One member of staff said, "We are mindful that people may want their own private space at times. Some people can do things for themselves which we encourage and others require our support."

The registered manager told us there were no restrictions on visitors to the home. Relatives were encouraged to visit and become involved at the service. One relative said, "There are no restrictions. I turn up on a Friday as I don't live locally and I'm about until I leave for work on Sunday night." A second relative told us, "Communication is excellent. Staff always ring to let me know if [Name] has a chest infection or when the GP has visited to update me."

We could not find any information on advocacy services. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. The registered manager told us that they had run out of advocacy information leaflets for people and would ensure these were available for people and visitors should they wish to read about them.

The provider stored information securely and had taken measures to prepare for the changes in data protection laws due to come into force May 2018, which will be incorporated into the General Data Protection Regulation (GDPR). The provider had a checklist to ensure they were compliant; this included raising awareness with staff to ensure they understood any changes in how people's personal data was to be managed. A new policy had already been written for staff to read and familiarise themselves with prior to the changes happening.

Staff understood the importance of equality and diversity although not all staff had received training in this subject. One member of staff we spoke with told us how they had recently attended some training on equality and diversity which they found interesting. The provider ensured people's personal beliefs were

supported. Care plans recorded information that was important to people, this included any religious beliefs, interests and hobbies. The provider told us they worked with people's families to ensure they had as much information as they could to make people feel at home. For example, staff had liaised with a relative's to find out people's preferred style of music to ensure this was available for them to play if they wished to do so.

Is the service responsive?

Our findings

People had access to a wide range of activities personalised to their needs and wishes. One person said, "I love the activities, there's always something going on." One relative explained how they were welcome to join in activities with people and told us, "I love it here and always join in activities – we sit out together in the gardens in summer." People that needed support received one to one to assist them to do the things they wanted to do. A relative told us, "I attend anything that's on. We have regular crafts on Monday, different singers which everyone loves and actively responds to. The staff chat about memories and lovely stories come out. Staff sometimes walk through the village to the pub with them."

One relative had asked the provider if they could volunteer to do a craft day once a week which had been agreed and recently extended to other homes owned by the provider. People had made cards for a resident's birthday, the volunteer showed us that each person had their own activities file which contained collages, paintings, decorated trinket boxes amongst other things. The home held regular social events and people told us they had singers visit as agreed during residents meetings. The registered manager told us, "The activities co-ordinator is passionate and works hard to ensure everyone has a say in the activities we run." We observed people and their relatives participating in activities during the inspection which had a very positive impact on the home.

One member of staff told us, "Yesterday [Name of person] was talking in a different language. The staff member had brought in some food for lunch from another country – we took it upon ourselves to bring some of the sauce in for the cook to prepare for them – they love trying different foods." One person in the home was known to love painting and so they had an easel in their bedroom to paint when they wanted to. At times they also shared their knowledge with other people so they could progress their painting skills.

The home had been chosen to be part of a pilot scheme to work with a registered training centre specialising in physical and cognitive therapy – this was evidence based and fully researched by one of the Universities. The training centre had developed evidence based programmes which were designed to engage people living with dementia. The programmes delivered mental stimulation, exercises and games – some of which were designed to improve memory and communication skills. The provider had recognised that these programmes were having a positive effect on people living in the service and feedback from relatives and people had been that they enjoyed this type of interaction. As a result they increased the programme to include additional one to one and group activities.

The home had days where people could read quietly alone or within a reading group activity. The registered manager told us they use the mobile library service which visits the home four times a week so that people are able to exchange their books when they choose. The mobile library have an awareness of which authors and styles residents prefer, and bring books that match their requirements. In addition several extra books are available in case people finish their selected books and require further reading. The registered manager told us "Local school children have visited the home and residents enjoyed singing with them." The home encouraged intergenerational working which people told us they "thoroughly enjoyed." The management team were looking to encourage interactions with visitors to the village by holding this year's summer fayre

on the same day as the main village event.

People knew who their keyworkers were and staff told us that similar interests and having a good connection with people were taken into account. One person who used to show animals had their own animal toys they carried around with them and their bedroom was filled with toys they had chosen. Staff and the registered manager knew the name of their toys and chatted to the person about their memories. The provider had considered the benefits of having a pet at the service during the day. Consultation with people and their relatives had taken place and a resident dog was introduced. The operations manager told us that one day they could not find the dog. When they entered the lounge area, the person that had previously showed animals had picked up the dog and was smiling happily whilst stroking the dog who had quietly sunken into their lap. This showed us that staff were actively looking for ways to enhance people's lives taking into account their history and interests.

Care plans were extremely concise and contained detailed information about people's life histories, needs and how best to support them. One person's care plan detailed their preference to get up early and go to bed late. A member of staff told us, "Each and every resident is treated as an individual – we have a very person centred approach. We are compassionate with residents and treat them like our own families." A recent survey completed by a relative commented, "Staff treat residents like their own grandparents." One person said, "I can voice my opinions, I have a good laugh with some of them [Staff]. They know my needs well."

The majority of staff at the service had worked there for a number of years and all staff took an active role in ensuring care planning information was up to date. One member of staff advised, "[Name of person] can become frustrated and agitated around meal times. We monitor their behaviour with charts in place and a referral has been made to health professionals. [Name of registered manager] briefed staff to adopt a calm approach, no eye contact and to divert conversation so it did not encourage their frustration – this really helped us to manage any behaviour. We keep the tea flowing which also helps this person." All this information was detailed in the care plan and associated risk assessments.

Daily records were used to record information including, weights, repositioning for people at risk of developing pressure sores and food and fluid intake. This information was evaluated and used to provide personalised care and support to each individual. Staff told us each day three handovers took place to ensure all staff were aware of any risks and how to manage them effectively. We observed a handover which detailed information about each person and whether there had been any issues during the night, monitoring if needed and for one person the next shift needed to contact the GP to visit. Staff acted on all the advice given during handover and those people feeling unwell were regularly attended to throughout the day.

One health professional that had been visiting the service for a number of years told us, "It is [Swanland House] the one I recommend and although ownership has changed in recent years the care and warmth has continued." A second health professional advised, "Swanland House is a well-run residential home, where the staff call me to visit in a timely manner. The staff always act on my advice. They communicate well between themselves and [Name of professional organisation]. The staff have the appropriate skills and training."

Admission information was detailed and included people's preferred drinks such as, "Cup of tea with two sugars or orange juice" and confirmed the level of need for oral hygiene. Each person's care plan included a "long term needs assessment" which included details about the person's family life, interests, occupations and their level of independence.

Staff advised, "We are constantly learning something new. We have a person centred approach and as keyworkers we spend quality time with people. If we think there are changes to report we discuss with the senior in charge or the manager. Our feedback to managers often results in further monitoring being put in place, referrals to health professionals or care plans being updated." Records supported that referrals for support from health professionals were submitted without any delay.

The provider discussed people's wishes and preferences should their health deteriorate. The provider had devised a specific questionnaire for discussion with people, this covered; where they would like to be cared for, what would be important to them at this time and anything that would worry them or that they would not like to happen. Where people had agreed, this and any advance decisions were documented in their care plans. One member of staff told us, "We go the extra mile to ensure people are comfortable. [Name of resident] came out of hospital and myself and another member of staff came in on our days off to ensure things were unpacked for the resident and that the room looked homely for them. We took time making them feel comfortable and ensuring their last few days were dignified."

The provider had a complaints policy in place and people and relatives we spoke with confirmed they knew how to make a complaint. Records showed that previous complaints had been managed appropriately. One relative said, "I have never had cause to complain before as [Name of the manager] is proactive. I know how to complain if I needed to and would speak to [Managers name], I am confident they would address anything raised." In addition, an equal opportunities policy was in place to ensure people and staff were not discriminated against.

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission. 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 manager had a clear understanding of their role and before the inspection we checked and found they had notified the CQC of certain important events as part of their registration.

Staff spoke passionately about their role and the management of the service. One member of staff said, "Management are easily accessible and very supportive. I feel happy to approach them about anything." A second member of staff advised, "Staff work together as a team" and a third member of staff told us, "The registered manager is hands on with supporting us. Communication is constant and they [Registered manager] are always by our side when we need them." Relatives knew the registered manager by name. Relatives comments about the service included, "It's very homely here" and "Staff and [Registered managers name] are always open and honest. Staff create a positive environment and are always happy to see everyone."

The registered provider had implemented a robust quality assurance system, which included weekly and monthly audits. These audits included checks of care plans, risk assessments, medicines management, staffing ratio reviews and supervisions. Improvements were constantly driven within the service through audits, and the registered manager's focus on sharing their knowledge and experience with staff was in place to develop a motivated and skilled team. Policies and procedures had been reviewed and updated.

Residents and relatives meetings were held every month giving opportunities for them to voice any concerns or make suggestions to improve the service. For example, one resident had suggested hot drinks after dinner and the cook told us this had been actioned. Staff meetings were also seen as an opportunity to improve the service and the cook had suggested the kitchen door be changed to a stable door so that the bottom could be secured and the top part remain open. This had been taken on board by management and was in the process of being actioned. These ensured that the service maintained standards of care and support that people and their relatives were happy with and that staff felt able to sustain.

The registered manager told us they strived to maintain best practice within the industry and to help with this they attended the Care Sector Forums run by the local authority. These events were focused on sharing information and improving services. The registered manager also continued to attend training courses so that information could be shared with all staff to improve the service such as, advanced care planning. Staff told us, "The manager is always researching and providing us with up to date information on people's conditions, processes for using support tools for malnutrition and dehydration. One resident has Huntington's disease." The registered manager told us, "Staff come to me for support and ask me questions. However, we all support one another and equally I learn a lot from people and my staff team. Everyone is knowledgeable and skilled in their own right."

Business contingency plans were in place in the event of an emergency such as loss of electricity. The owner, operations and registered manager were available out of hours and a list of contacts should staff need them were available in the office reception area.