

Hermes Care Ltd

Swinton Grange

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 11 and 17 August 2015 and was unannounced on the first day. Our last scheduled inspection at this service took place in April 2014 when no breaches of legal requirements were identified.

Swinton Grange is situated in Swinton, South Yorkshire. The home provides accommodation for people who require nursing or personal care. The service is provided by Hermes Care Ltd. It can accommodate up to 27 people who are living with dementia. The home has bedrooms on three floors of the building.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the storage of medicines and found some items were not stored correctly. Temperatures were not taken of the room which stored the medicine trolley. This was a breach of regulation. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

We saw a protocol was in place for medicines which were prescribed on an 'as required' basis. We saw that people who required this type of medication had a care plan explaining why this had been prescribed and when to administer it.

The service had procedures in place to safeguard people from abuse. Staff were knowledgeable about how to recognise and report abuse.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk. However one person's care plan did not contain relevant information. This meant their safety could be compromised.

We saw there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had robust arrangements in place for recruiting staff. Pre-employment checks were carried out prior to a person starting work with the company.

We looked at files belonging to three staff and found training certificates were in place. The registered manager showed us a training matrix which indicated what training had been completed and what was required.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet.

We observed staff interacting with people. It was clear that staff knew people well and they offered and respected people's choices and preferences. The home had a very homely atmosphere and people appeared comfortable with staff.

Care plans included areas of support such as personal care, communication, eating and drinking, and consent. Care plans were regularly reviewed to ensure they were applicable to the person's needs.

The service had a complaints procedure and people knew how to raise concerns.

The registered manager was supported by a team of nurses, one being the deputy manager. One nurse was on duty at all times, they managed the shift and supported the staff group and people who used the service.

We saw various audits had taken place to make sure policies and procedures were being followed. However, actions were not always clearly identified and recorded. The audit only gave space for yes or no answers.

There was evidence that people were consulted about the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We looked at the storage of medicines and found some items were not stored correctly. Temperatures were not taken of the room which stored the medicine trolley.

The service had procedures in place to safeguard people from abuse. Staff were knowledgeable about how to recognise and report abuse.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk. However one person's care plan did not contain relevant information. This meant their safety could be compromised.

We saw there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had robust arrangements in place for recruiting staff.

Requires improvement



Is the service effective?

The service was effective.

We looked at staff files belonging to three staff and found training certificates were in place. The registered manager showed us a training matrix which indicated what training had been completed and what was required.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

We observed staff interacting with people. It was clear that staff knew people well and they offered and respected people's choices and preferences. The home had a very homely atmosphere and people appeared comfortable with staff.

Good



Is the service responsive?

The service was responsive.

Care plans included areas of support such as personal care, communication, eating and drinking, and consent. Care plans were regularly reviewed to ensure they were applicable to the person's needs.

Good



Summary of findings

The service had a complaints procedure and people knew how to raise concerns.

Is the service well-led?

The service was well led.

The registered manager was supported by a team of nurses, one being the deputy manager. One nurse was on duty at all times, they managed the shift and supported the staff group and people who used the service.

We saw various audits had taken place to make sure policies and procedures were being followed. However, actions were not always clearly identified and recorded. The audit only gave space for yes or no answers.

There was evidence that people were consulted about the service provided.

Requires improvement



Swinton Grange

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 checked 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.

The inspection took place on the 11 and 17 August 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to

prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with seven relatives of people who used the service, observed care and support in communal areas and also looked at the environment. At the time of our inspection there were 27 people using the service.

We spoke with four care workers, an activity co-ordinator, a nurse, the registered manager and the owner. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with relatives of people who used the service and observed staff interacting with people. Relatives felt their family member was safe in the home.

The provider had appropriate arrangements in place to manage medicines. During the morning of our inspection, we observed a nurse administering medicines. This was carried out appropriately. The nurse explained what they were doing and remained with each person while they had taken their medicines. We checked the medicine trolley and saw one person had some eye drops which required to be discarded after 28 days of opening. However, there was no date of opening identified on the bottle. We saw another bottle of eye drops which had no date of opening and no name to indicate who they belonged to.

We saw medicines were not always stored appropriately. We saw the service had a fridge to store medicine items which required cool storage. We saw a record of fridge temperatures which were taken on a daily basis. However, we looked in the medication trolley, which was stored in the nurses office, and found a bottle of eye drops. The bottle stated that they should be kept refrigerated. We also found medicine which required storing below 25 degrees and 30 degrees. There was no thermometer or any temperature checks being taken in the nurse's office where this medicine was being stored. This meant the provider was not always storing medicines in line with guidance.

This was a breach of regulation 12 (1) including (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment).

We saw policies and procedures were available to support staff. We looked at the medication file and found each person had a front sheet which included a photo of the person and their date of birth. We looked at the Medication Administration Record (MAR) sheets and found they gave a clear record of the medicines which had been taken. We saw medicines were ordered on a regular basis by the registered manager and booked in using the MAR. There was a separate book to record medicines to be returned to the pharmacy.

The service had a controlled drug cabinet. We saw that staff checked the balance of controlled drugs each time one was administered and this was recorded so that there was a clear audit trail. We checked three people's controlled medicines stock and found them to be accurate.

We saw a protocol was in place for medicines which were prescribed on an 'as required' basis. We saw that people who required this type of medication had a care plan explaining why and what to do.

The provider had policies and procedures in place to safeguard people. These included types and how to recognise abuse, as well as how to report abuse. Staff we spoke with told us they received training in this subject which was refreshed on an annual basis. Staff we spoke with were knowledgeable about how to recognise and report abuse. One nurse said, "It's important to recognise changes in people and to consider what may be the cause." A care worker said, "I would report any concerns straight away."

Care plans identified risks associated with people's care. Risk assessments identified the hazard, who would be at harm and steps to control the risk. Risk assessments were reviewed on a frequent basis. We saw risk assessments in place for areas such as moving and handling, falls, malnutrition. This meant staff had up to date information on how to support people and manage risk. For example, one person had a risk assessment in place to address falls. The person had a sensor mat in place when in bed, to alert staff that they were out of bed and potentially at risk of falling. The person's care plan stated that this should be in place.

However, we observed a person being transferred from their wheelchair to a comfortable chair without handling equipment and one member of staff with a member of the public. The care plan stated that the person should be moved by two staff. The care plan did not state how this should be done and what equipment should be used. We asked the registered manager about this and we were told the person used a handling belt. A physiotherapist had assessed the person in October 2014 and said as the person leans back; staff should not use a handling belt. The service had not reviewed this care plan which meant there were no follow up and no guidance as to how to move the person safely.

Is the service safe?

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs. At the time of our inspection there were 27 people who used the service. They were supported by five care staff and a nurse during the day. At night this reduced to three care workers and a nurse. We observed staff interacting with people and saw there were enough staff available to meet people's needs.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to

people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We looked at three staff files and found this procedure had been followed.

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. Staff we spoke with told us training was effective. We spoke with relatives of people who used the service and one person said, "I think the staff are really well trained. They notice everything."

We looked at staff files belonging to three staff and found training certificates were in place. The registered manager showed us a training matrix which indicated what training had been completed and what was required. The training matrix showed that all staff were up to date with all mandatory training. The matrix showed that 10 people were due to attend fire safety training and one person was due to attend training on nutrition.

Staff we spoke with told us they had received a good induction when they commenced employment at the service. This included training and shadowing experienced staff. Staff employed to work at night, completed shadowing shifts during the day. This was to enable them to get to know the people and the building. Staff we spoke with felt supported through their induction and felt it gave them confidence to start their role. The registered manager told us that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation

and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The staff had a good knowledge of this and said they would talk to the registered manager for further advice if needed.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. People had the option of a cooked breakfast, cereals or toast. Lunch was the main meal of the day and comprised of a main course and a dessert. Tea was a lighter meal with hot and cold options available. Drinks and snacks were serviced throughout the day. One relative we spoke with said, "My relative likes to eat a bit earlier at lunchtime and has a favourite place and this is accommodated."

We spoke with the cook who was knowledgeable about people's dietary needs and observed what people enjoyed. The cook spoke about the importance of providing snacks. This showed an understanding of the needs of people living at the service.

On the day of our inspection we observed lunch being served. Meals were delivered to people from the kitchen, pre-plated. We saw people were sat waiting for their meal from about 12.40pm and meals were still being brought through for people at 13.20pm, which seemed a long period of time to be waiting. We discussed this with the manager and they told us they would look in to this.

We did not see any visual menu on display for people and their relatives to view. It was unclear how people made a choice of what meal they preferred. On the first day of our inspection we saw that everyone had the same meal. The meal looked well cooked and was served with fresh vegetables. Staff told us that people would be offered a different meal if they didn't want the option given to them.

Care plans we looked at contained a nutritional assessment. This was to identify risk of malnutrition and demonstrated that people were regularly weighed and referrals made when appropriate. The catering staff had a chart in the kitchen which identified people's preferences regarding food, drinks and snacks.

People were supported to maintain good health and have access to healthcare services where required. We saw that care records contained information about referrals to other professionals and records were reflective of appointments and contacts with professionals. Records showed that

Is the service effective?

referrals to other professionals such as a dietician were completed without delay.

Is the service caring?

Our findings

We spoke with relatives of people who used the service and they were complimentary about the staff. One person said, “The staff involve family, I come regular to assist my relative with lunch. It’s important for me to be involved in my relatives care.” Another relative said, “All our family are happy with the home and the attitude of the staff.” A third relative said, “I come every day and sometimes have my lunch with my relative. The manager has encouraged me to do that. It’s lovely.”

We observed staff interacting with people. It was clear that staff knew people well and they offered and respected people’s choices and preferences. The home had a very homely atmosphere and people appeared comfortable with staff.

We observed staff who communicated with people in a supportive manner appropriate to the person’s needs. For example, at lunchtime, one person said they didn’t want anything to eat but wanted a drink. A cup of coffee was made for the person. However, we did notice that lunchtime was quite disorganised. We saw one person was eating their lunch quite well unaided, but was picking up the plate and eating directly from it. Food was falling off the plate on to the table. The only time staff showed any awareness was to say, ‘Is that nice,’ as they passed by the person.

Peoples views were recorded in their support plans and staff were aware of the important things that mattered to a person. Explanations were given to people to help them make choices about daily life.

Care plans we looked at included an information sheet called, ‘what is important to me.’ This gave information about the person’s likes and dislikes. It also included family history, holidays, and previous job roles. For example, one information sheet indicated the person liked to have their hair washed and styled and kept short in length. This meant the service took account of people’s preferences.

Staff we spoke with were knowledgeable about how they would respect people’s privacy and dignity. One care worker said, “I knock on the bedroom door and ask if I can go in. I always wait for a reply.” Another care worker said, “I make sure curtains and doors are closed when required to offer a bit of privacy.”

The registered manager and deputy manager had taken on the role of dignity champions. The registered manager told us their role was to ensure staff were aware of what dignity meant and to promote the dignity challenge (a guide to help people understand dignity).

Is the service responsive?

Our findings

We spoke with relatives of people who used the service and were told they felt involved in their care and support. One person said, “It’s such an open door here. We can discuss anything on an informal basis.”

Care plans included areas of support such as personal care, communication, eating and drinking, and consent. Care plans were regularly reviewed to ensure they were applicable to the person’s needs. One care plan we looked at informed the reader how best to support the person’s communication needs. For example, staff needed to pick out words and observe the person’s body language to try to identify what the person if trying to communicate.

The service had two activity co-ordinators which meant there was someone providing activities every day. We saw the service had an activity plan displayed on the notice board. On the first day of our inspection we saw films were put on in two different sitting rooms. We saw one person enjoyed a game of dominos and some people enjoyed a manicure.

The service had a complaints procedure and people knew how to raise concerns. The complaints procedure was displayed in the reception area. One relative said, “This home has a lovely atmosphere, it’s very homely. The manager is very easy to talk to and the nurses are as well. I wouldn’t hesitate to go to them if I was worried about anything.”

The registered manager kept a log of complaints and correspondence relating to them. We saw the complaints log and saw the service had not received any complaints since our last inspection. Complaints prior to this were recorded and information included the date and name of the person making the complaint and a brief summary of what the complaint was about. Evidence showed that complaints had been addressed in an appropriate manner and within an acceptable timeframe.

The registered manager was keen to capture people’s comments and complaints and was looking at other ways to enable this so that little niggles were dealt with appropriately.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a team of nurses, one being the deputy manager. One nurse was on duty at all times, they managed the shift and supported the staff group and people who used the service.

We spoke with relatives of people who used the service and they spoke positively about the registered manager and nurses. One relative said, "The manager is always around and she clearly knows all the residents very well. She always has a word for everybody."

Staff we spoke with felt the service was well led and felt supported by the registered manager and the nurses. One care worker said, "The manager and nurses are always available if you need them, they are supportive and understanding."

The service had systems and processes in place to assess and monitor the quality of the service provision. We saw regular audits were carried out by the registered manager which included medication, staffing, fire safety and health and safety. However, actions were not always clearly

identified and recorded. The audit only gave space for yes or no answers. The registered manager told us that the audit process was going to change and they were in discussion with the provider to start the new process in September 2015.

In addition to these audits the quality assurance assessor, employed by the company, completed a regular audit. This included all aspects of care and welfare as well as environmental issues.

During our inspection we found issues with medication storage, lunch time was disorganised and one person's care was inconsistent with their care records, which presented a risk with moving and handling. These issues had not been identified and addressed via the providers internal audit systems.

There was evidence that people were consulted about the service provided. We saw that a service user satisfaction survey took place annually. We saw that people's opinions about the service were sought and respected.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home. Staff told us that it was important to communicate information to each other, and felt they worked well as a team.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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
Diagnostic and screening procedures	The provider was not always storing medicines in line with guidance.
Treatment of disease, disorder or injury	