

Swallowcourt Limited

Trevaylor Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Trevaylor Manor on 23 and 24 April 2018. We last inspected Trevaylor Manor on 24 October 2017. At that inspection we identified six breaches of the regulation and rated the service as Inadequate. The breaches were in respect of the safety of the environment, infection control, auditing systems, the management of medicines, a lack of clear guidance for staff on how to support people safely, privacy and dignity, inappropriate restrictions on people, failure to follow the processes and principles contained in the Mental Capacity Act (2005) and a failure to submit notifications about significant events to CQC. Enforcement action was taken against the provider and the service was placed into Special Measures after a rating of Inadequate. Conditions of registration were imposed requiring the provider to review staff competencies and training, review people's needs and submit monthly reports to the Care Quality Commission stating the improvement actions taken at the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the service. We carried out this inspection to check they were complying with their action plan and monthly reports.

Trevaylor Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is part of the Swallowcourt group and is a registered nursing home for 81 older people. At the time of the inspection, 62 people were living at the service, some of whom were living with dementia.

The accommodation at Trevaylor Manor is arranged over three floors. People living on the upper two floors were likely to have higher physical needs. There was a downstairs unit, used for people living with more advanced dementia. In addition, there was a separate building within the grounds, known as the Coach House. The Coach House was part of the dementia unit and accommodated up to eight people who required a safe environment, but were more physically independent.

Trevaylor Manor is required to have a registered manager and there was one in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and will no longer be rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At the last inspection we found that, while there were systems in place to monitor the quality of the service provided, these systems had failed to identify the concerns found at that inspection. At this inspection improvements had been made to the auditing systems and this meant the monitoring processes were more effective in identifying where action needed to be taken. We found improvements had been made in relation to the safety of the environment, infection control, the management of medicines, risk management, people's privacy and dignity and the use of inappropriate restraint and control. The service was submitting notifications of significant events to CQC as is required by law. This meant the service had met four of the six outstanding requirements from the last inspection.

We had concerns in respect of how the service was meeting the requirements of the legislation as laid out in the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Some people had DoLS authorisations in place which had conditions attached to them. These conditions were not consistently met meaning people were being potentially deprived of their liberty without proper legal authority.

We found monitoring records to document people's health and the care and treatment they had received were not consistently completed in all areas. This meant, if people's health deteriorated staff might not be aware of the increased risk to their well-being.

During the inspection we observed staff were caring and friendly in their approach to people. There was a busy and sociable atmosphere throughout the service. People were supported to take part in activities and these were in line with their interests. Staff were quick to respond to any requests for assistance. Some people became anxious at times and staff reassured them, staying with people until they became settled. Some people were cared for in bed or chose to stay in their rooms for long periods. We observed staff regularly checking on these people to ensure their comfort and safety. There were enough staff to meet people's needs and staff were effectively deployed throughout the building.

People and relatives were positive about the care and support provided at Trevaylor Manor. Comments included; "They do look after you well, they are all good, very good" and "If there's anything you need or want, you only have to ask. I go to bed and get up again when I want, but a carer comes in to check to make sure I'm ok." We heard one person talking to a member of staff. They asked; "How did I get here?" The member of staff said; "I think your daughter found the home for you." The person answered; "She did well then!"

Improvements had been made to the premises which meant people living with dementia were more able to find their way around the building independently. More improvements and decoration was planned for the near future. People had access to outside areas and we observed many taking advantage of this.

Systems for the management of medicines were robust. People received their medicines on time and had access to additional pain relief if needed. Some people had their medicines administered covertly. This was done in line with the relevant legislation.

People's care records had been updated and were reviewed regularly. As well as guidance about health needs they contained information about people's backgrounds and personal histories. This meant staff were able to engage meaningfully with people about subjects that mattered to, or were of interest to them.

The service had worked with external health care professionals to introduce a new system to quickly identify when a person's health was deteriorating. This was in response to an incident when one person's health needs were not met in a timely manner.

Staff received a comprehensive induction and regular refresher training. Supervisions were taking place and a new system of yearly appraisals was being introduced. Morale was positive and staff told us they enjoyed their work.

We found two repeated breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report. The condition of registration imposed after the last inspection remains and we have asked the provider to continue to send monthly reports to the Care Quality Commission. We have asked the provider to include actions taken to make the necessary improvements, to address both breaches, in their monthly reports.

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 was safe. There were enough staff to meet people's needs in a timely manner.

Risk assessments clearly guided staff on the actions they should take to protect people from foreseeable harm.

Improvements had been made to the safety and cleanliness of the environment.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Requires Improvement 

The service was not entirely effective. Conditions attached to DoLS authorisations were not consistently adhered to.

New systems had been introduced to identify when people's health was deteriorating and guide staff on the action they should take.

Staff were supported by a system of induction, training and supervision.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good 

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Requires Improvement 

The service was not entirely responsive. Records to detail when

staff monitored aspects of people's care were not consistently completed.

People were supported to take part in social activities.

People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

There was a system in place for investigating complaints.

Is the service well-led?

The service was not entirely well-led. Although auditing systems had improved in many areas they had not identified gaps in specific monitoring records.

Staff morale was good and there was a positive culture amongst the staff team.

The management team actively sought the views of people and relatives.

Requires Improvement 

Trevaylor Manor

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.

Before the inspection CQC was made aware of an incident where one person did not receive appropriate medical support in a timely manner. This incident is subject to a safeguarding enquiry and we did not look at the specific event during this inspection. We did look at the arrangements in place to help ensure people received medical advice and treatment when they needed it.

This inspection took place on 23 and 24 April 2018 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist advisor (SPA) with a background in nursing 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.

Before visiting the service we reviewed information we kept about the service such as previous inspection reports and notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection, we looked around the premises. We observed interactions between people and staff during meal times and at other times of the day. We spoke with seven people who lived at the service and observed others who could not communicate their wishes and feelings verbally. We also spoke with two relatives. Throughout the inspection, we spoke with the registered manager, nominated individual, deputy manager, HR manager and 14 other members of staff.

We looked at six records relating to people's individual care, training records for all staff, three staff personnel files, policies and procedures and a range of further documents relating to the running of the service.

Is the service safe?

Our findings

At our last inspection in October 2017 we had concerns about the safety of the service. Potentially hazardous cleaning substances were left in corridors, keys to cupboards containing cleaning agents were left unattended, and the sluice room was not lockable. Unnamed toiletries were left in shared bathrooms and moving and handling slings were shared between people. This increased the risk of cross infection. People's medicines were not managed safely and staff were not aware of the process to follow in the event of a medicines error. Pressure mattresses were not routinely checked to ensure they were correctly set. There was no protocol in place for staff to follow in the event anyone should choke. Guidance in care plans for people identified as being at risk of choking was inaccurate or contradictory. We found the service was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked around the service and saw improvements to the safety of the premises and infection control systems had been made. Sluice rooms had been fitted with locks and potentially hazardous cleaning products were stored safely. Bathrooms were clean and there was no evidence of toiletries being shared between people. People had been allocated their own individual slings which were suitable for their needs. This meant the risk of cross infection was reduced.

We found improvements had been made to help ensure people's safety in relation to their health and well-being. Pressure mattresses were checked as part of a series of daily checks to ensure they were set correctly according to people's weight. The checks were audited weekly and information about people's weights updated. This meant any changes in needs would be quickly identified. A protocol for staff to follow in the event of anyone choking had been developed. Staff had signed to indicate they had read and understood the information. Further guidance was available on notice boards within the service. Training on choking awareness had been provided. At the previous inspection we observed staff using unsafe manual handling techniques to move people. At this inspection we saw people were safely supported to move around and transfer from standing to sitting or from wheelchair to an armchair. Staff offered reassurances throughout. For example, "Right, we're going up, just relax" and "Hold my hand my lovely." Three members of staff had completed train the trainer manual handling training. This meant they would be able to provide and refresh staff training and assess competencies at regular intervals.

At the inspection in October 2017 we had concerns relating to the management of medicines. The temperature in the medicines room regularly exceeded the level at which medicines should be stored. People did not have access to homely medicines for occasional pain relief such as paracetamol. Staff were not aware of the action to take if they identified a medicines error and medicine audits were not regularly being carried out.

At this inspection we found medicines were managed safely. The registered manager, nurses and specialist care workers were responsible for the management and administration of medicines. These staff had received the appropriate training which was regularly refreshed. Medicines were stored correctly to help ensure they were safe and effective to use. Records demonstrated room and medicine storage temperatures were consistently monitored. There were arrangements in place for medicines which required additional

security. A comprehensive audit system was in place to carry out daily, weekly and monthly checks of MAR charts, medicines stock and ordering. Suitable Medicines Administration Records (MAR) were kept. There were no gaps on the MAR and they were clear and legible. Medicines were given to people at the correct times. There were occasions where some people needed to have their medicines given to them covertly, i.e. hidden in food or drink. The service had suitable procedures about this and the decision to administer medicines in this way had been taken in line with the relevant legislation. People had been prescribed pain killers such as paracetamol to be used as required. This meant they had access to pain relief at any time. Staff were able to explain the action they would take if they identified a medicines error.

We concluded that, based on all of the evidence gathered during this inspection, the service was now meeting the requirement of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found people were controlled or restrained in a way that was not proportionate to the risk of harm posed to them. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people were able to move around the premises according to their wishes. Staff asked people where they wanted to go and gave them the support they needed. For example, on the first day of the inspection it was a bright sunny day and we observed people indicating they wanted to go into the garden. Staff responded positively to requests and walked with people when necessary.

There were sufficient numbers of staff available to help ensure people's health and social needs were met in a timely fashion. During the inspection we saw staff were able to spend time talking with, and reassuring people in response to their needs. Nurses were supported by specialist care workers and healthcare assistants. The registered manager and deputy manager were also available to support people if needed. A unit manager had oversight of the dementia unit and Coach House. In addition to care staff there were three full time activity co-ordinators, kitchen staff, domestic staff, an administrative worker and maintenance staff. Staff and people all told us there were enough staff to ensure people's needs were met. Staff were effectively deployed across the service. During the night time, when staffing levels were lower, staff used walkie-talkies to enable them to communicate with each other. This meant they were able to summon assistance quickly if required.

Staff had completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained relevant recruitment checks including Disclosure and Barring Service (DBS) checks and evidence of references. One new member of staff told us they had not been able to start work at the service until their DBS check had been received. Staff were required to complete a self-declaration form every two years to confirm they did not have a criminal record. This demonstrated the provider took steps to help ensure staff were suitable and safe to work in a care environment.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and believed they would be followed up appropriately. Information about how to report concerns was available to staff and visitors.

There was an equality and diversity policy in place and staff received training on the Equality Act legislation.

Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as nutrition, pressure sores, falls and choking. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. Some people were unable to use call bells to summon assistance if needed. Risk assessments guided staff to visually check these people at regular intervals. A relative told us; "[Person] has one [call bell], but can't use it because of her condition, but [person] has hourly checks."

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills. People had Personal Emergency Evacuation Plans (PEEPs) in place. These guided staff and emergency responders on the support people would need to leave the building in an emergency. However, the information was focused on people's mobility only with no information in respect of any likely behavioural issues there might be in an evacuation situation.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found some people had DoLS authorisations in place with conditions attached which were not being adhered to. For example, one person could sometimes become distressed and anxious leading to them behaving in a way which could be aggressive and difficult for staff to manage. The DoLS authorisation stated that there should always be at least one member of staff; "trained and competent in the use of physical restraint" involved in providing personal care to this person. Staff training records showed training in this area was not being provided. Another person who could also behave in a similar way had an authorisation which stated any incidents should be documented in the person's daily notes "including staff response." There was little or no detail to describe what staff's response had been in these circumstances. For example, on 15 April 2018 it was recorded; "[Person's name] was grabbing and scratching throughout." On the 22 April it was recorded; "Resistive throughout."

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in October 2017 we had concerns about the arrangements in place to ensure people were supported in line with legislation and the underlying principles laid down in The MCA. Mental capacity assessments and requests for DoLS authorisations were generic and out of date. No action had been taken to update the local DoLS team when any restrictive practices had increased. People's relatives had been asked to consent on people's behalf to the use of photographs on social media sites when they did not have the legal authority in place to do this. Staff did not routinely seek the consent of people before assisting them with tasks. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found mental capacity assessments had been updated to ensure they reflected people's current needs. There was evidence to show the registered manager contacted the DoLS team when anybody's needs changed resulting in an increase in the restrictive practices in place. While applications were waiting to be processed the best interest process was followed to help ensure any decisions taken on people's behalf were in their best interest, proportionate and the least restrictive option available. Relatives

were involved in the best interest process too but were not asked to consent on people's behalf when they did not have the legal authority to do so.

Staff usually asked people for their consent before assisting them with daily tasks. We did see some staff putting protective clothing on people before they ate without asking for their consent or informing them of what they were doing.

We concluded that, based on all of the evidence gathered during this inspection, the service was now meeting the requirement of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in October 2017 we identified one person who had lost a significant amount of weight. No action had been taken to protect the person from the associated risks. This contributed to the breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the systems to identify when people were at risk from poor food and fluid intake had been improved. A tool was being used which clearly identified when people were in a high risk group. This prompted staff to monitor people's intake and weight closely until they could be confident the person was no longer at risk.

We concluded that, based on all of the evidence gathered during this inspection, the service was now meeting the requirement of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had been identified as being at risk and food and fluid charts were put in place appropriately. The person's care plan review carried out in March 2018 stated that the charts were to remain in place. In the review carried out in April it was recorded the person's weight was stable. There was no reference to the food and fluid charts. The registered manager told us the person was no longer having their intake monitored as they were no longer considered at risk. They were unable to locate any food and fluid charts for the person dated later than January 2018. Although the person was no longer at risk we were concerned about the gaps in recording and inaccurate or missing information in the care plan.

This contributed to the breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the inspection we had been informed of an incident when emergency medical assistance had not been sought out in a timely manner when one person's health was deteriorating. At this inspection we found the service had worked with health professionals in response to this event. A new tool to identify any deterioration in people's health had been introduced. This clearly guided staff on how to recognise when someone's health was declining, what action they should take and at what point. Nursing staff and specialist carers had received training in using this tool and had signed to indicate they had read and understood the guidance. The registered manager showed us records of when this new system had been put into practice. This showed clear evidence people's health had been quickly identified as being of concern. Appropriate checks were put into place to monitor people's health at regular intervals according to the level of concern. Medical advice was sought out from GP's and emergency services as appropriate. The system, although new, was working effectively and helping to ensure people's needs were met in a timely manner. The registered manager told us; "It's working really well."

At our last inspection in October 2017 we had concerns about the layout of the environment not meeting the

needs of people living with dementia and we made a recommendation. At this inspection we found some improvements had been made to the environment. Toilet and bathroom doors were clearly marked and painted in bright colours to encourage independent use and help people who might have difficulties identifying specific rooms. In the dementia unit, colours had been used in corridors and on bedroom doors to help people orientate themselves. Some bedroom doors had personalised boxes attached to them to further assist people to find their room independently. Walls in shared rooms and corridors had pictures and items of interest attached to them to help engage people's interest in their environment.

People had access to outdoor areas which were safe and secure. There were plans to develop one area into a sensory garden using plants and garden ornaments and water features. We saw people accessing outside areas throughout the inspection. A member of staff told us; "It was lovely weather at the weekend. We got everyone outside with the umbrella's up and had the doors open with music playing. It was good entertainment and we all enjoyed it."

People and relatives were complimentary about the food provided at the service. Comments included; "It's wonderful, lovely", "The food is very, very good", "We have been to parties here and the food is always nice" and "There's always juices here and you can always have a cup of tea." We observed the support people received during the lunchtime period in the dementia unit and on the upper levels of the service. Some people needed support with eating and staff were patient and respectful in their approach. They sat alongside people and gave them their full attention, quietly chatting with them. This helped create a feeling of a social and pleasant occasion. We did witness one incident on the first day of the inspection when three different members of staff were involved in supporting one person with their meal. This led to the experience being less focussed on the individual's needs.

Kitchen staff told us they were aware of people's dietary needs and preferences. When necessary, specialist ingredients were purchased. Relatives confirmed people's individual needs were met commenting; "[Person] likes the desserts; they are now the high in calorie mousses, like a build-up" and "[Person] has a high calorie juice drink." Records showed people's weight was monitored and food and fluid monitoring charts put in place when any significant changes were identified.

Staff were supported by a system of induction, training and supervision. Staff told us the induction and training was thorough and equipped them to carry out their roles. Staff records showed new employees received training in a range of areas including equality and diversity, moving and handling, infection control and safeguarding. This was refreshed regularly. Staff told us new employees always worked alongside more experienced staff until they had gained confidence and skills. One commented; "New staff are not left to work alone."

Supervisions were a mix of face to face discussions, group supervisions or practice observations. This meant management were able to get a good picture of where staff strengths were and highlight any training needs. Staff told us they were well supported and able to raise any concerns with their managers at any time. The registered manager told us a programme of appraisals was being developed across the whole staff team.

People's needs and choices were assessed prior to moving into the service. This helped ensure people's needs and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Staff supported people to access healthcare services such as tissue viability nurses, GPs and speech and language therapists (SALT). Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given. There was little evidence that people had regular opportunities to have check-ups with dentists and opticians. However, appointments were made in response to any specific identified problems.

Is the service caring?

Our findings

At our last inspection in October 2017 we found people's privacy was not always respected. We observed staff reading a personal letter to someone in a shared lounge, without first checking if they would not prefer to hear the letter in private. Some people were left for long periods with no social interaction from staff. People who were more difficult to engage with were often left without care and support. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we spent long periods of time observing staff interacting with people in shared areas of the service. We saw many examples of positive interactions. Staff responded to people with patience and were caring in their approach. For example, one person could become distressed and anxious at times and this was clearly documented in their care plan. There was guidance for staff on how to support the person during these periods. The person had some individual support for a large part of the day but at other times was likely to become anxious. On the first day of the inspection we saw a brief incident when this occurred. Staff were quick to respond, they supported the person in line with the information in their care plan. This was effective and the person was reassured and became happier.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

We concluded that, based on all of the evidence gathered during this inspection, the service was now meeting the requirement of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff were caring and friendly. Comments included; "They do look after you well, they are all good, very good" and "If there's anything you need or want, you only have to ask. I go to bed and get up again when I want, but a carer comes in to check to make sure I'm ok." We heard one person talking to a member of staff. They asked; "How did I get here?" The member of staff said; "I think your daughter found the home for you." The person answered; "She did well then!" We saw one person was distressed and said to a member of staff; "I'm so frightened." The member of staff was kind and reassuring stating; "There is nothing to be frightened of." They stayed with the person until they were settled and happy.

Staff told us they enjoyed their work and showed a genuine concern for people's well-being. One member of staff told us; "You get that feeling that you're helping, that you're making a difference."

The main shared lounge on the ground level floor had been rearranged to create a more social environment. There were small groupings of chairs and this helped facilitate social interaction between people. At one point staff rearranged the seating to allow two people to sit together. Relatives were able to visit whenever they wanted. We observed some relatives chose to visit at lunch time so they could support their family member with their meal. One relative told us; "We've been visiting here for four years and have never had any restrictions."

People and their families had the opportunity to be involved in decisions about their care and the running of the service on an informal basis. The manager told us meetings for people and their families to share their views more formally had been arranged.

Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

Staff had worked with people and their relatives to gather information about people's life histories and backgrounds. Information such as this can help staff to meet people's social needs and engage meaningfully with people. For example, one person's care plan included information about their family history. The information guided staff on topics of conversation to avoid in this area as this could be upsetting for the person concerned.

Is the service responsive?

Our findings

At our last inspection in October 2017 we found people were not always able to alert staff if they required assistance. Some people were unable to operate call bells and we saw and heard one person calling out for assistance. As staff were not in the vicinity they did not respond to the persons requests promptly. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found systems to ensure people's needs were met had improved. People were encouraged to spend time in shared lounges. This meant they were protected from the risk of social isolation and staff were able to respond to their needs quickly. Some people were cared for in bed or preferred to spend time in their rooms. Not all these people were able to use a call bell due to their health needs. Staff checked in with these people regularly to make sure they were comfortable and their needs were met.

We concluded that, based on all of the evidence gathered during this inspection, the service was now meeting the requirement of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans had been updated and were regularly reviewed. There were sections covering a range of needs including communication, mobility and nutrition. The guidance was clear and gave staff information about the person's individual needs and how these could be met. Relatives were involved in developing care plans when this was appropriate. One relative told us; "We go to care plan meetings with the consultant, social worker and the staff and these meetings happen as and when needed."

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. Other people had limited communication skills and there was guidance for staff on how to support people. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Handovers took place at key points of the day. This meant staff were kept up to date with any change in people's needs. Staff told us they were always aware of any changes and felt they were fully informed. Daily notes were completed to give an overview of how people had spent their time during the day.

Some people required specific interventions or monitoring to enable staff to quickly identify if their health was declining. For example, some people needed to be repositioned at regular intervals to protect them from developing pressure sores. Monitoring records showed this was completed in line with people's identified needs. As previously mentioned some people spent long periods of time in their rooms and it was important that staff checked on their well-being as they were not all able to summon assistance if required.

From our observations and conversations with staff, people and families we saw these checks and interventions took place regularly. For the most part monitoring records were kept to record this. However, we identified some areas where records had not been kept. This is important as the records can provide a clear audit trail of the care people have received and pinpoint when people's health or well-being has begun to decline. For example, we looked at people's bowel charts. These had not always been completed consistently. The charts for April 2018 for one person had last been completed on the 15th April when they were marked with a cross which implied there had been no bowel movements on that day. However, this was not a method of recording seen on any other records of this type in the service. The only other entries for April were made on the 7th and 9th April. This meant there had been a period of 15 days when we were unable to establish if the person had experienced any bowel movements. In the person's care plan it was recorded that they suffered from constipation and stated; "Record all bowel movements on the Bristol Stool Chart."

One person had spent the morning of the first day of the inspection in their room. We looked at the person's records at 2:45 pm. There was no indication the person had been seen by staff throughout the day with the last entry being made at 9:00 am. We could not establish if they had had any lunch or drinks during the day. They were not able to use a call bell or verbally tell us about the care they had received. As we were looking at the records a member of staff came into the room and supported the person to have a drink and then took them to the lounge. When we checked the records later this had not been recorded.

This contributed to the breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans. Two nurses were 'link nurses' for end of life care. They had recently visited a funeral directors and hospice to learn more about this aspect of care. Plans were in place to introduce mini teaching sessions for staff, particularly those new to care.

People were able to take part in a range of activities. Three activity co-ordinators were employed who were able to arrange group and one to one activities for people. One of the activity co-ordinators told us how they were able to spend time with people who found mixing and engaging with groups difficult. A relative told us; "[Person] is no longer able to take part in activities but staff do spend time with [person] and sing hymns and talk to them."

Group entertainment was provided regularly including exercise classes and live music. People told us they enjoyed the activities provided. Comments included; "I like the bingo. I don't go on the trips – I don't feel like it. I enjoy watching my TV", "We made some things today with dough for painting. I go on some trips out and am going out to M&S tomorrow" and "I enjoy walks around the grounds with a carer and gardening – they bought a new greenhouse, I love growing things. I used to walk and love any music and still do."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. Relatives told us they knew how to raise a concern and they would be comfortable doing so. One told us; "If I had any concerns I would feel comfortable to approach staff and go to the nurse's office." When concerns had been raised, these had been recorded in a complaints log and dealt with in line with Swallowcourt's policies and procedures. Plans had been put in place to make any necessary improvements.

Is the service well-led?

Our findings

At our last inspection in October 2017 we identified six breaches of the regulations, the service was rated Inadequate and placed in Special Measures. We subsequently imposed a condition on the provider's registration requiring them to send monthly reports to the Care Quality Commission detailing the action and progress they had taken in order to meet the requirements of the regulations.

Following the October 2017 inspection the provider wrote to us outlining the immediate measures they had taken and planned measures to improve the quality of the service. In addition they had supplied us with regular reports, about the progress of improvements made as was required by the condition imposed on their registration.

At our last inspection in October 2017 we found the systems in place to monitor the quality of the service were ineffective. Audits had failed to identify areas of concern found during the inspection. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the oversight of the service had improved and auditing systems were more effective than previously. For example, supervision records were now audited by the HR department and any areas of concern shared with the senior management team. As described in earlier sections of the report, action had been taken to improve systems following adverse events. The service had worked with external agencies to improve how they monitored people's health for example. This demonstrated a willingness to learn from events and work with other agencies to drive improvement.

While we were satisfied improvements had been made in several areas there remained some concerns. Records of the care people had received were not consistently completed in all areas. Conditions attached to DoLS authorisations were not being adhered to. This included the provision of training for staff supporting people whose behaviour could be difficult to manage. One of the conditions of registration imposed following our October 2017 inspection stated that the provider must ensure staff were appropriately trained to meet people's needs.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The condition of registration imposed after the last inspection remains in place.

At our last inspection in October 2017 we identified the provider had failed to provide CQC with notifications. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Since that inspection CQC had received notifications of events as required and the service was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service requires a registered manager and there was one in post. People and relatives were aware of who the manager was and would approach them if they had any concerns. The registered manager was supported by a deputy manager and a unit manager with responsibility for the dementia unit and Coach House. There was also a newly appointed role of senior nurse. The senior nurse was able to oversee the

dementia unit when required. Nurses were supported by specialist healthcare assistants who had received additional training to enable them to administer medicines. Staff had clear roles and responsibilities. For example, heads of departments were responsible for supervisions in their staff teams.

Staff told us they felt well supported and morale was good. One member of staff said; "Morale is very good at the moment, we all get along well." Staff meetings were held regularly for specific staff groups as well as the whole staff team. Relatives, people and staff said there had been improvements at the service since the last inspection. Comments included; "I would, actually [recommend the service] when I'm out weeding and sweeping the grounds, I tell people when they ask what it's like", "I am happy now, everything seems to be going quite nicely now" and "I would [recommend it] now, for anyone, especially if they are able to walk around as they would have the benefit of the activities."

Staff told us they had not experienced any discrimination and were treated fairly. For example, we spoke with staff who had just returned from maternity leave and staff who were about to take it. They told us they had been supported fairly with regular risk assessments being carried out to help ensure their well-being. Comments included; "I am 100 per cent supported. The conditions are very good here" and "It's a good organisation, they look after their staff."

Systems were in place to gather people's views. Residents and relatives meetings were held regularly and an annual survey was circulated. We saw the analysis of the latest survey results and found the responses had been positive.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not safeguarded against the risk of improper treatment. Service users were deprived of their liberty for the purpose of receiving care and treatment without legal authority.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality and safety of the services provided.</p>