

Vaneal Ltd

# Swimbridge House Nursing Home

## Inspection report

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Swimbridge  
Barnstaple  
EX32 0QT  
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### Ratings

Is the service safe?

**Good**



Is the service well-led?

**Good**



### Overall summary

This focussed inspection took place on 11 June 2015 to follow up on requirements issued during the previous inspection completed on 18 and 19 October where we found a number of areas for improvement. These included staffing levels, staff training and support, medicines management and quality assurance. The provider had sent us an action plan showing how they intended to improve on these identified areas and this included the timescales by which they would be met. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swimbridge House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At the time of this inspection the service was registered for 31 and there were 21 people living at the service.

The registered manager had resigned and left in April 2015, and a new manager was in place who was about to

complete the process for registering 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.'

We found that staffing levels had increased and were being sustained by either new staff who had been recruited and also by the use of some agency staff. Additional ancillary staff had been employed to ensure care staff had sufficient time to spend with people. The provider had employed an activities coordinator who worked four hours per day and was having a positive impact on people being meaningfully engaged in

# Summary of findings

activities of their interest. For example several people had been keen gardeners and there had been projects set up to enable them to continue to pursue their interests with raised flower and vegetable beds.

Medicines were being administered in a timely way and audits were in place to ensure there was a robust recording and administration process.

A dependency tool was being used to help the manager and provider ensure they had the right levels of staff for

the number and needs of people in the service. There were also clear audits in place to review any accidents of falls, learn from these ensure risks were minimised. One example was ensuring there was always a staff presence in the lounge areas.

We were able to conclude that the three requirements set from the previous inspection had been met.

# 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 safe

There were sufficient numbers of staff with the right skills and competencies to meet people's needs in a timely way.

People received their medicines when they needed them and systems were in place to ensure medicine storage administration and recording was robust

Good



### Is the service well-led?

The service was well-led

People and staff had confidence in the manager that their views were listened to and acted upon.

Robust systems ensured accidents and incidents were fully recorded and risks minimised where possible.

Good



# Swimbridge House Nursing Home

## 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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. We also reviewed the previous inspection report completed in October 2014 as we needed to ensure requirements issued had been addressed. We also looked at other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law.

This inspection took place on 11 June 2015 and was unannounced. The inspection was completed by one

inspector over seven hours. Time was spent observing how care and support was being delivered and talking with people, their relatives and staff. This included six people using the service and seven staff. Following the inspection we contacted two health care professionals.

We looked at four care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at three recruitment files, medication administration records, staff rotas and supervisions records. We also looked at audit records relating to how the service maintained equipment and the building.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

When we inspected in October 2014, we found there were not always sufficient staff to meet people's needs. At this inspection staffing rotas showed that there were sufficient care staff employed to meet people's needs in a timely way. This included five care staff plus one nurse each day. In addition an activities coordinator had been employed to work weekday afternoons to enable people to participate in meaningful activities. This included some group activities and someone to one time with people. For example several people had been keen gardeners and there had been projects set up to enable them to continue to pursue their interests with raised flower and vegetable beds.

The new manager also said they were in the process of employing a kitchen assistant who would help with serving teas in the afternoon, which would free up care staff time. Previously the care team were expected to serve up the evening meal. The service were also employing an additional housekeeping person to help cover cleaning and laundry. The additional housekeeper would also enable the service to have this support across the whole week; currently this role is covered for six days per week.

The new manager explained they were changing shift times to start earlier in the morning, in line with people's preferred routines to be assisted to get up earlier. The manager also explained she was purchasing a hot trolley to enable the cook to come out each day into the dining area to ensure choice was being offered to people and to free up care staff time ferrying meals through the kitchen to the dining area. All these changes had been discussed and agreed with staff and were already having a positive impact on people. For example, staff reported they were able to spend more time with people throughout the day and people's preferred routines were being honoured. People were supported to get up at times they chose. Previously staff had struggled to get everyone up and dressed before 12 noon and assistance for people at breakfast was sporadic. Breakfast time at this inspection appeared relaxed and there were always staff on hand to ensure people had support when needed.

Our observations of how people were being supported in communal areas showed that staff were readily available to attend to people's needs. For example one person called out on frequent occasions. A staff member was quick to

respond to ensure the person was reassured. Staff were assisting people to have a mid-morning drink and biscuit in an unrushed and calm way. When people were being assisted to get ready for lunch there were sufficient staff to enable people to move safely using equipment. Staff were able to spend time talking to people explaining what was happening next and allowed time for people to assimilate the information. The atmosphere was calm and relaxed and people appeared comfortable in their interactions with staff throughout the day.

People said there were enough staff available to assist them. One person said "The staff are all very good. You only have to ask and they will help you with anything." Another person said "I think it is better now we have more staff. I really like it here, all the staff we have are very good."

Staff confirmed there were sufficient staff available each shift to meet people's needs. One staff member said "Since we have had this new manager, the staff team works much better, we have enough staff and we are treated with more respect. We are working better as a team and there is better communication." Another staff member said "Since the last inspection and having a new manager, there has been a change in staff, newer staff appear more interested in their job, now it is a pleasure to come to work. Before it was stressful. Now I feel we are doing a good job and we have the right staff."

Two healthcare professionals said they had noticed the "Atmosphere appeared calmer and there appeared to be a better staff presence."

At the previous inspection completed in October 2014, the provider had introduced an electronic medicines recording system, which had caused the nurses difficulties in getting the medicines completed in a timely way. At this inspection we observed the nurse had completed the morning medicines by around 10.30. The provider has decided to stop using the electronic system for the time being. The nurse explained that this has improved their ability to ensure medicines are administered in a more timely way. The lunchtime medicines being administered in line with the service policy and procedure. There was no excess stock and medicines were being stored appropriately. Audits were being completed on medicine administration records by the new clinical lead. The new manager said she would be ensuring people's skills and competencies were

## Is the service safe?

reviewed on a regular basis. We concluded that medicine management was safe and people were receiving their medicines in a timely way, so the requirement previously set had been met.

# Is the service well-led?

## Our findings

At the previous inspection completed in October 2014 we set a requirement in relation to assessing and monitoring the quality of the service. This related to a number of issues and included not having a dependency tool to assess and determine staffing levels based on people's needs. We also found that although accidents and incidents were being recorded there was no evidence of analysis of this or learning from audits. The provider submitted an action plan with a number of areas to improve upon. These included introducing a dependency tool from NHS Scotland, which would be used at the point of pre admission assessment. The provider also said they had set up "databases for accident/incident, pressure damage, and avoidable hospital admissions have been created to ensure patterns are monitored and audited so and issues can be addressed. "

Since the last inspection a new manager has been employed who has experience of being a registered

manager in local authority services. She was in the process of applying to register with CQC at the time of the inspection. Staff and people said the new manager was approachable and had "Improved staff morale, team work and showed respect to both residents and staff alike." Staff said they felt the management approach was now more open and inclusive and there had been regular meetings with them about proposed changes, including their views on décor for the newly built wing which had eight new bedrooms.

The audits and dependency tool were in use and clearly demonstrated that people's needs were being fully assessed and where accidents and falls had occurred, these had been fully reviewed with any actions to prevent further incidents fully checked and documented. We concluded that the audits, dependency tool and improved communication with the staff team meant the service had met the requirement previously set.