

Four Seasons Homes No.4 Limited

Swan House Care Home

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Swan House Care Home is a service that provides accommodation and nursing and personal care for up to 40 older people. At the time of the inspection 38 people were using the service.

People's experience of using this service:

Staff understood the risks to people and measures were in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Recruitment processes were followed to ensure staff were of good character and suitable to work at the service. Sufficient numbers of staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

People were provided with the care, support and equipment they needed to stay independent. Staff were kind and caring and had developed good relationships with people using the service.

People were supported to maintain their health and had access to a varied choice food and drink. People had access to a wide range of activities in the community and within the service, that reflected their specific needs and interests.

People's communication needs had been assessed and were meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific approach for providers of health and social care to identify, record, share and meet the communication needs of people with a disability, impairment or sensory loss.

People's privacy, dignity and rights were respected and upheld. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

There were clear and effective systems in place to identify and manage risks to the service and drive improvement. There was an open culture of learning from mistakes, concerns, incidents and accidents. The manager and staff worked well with other agencies to ensure people received high quality joined up care.

Rating at last inspection:

Good (report published 18 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Swan House Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

Consisted of an 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.

Service and service type:

Swan House Care Home 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 had a manager registered with the Care Quality Commission, although this person had resigned from the post. A registered manager and the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed, but was not registered yet. The inspection report will therefore refer to the 'manager' throughout and not the registered manager.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with seven people, five relatives/visitors, the manager, and five members of care staff.

We looked at two people's care and support records. We viewed records relating to the management of the service. These included quality audits, medication records, incident and accident records.

Is the service safe?

Our findings

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

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

Safeguarding systems and processes.

- Effective safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People who lived at the service told us they felt safe. One person said, "Yes, I feel quite safe here, especially at night, I trust the staff to look after me. Another person told us, "I feel much safer here than I did in hospital."

Assessing risk, safety monitoring and management.

- Systems were in place to ensure the premises and equipment were safe to use and well maintained.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Records used to monitor those risks such as falls; nutrition and pressure care were well maintained.
- Technology was used to promote people's safety, such as alarm sensor mats to alert staff if people at risk of falls had got out, or fallen out of bed.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.
- The provider continued to carry out checks such as a criminal record check and employment references to ensure new staff were suitable to work with people who were vulnerable.

Staffing and recruitment.

- People and their visitors told us people received care in a timely way.
- The manager explained how they assessed people's needs on a regular basis. This ensured there were sufficient staff on duty on each shift. Permanent staff covered shifts if there were unplanned staff absences. Staff we spoke with confirmed there were sufficient staff to meet people's needs.
- We saw there were sufficient numbers of staff who responded to people's needs when required in a timely way. We observed call bells being responded to quickly." One person said, "When I do press the bell, staff do come." Another person told us, "There's always someone looking in but staff come if I need them."

Using medicines safely.

- People received their medicines safely and as prescribed. One person told us, "I've got a long list of tablets to take but I trust the staff to give me what I need. If I have a headache I just have to ask for paracetamol."

One relative explained how staff administered the medicine and told us, "Staff assist [family member] to have a little drink, give them a tablet on a spoon then another drink. They never rush them; in fact, they go way above and beyond what you might expect."

- Staff had received training on how to manage and administer medicines. They also told us the manager checked their competency on a yearly basis.
- Systems were in place to ensure that medicines were managed appropriately.

Preventing and controlling infection.

- The service was clean and tidy. There were no underlying unpleasant odours.
- The provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- Staff continued to follow good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong.

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Systems were in place to ensure lessons were learned and improvements made when things went wrong. Learning from such incidents was shared with staff at team meetings.
- The management team monitored incidents to ensure oversight of the health, welfare and safety of people living and working in the service.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this

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

- People's care plans contained information on how their physical and mental health needs were being assessed and met. Records reflected relatives had input into people's care, including their past, likes, dislikes, health and their behavioural needs.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff knew people well. Care plans contained information about people's needs. A person told us, "They just seem to know what I need."

Staff skills, knowledge and experience.

- Staff had good access to training to ensure they had the skills and knowledge to carry out their roles and meet people's needs. New staff completed an induction when they joined the service before commencing shifts as a permanent member of staff. This included shadowing experienced members of staff.
- Staff were encouraged and supported with their professional development and were given opportunities to enhance their skills both internally and via external training, such as National Vocational Qualifications (NVQ). One person said, "Staff certainly have the skills to do their jobs."

Supporting people to eat and drink enough with choice in a balanced diet.

- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight. One relative told us, "[Family member] really isn't interested in food. They are losing weight (which staff check regularly). Staff really do try. They will come back later with perhaps some soup, a yoghurt or ice cream to tempt her. They going to use more fortified drinks to see if that will help."
- People had choice and access to sufficient drink and food throughout the day. Food was well presented and people told us they enjoyed it. Mealtimes were a pleasurable experience and people were encouraged to be as independent as possible. One person said, "They always bring me my breakfast of choice – porridge and honey, toast and tea. The family always get offered a drink when they come (and biscuits)." Another person told us, "The food is great – just like home cooking. Veg is fresh and tasty."

Staff providing consistent, effective, timely care within and across organisations.

- Systems were in place for referring people to other services and health professionals. Staff told us and records showed advice and support had been sought from health professionals, such as, the district nurses,

dieticians, speech and language therapist and diabetic nurses.

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with nurses and the management team.

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

- People were involved in decisions about the premises and environment. People's rooms were warm and personalised to meet their needs.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment, such as call bells and sensor mats, were used effectively to meet people's care and support needs.

Supporting people to live healthier lives, access healthcare services and support.

- Healthcare professional's advice was sought when required. Staff followed the guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- The GP visited the service weekly and the manager told us there was a good relationship with them. One member of staff told us, "We are lucky that the surgery is so close, we can call anytime and a doctor will pop in to check on the resident."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.
- People's care records contained information on how staff supported them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives, ensuring their rights were protected.
- The policies and systems in the service supported this practice.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- The manager understood their responsibility in terms of making an application for deprivation of liberty safeguards to the authorising authority.

Is the service caring?

Our findings

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

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

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

- People, and their relatives, were complimentary about the attitude and capability of the staff and the care provided. Comments included, "The staff now are very good, I'm really happy with the way they look after me. They often knock on my door and stop just to chat and ask what I'm up to." "I've found no fault at all with the staff, they seem to have endless patience with [family member]." And, "The staff? They're all good, very good, friendly and helpful."
- People received the care and support they needed from staff who knew and understood their needs well.
- Staff had developed good relationships with people. We saw positive interactions between staff, and the people they supported. Interactions were natural, but respectful.
- Staff knew people's communication needs well and we saw people being able to make decisions about how they spent their day and what they had to eat.

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as when to get up and when to go to bed.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.
- People were supported to maintain and develop relationships with those close to them. One relative told us: "They already know I take tea with sweeteners. It makes me feel very at home. I brought my dog in and they made areal fuss of him."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time.
- People were able to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protecting people's choices and preferences.
- An activities programme was on display and people told us that various activities took place.

Activities included musical entertainment, reminiscence sessions and cake making. Religious services were held on a monthly basis. Lots of photographs had been taken and were placed around the service to remind people of the good times that had been had.

- People told us they enjoyed the range of activities on offer which included opportunities to access the community both with staff and their families.

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. One person told us that when they had cause to complain, they had spoken to the manager and had been very surprised how quickly it had been resolved.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and complaints acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.

End of life care and support.

- Staff understood people's needs, were aware of good practice and guidance in end of life care.
- People were supported to make decisions about their preferences for end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- The manager told us they would support people's relatives and friends as well as staff, before and after a person passed away. There were no people living in the service that required this level of support at the time of this inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The manager had a good oversight of what was happening in the service. They were in the service daily and knew the people using the service, their relatives and staff extremely well. One person said, "They seem alright so far. They do know who I am".
- The manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Management were clear about their roles, and understanding quality performance, risks and regulatory requirements
- Staff received regular supervision and annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.
- The manager was approachable and supportive. Comments included, "I feel well supported, if I have a problem I go to the manager. The manager spends a lot of time working alongside the staff." and "We have regular staff meetings where we get updates about issues raised and any future plans. It is a useful meeting, and nice to get the updates." Daily meetings which included heads of department were held to ensure any issues were dealt with early.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement.
- The manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.
- A business contingency plan was in place for responding to emergencies. This included a plan for developing the service moving forward and dealing with staffing issues in relation to Brexit.

Working in partnership with others.

- The provider informed us they worked closely with partner organisations to develop the service they provide.
- The manager told us, "We have a good relationship with the GP practice, to ensure continuity of care and to provide the best service possible. There are also a huge team of professionals providing services to our

residents and communication is key."