

Sweyne Healthcare Limited

Sweyne Court

Inspection report

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Essex
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08 June 2016

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 and 8 June 2016.

Sweyne Court is registered to provide accommodation with personal care to up to 43 older people, many of whom may be living with dementia related needs. There were 37 people receiving a service on the day of our inspection.

The manager had been appointed since our last inspection and had made an application to be registered with the commission as required. 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.

Systems to manage risk and medicines needed improvement to ensure people's safety and wellbeing was maintained.

Up to date guidance about protecting people's rights had not been followed so as to support decisions made on people's behalf and comply with legislation.

The provider's systems to check on the quality and safety of the service provided were not effective and had not identified the issues we found.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences. Arrangements were in place to support people to gain access to health professionals and services.

People's dignity and privacy was respected and staff were friendly and caring. Visitors were welcomed and relationships were supported.

People's care was planned and reviewed with them or the person acting on their behalf. Staff knew people well and how to meet their needs and preferences. People were supported to participate in social activities that interested them and met their needs.

People felt able to raise any complaints and felt that the provider would listen to them. Information to help them to make a complaint was readily available.

People knew the manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided and be listened to.

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 consistently safe.

Systems to manage risk for people living and working in the service were not consistently applied and guidance on supporting people's medicines was not robust to ensure people's safety.

The provider had systems in place to manage safeguarding concerns. Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service.

There were enough staff to meet people's needs safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Guidance was not being followed to ensure that people were supported appropriately in regards to their ability to make decisions.

Staff were provided with a level of training and ongoing supervision that enabled them to meet people's needs well.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Requires Improvement ●

Is the service caring?

The service was caring.

The interaction between staff and people living in the service was positive. Staff were able to show that they knew the people they cared for well.

People were involved in making decisions about their care and the support they received. People's privacy and dignity was respected as were their relationships with their relatives and friends.

Good ●

Staff encouraged people's independence and treated people with dignity and respect.

Is the service responsive?

The service was responsive.

People were provided with care and support that was personalised to their individual needs. Staff understood people's care needs and responded appropriately.

People had activities they enjoyed and met their needs.

People were confident that they could raise any concerns with the staff and that they would be listened to.

Good ●

Is the service well-led?

The service was not consistently well led.

Systems in place to monitor the service were not suitably robust to ensure that people's health, safety and welfare were consistently promoted.

Staff felt valued and the culture in the service was open, respectful and inclusive.

Opportunities were available for people to give feedback, express their views and be listened to.

Requires Improvement ●

Sweyne Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection was undertaken by two inspectors on 7 June and one inspector on 8 June 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include 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 the inspection process, we spoke with seven people who received a service, a relative and a visiting therapist. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager and eight staff working in the service.

We looked at six people's care and five people's medicines records. We looked at records relating to five staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

Risks for the individual were not consistently assessed to support the safety of people and staff. Records showed that one person became distressed on occasion and that their behaviour had impacted on the safety of others. There was no assessment of the risk or instruction for staff on how to manage this to ensure people's safety and well being. One person had equipment in place to help reduce the risk of pressure ulcers. The risk assessment did not include information as to the setting required to best promote the preventative effects of the equipment for the individual person. Inaccurate setting of the equipment would not assist in prevention of pressure ulcers developing or mitigate the risk for the person. Care records showed that one person was identified as at risk of choking and this was confirmed by the manager. There was no assessment of the risk available so that clear and consistent actions could be put in place to mitigate the risk for the person.

Environmental risks were not clearly identified or managed to ensure people's safety. We noted two windows on stairways where the opening width was not restricted. The stairways were reached by keypad protected doors; however they still presented a potential risk to people. The provider's safety checks had not recognised this risk and so potentially could not be relied upon to ensure people's safety. The fire risk assessment was recorded as updated recently by the manager who recognised it was not comprehensive. The manager confirmed that it did not, for example, include information that many of the curtains in the service were not of fire retardant material. Clear action had not been taken to address this. Evidence of inspection of the fire safety equipment was not available to show that it was in safe working order. Despite a large notice requiring the door to the kitchen not to be wedged open, the door was wedged open during the inspection. This meant that people were at increased risk in the event of fire.

Aspects of medicines were not safely managed. Detailed protocols were not in place where people were prescribed medicines on an 'as required' basis. This meant that staff did not clear guidance to ensure the medicines were given consistently so their effectiveness could be properly established. It did not comply with the provider's own policy which stated that protocols must be signed by a GP and must detail the circumstances around the medication. One person was receiving medication in a specific way. The assessment supporting this relied on advice from the pharmacist that the medication was suitable to be administered in this way. No information was available to confirm which medicines the pharmacist had agreed were safe to administer in this way. Medicines were not stored within recommended temperatures to ensure they did not spoil. The temperature of the designated medicines fridge and of a medicines storage room were recorded as being outside the recommended limits on recent occasions, however no action had been taken in response to this. While an air conditioning unit was available in the room, we had to query with staff as to whether it should be switched on to manage the temperature. This showed that risks were not identified and acted upon promptly in the service.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were satisfied with the way the service looked after and administered their

medicines. One person said, "They bring my tablets and always on time. I am happy as forgetting them is now no longer a worry for me." We observed staff administering people's medicines and saw this was done safely and with respect. The service had procedures in place for receiving and returning medication safely when no longer required. Medication administration records were consistently completed and tallied with the medicines available. Systems were in place to check some medicines on a daily basis to ensure their safe management. Routine audits of medicines were in place. Assessments of staff competence to administer medicines safely were completed.

We had received anonymous information that there were insufficient staff to meet people's needs and that staff were working excessive hours. People felt there were enough staff available to meet people's needs safely. One person said, "The staff are always there when you need them." Another person said, "If you want to talk, you can call them and they will come to you."

The manager completed a monthly dependency assessment of each person living in the service. The manager told us this was used to inform staffing levels and confirmed that staffing levels would be increased at any time needed. Staff confirmed that staffing levels were suitable to meet people's needs and agency staff were arranged to cover any staff shortages. Staff deployment was organised at the shift handovers. Staff knew which areas of the service they were responsible for monitoring to ensure people's safety. We saw that staff were available when people needed them.

People told us they felt safe living in the service. One person said, "I feel safe as the staff are all around for me." Another person said, "Yes, I feel safe, definitely. I think it's mostly because of the staff and the way they are with me." One person's relative said, "We know [person] is safe – I do not have to worry and do not wake up in the night worrying."

The manager and staff had a good understanding and knowledge of how to keep people safe from the risk of abuse. Staff had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. One staff member said, "I know what is right and what is wrong. If I did see something I would tell. I would speak to my manager or head office if needed." The manager had acted promptly to inform the safeguarding team of, for example, a recent occasion where an agency staff member had failed to administer people's medicines. The manager had maintained clear records of any safeguarding matters raised in the service. These showed that the manager had worked with the local authority to ensure people were safeguarded.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Records showed that the required references, criminal record and identification checks were completed before staff were able to start working in the service. The manager told us that the service was actively advertising and recruiting to ensure there were permanent staff in post to support consistency for people living in the service. Staff interviews were taking place during this inspection.

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 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.

While staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training, they and the manager did not demonstrate suitable knowledge and understanding of their responsibilities. Assessments of people's capacity had not been completed in line with Mental Capacity Act where decisions had been made about their care and treatment. Assessments had not been completed consistently in relation to aspects of some people's care and treatment, such as in relation to supporting continence management, or personal care. Records and observation showed, for example, that a number of people had a sensor mat in place in their bedroom to alert staff should the person get up and move about and that a number of people had bedrails in place. The manager confirmed that no assessments of people's capacity to consent to these had been completed or to show that decisions had been made in their best interests. One person's records showed and discussion with their relative and staff confirmed that the person was administered medication covertly; that is giving the person medication without their knowledge or consent. While the GP's written consent to this was available, the manager confirmed that no mental capacity assessment had been completed in line with legal requirements. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been not recorded and restrictions had not been properly assessed and considered.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were complimentary about the staff working at the service. One person said, "The staff here are good, you cannot fault them." People were cared for staff who were well trained and supported in their role. Staff had had an induction when they started working at the service and had worked alongside more experienced staff to begin with. Staff told us that their induction and training provided them with the knowledge they needed to meet people's needs safely and effectively. Agency staff also received an induction to the service. The manager's records showed that in addition to basic training and updates, staff were also provided with a number of training sessions on areas relevant to people living in the service including diabetes and additional dementia training. One staff member said, "I have done virtual dementia training here, it was really good. I understand more about people's dementia and so I can help them better. It gave me good insight." Records showed that the Speech and Language Team had also provided training

for staff in relation to the risk of choking.

The manager told us that since being in post they had identified that not all staff had received the number of supervisions required by the provider's policy and they were addressing this. Staff told us that they felt well supported in their work through regular supervision and staff meetings. Records confirmed that staff attended regular staff meetings. Staff also had opportunity to take on additional responsibilities as part of their development. Information was displayed to inform people of the staff members who were Dementia, Infection Control or Dignity champions. This role enables staff to increase their knowledge on the relevant subject and support its implementation in the service.

People told us that they liked the quality and choice of meals and drinks provided. One person said, "The food is very good. They ask what I would like." Another person said, "The food is wonderful. If you ever need to put on weight then you should come here. There is a great choice." Where people were unable to verbally express a preference, staff showed people two plated meals so as to help people make an active choice.

People were supported to maintain good nutrition and their needs were assessed and planned for. The service used a specific colour of dishes and cups for people that were identified as at nutritional risk. This made it easier for staff to ensure those people were given additional support at all mealtimes. People were weighed routinely in line with their assessed level of risk to support effective monitoring. People were also supported to maintain hydrated and were regularly offered drinks and prompted to drink during the day. We heard a staff member say, "Can I give you a drink. It is very warm today and you really need to drink plenty to keep well." Staff had a good understanding of each person's nutritional needs and how these were to be met. Where staff supported people to eat, they sat with the person and assisted them in a calm and unhurried way to allow the person to enjoy their meal.

People's care records showed that their healthcare needs, appointments and outcomes were recorded to ensure that staff had clear information on meeting people's needs. People told us that staff helped them to gain access to, for example, the GP if they were unwell. One person said, "They get the doctor for you or the district nurse when you need it, the nurse is coming today to dress my legs, staff are good like that." People also told us that they were regularly attended to by the visiting chiropodist. One person said, "They are very good if you are not well and get the doctor out and also they get the chiropodist in to do my feet."

Is the service caring?

Our findings

People lived in a caring environment. One person said, "The atmosphere here is lovely. They are all so nice and so kind. That is half the battle when you have that." Another person told us, "It is lovely here and the staff are ever so nice." People's care documents showed that people and their relatives had been involved in the assessment, planning and review of their care. Care records noted people's preferences such as in relation to food, drinks, social activities and routines of daily living such as their preferences for getting up and going to bed.

People were encouraged and supported to make choices and decisions in their daily life. People told us they could choose how they spent their day and whether or not to join in with the activities available. One person said, "I make choices about what I eat or drink and what clothes I wear. The staff always ask us. I can go to my room when I want to. I do not do many of the activities but I am going into the garden now to join in the barbeque." Information on accessing advocacy services was displayed in the service, should people need support with decision making. People told us that visitors were welcomed in the service.

We saw that staff took time to listen to what people said and to really engage with them in a caring way. One person was walking around and in a distressed way stating they did not know what to do. A staff member noted this and looking directly at the person said, "I am on my way to the laundry with these aprons [person's name], would you like to come with me for the walk?" The person's facial expression changed to a smile, they linked arms with the staff member and they were heard chatting in a friendly and calm way as they walked. We saw another staff member walking along with a person and carrying the person's meal. They chatted with the person, encouraging them to eat a little more as they went. The staff member then said, "I am going to have a five minute break and sit outside as it is a lovely day, would you like to come and sit with me?" The person confirmed this and went to sit outside with the staff member where they were seen chatting together.

People were encouraged to maintain their independence and sense of well-being. People were provided with specific equipment such as plate guards at mealtimes which helped them to eat independently. Another person was supported to swap their cutlery to opposite hands to assist them to eat and when this was not successful were then offered a spoon which enabled the person to eat their meal independently. Some people had key safe boxes outside of their bedroom door. This enabled them to retain independence with locking or entering their private space and ensuring no one else entered their room without their consent. One person told us that staff respected that the person was able most days to manage their own personal care, but were there to provide support on days that the person needed it. Another person said, "It is so relaxing here. When I want to go to bed, I do. I get up when I wake up, it depends on me, they tell you to get up when you are ready."

Overall, people were treated with dignity and respect. We noted however that cream was applied to one person's legs in a communal room where other people were sitting. The manager confirmed this was not acceptable practice and would be addressed with the staff member. People told us that staff respected their privacy and dignity, such as by always knocking before entering their bedroom. We saw that bedroom and

bathroom doors were closed while personal care was being provided. One person told us that they always received treatment from the chiropodist in the person's bedroom, "As it is a bit more private there and they respect that."

Is the service responsive?

Our findings

Overall, people received care and support that was individually planned to their needs. The care records were in the process of being transferred from a paper system to an electronic system. The electronic personal profile record contained good information about the individual person, information about their life, family and interests as well as some information about specific needs. We identified areas where information had not been included in the care plan, such as aspects of a specific healthcare need and support for people who became distressed and anxious at times. The manager confirmed their understanding of this and action was taken to arrange to have these uploaded as individual care plans for people.

People received care that was responsive and person centred. People's individual needs were assessed as they moved into the service and this was used to inform their plan of care. One person's care plan identified that the person would not accept any assistance with personal care at night and attempts to help the person resulted in the person becoming distressed. The care plan instructed staff to ensure clean nightwear was left ready on the person's bed every evening so that distress for the person was avoided, while ensuring that the person had clean clothes on. Staff were aware of this plan and records confirmed it was implemented. One person's records showed they had worked in a caring profession and liked to help out in caring for other people. Staff followed the person's care plan by supporting the person to undertake tasks including providing other people with cold drinks, and chatting with people. The chef told us that some main meals were now provided in the evening rather than at lunchtime as this was some people's preference and life routine.

Staff were able to support people in line with the information contained within care plans and information provided at a handover of each shift so they knew the care to provide to people at that time. We saw that staff checked that one person had a hot chocolate drink with their breakfast as this was the person's preferred morning drink. A 'resident of the day' system was in place. Staff told us this was to focus on the individual person and ensure the service was meeting the person's needs. It included a full review of the person's plan of care, liaising with the person and their family where appropriate and chasing up any medical support requested.

People had opportunities to follow social and leisure pursuits that interested them. The service had a shop where people could buy small items including sweets each day. The manager told us that a new activity co-ordinator had recently been recruited which was expected to further improve activities for people. We saw that people had opportunity for group events, such as the barbeque in the garden. Individual opportunities were also provided and one person, for example, was taken on regular visits to see their spouse who was unable to come to the service. One person said, "It is wonderful here and they care for us so well. I have my newspaper. The hairdresser comes in; it helps you to feel good. I go into the garden, I am quite content." Staff sat with people and chatted with them. One occasion this was about events in the newspaper and led on to a more general conversation about the Queen's birthday celebrations and the royal family.

People told us they felt able to express their views about the service and had no complaints. One person

said, "I have no worries. I could say if I had and they would deal with it." The provider had a complaints policy and procedure in place. The complaints information gave people timescales within which a response and actions would be implemented so people knew what to expect. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. The provider had a clear system in place to manage complaints and to show they were investigated and responded to. Overall, people received care and support that was individually planned to their needs. The care records were in the process of being transferred from a paper system to an electronic system. The electronic personal profile record contained good information about the individual person, information about their life, family and interests as well as some information about specific needs. We identified areas where information had not been included in the care plan, such as aspects of a specific healthcare need and support for people who became distressed and anxious at times. The manager confirmed their understanding of this and action was taken to arrange to have these uploaded as individual care plans for people.

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provider had a clear system in place to manage complaints and to show they were investigated and responded to.

Is the service well-led?

Our findings

The provider's systems in place to assess, monitor and improve the quality and safety of the service for people and mitigate the risks relating to the health, safety and welfare of people and others who may be at risk were not operated effectively. The provider's PIR told us that the computer system recently installed in the service would make tracking and auditing of care records easier and avoid the risk of any areas being overlooked. We found however that areas had been overlooked and there were gaps in some care management records that could result in considerable impact on people's wellbeing.

While some aspects of the quality system were positively implemented, improvements were needed to the management of the service to ensure that guidance was properly followed and risks were suitably identified and mitigated. The system of checks in the service had failed to identify areas of concern we found such as the safe management of risk and medicines and the failings in relation to compliance with legal requirements relating to people's capacity to make decisions and protect their human rights. The quality assurance policy made available to us by the manager was dated 2014 and referred to national minimum standards no longer in use. This meant either that the management team were working with out of date information or were unaware of the provider's current quality system requirements.

The system of audits in the service was not consistently effective in identifying areas needing improvement. The manager confirmed that information in audits completed was not consistently accurate. One of the care plan we found to have missing information had been audited recently within the service and recorded as being 100% complete. This meant that the accuracy of information sent to the provider could not be fully relied upon. External monitoring of the service was not completed regularly. The manager told us the most recent report available of this check was dated December 2015. This meant that the provider may not have had accurate or up to date information to reassure themselves that the service provided people with safe, quality care.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager confirmed they had made application to register with the commission as required. A new deputy manager had been appointed and was completing their induction during our inspection. Staff were clear in their roles and responsibilities.

There was an open and supportive culture in the service. Staff told us the management team were supportive and approachable. People told us they felt able to approach the manager and senior staff should they need to and felt they would be listened to. People also had opportunities to offer their views on the service and be listened to through meetings and satisfaction surveys. The manager showed us the pictorial surveys they were developing on individual areas such as food. These were to support more people to be able to participate by having information in a more accessible way so as to have their voices heard in the service.

The manager demonstrated they were open to working with other organisations to improve the safety and quality of the service people received. The service was part of a project to improve safety and reduce harm such as from falls, pressure ulcers and infections. An open day was held at the service with other providers invited as a way of sharing ideas and information. The manager had also signed up with the My Home Life movement which aims to improve the quality of life for older people in care homes through research, leadership development and sharing good practice.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Assessments of people's capacity had not been completed in line with Mental Capacity Act where decisions had been made about their care and treatment.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not protected people against the risks of inappropriate care and treatment.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not operated effective systems to protect people against the risks of inappropriate or unsafe care as robust arrangements were not in place to assess, monitor and improve the quality of the service provided.