Care Quality Commission

Sutton Village Care Home Limited

Swanland House

Inspection report

41 West End
Swanland
HU14 3PE
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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

Overall summary

The inspection of Swanland House took place on 16 and 18 December 2015 and was unannounced. This was the first inspection of Swanland House since the change of registered provider in May 2015.

Swanland House is a residential care home that provides accommodation and support to a maximum of 21 older people, some of whom may be living with dementia. The service is a privately owned residential care home that operates in a Grade II listed building. There are eight shared bedrooms, four single bedrooms and one independent flat. However, the service does not usually accommodate more than 18 people as it prefers to use as many bedrooms as possible for single occupancy. Some rooms have en-suite facilities. There are pleasant gardens around the home and ample car parking spaces for visitors. The service is on a main road through the village of Swanland in East Yorkshire.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse. Staff understood their responsibilities regarding safeguarding and they were knowledgeable about the types and signs and symptoms of abuse. There were systems in place to ensure safeguarding referrals were made to the appropriate department.

We found that people were safe because whistle blowing was appropriately addressed and investigated and risks to people were reduced because risk assessments were in place and followed.

We saw that staff were employed and deployed in sufficient numbers to meet people's needs and staff recruitment followed safe policies, procedures and practices, so that people were only supported by staff that were suitable to care for vulnerable people. We found that people were protected from unsafe practices in medication management and infection control, because there were systems in place to ensure these areas of care were carefully monitored and delivered.

People were supported by care staff that were trained and qualified in appropriate care practices and had care qualifications. Staff received induction and were supervised as part of an appraisal system. All of this meant that people were supported by competent and well managed staff.

People and their families experienced good communication from the staff. Visitors told us they were always kept informed of the care and support issues relating to their relative. This meant people and relatives were included in how people's care was delivered.

We found that the registered manager ensured people were protected by the right legislation when their liberty was deprived. We saw that people received adequate levels of food and drink and were monitored regarding their health care needs so that they maintained good health wherever possible.

We saw that people enjoyed a suitable, clean, comfortable and appropriate environment in which to live. People were treated well by staff whose approach was kind and caring and people had the information they needed to live fulfilling lives. We found that people's general well-being was regularly monitored and evaluated to ensure they were satisfied with the service of care they received.

We saw that where necessary people who had no relatives or close friends were represented by an advocate to ensure their rights were maintained. Their personal information was kept confidential and their privacy, dignity was upheld, which meant people were confident the detail of their lives was known only to themselves. We saw that people's independence was encouraged as much as possible, so they retained control over their lives.

People had person-centred care plans in place to ensure their needs were planned for and met as much as possible. They engaged in a variety of activities and pastimes in the service as well as in the community and all of their own choosing.

We saw that people were supported with their mobility and comfort using appropriate equipment that staff were trained to use and which was safely maintained. People made independent choices about their lifestyles and were encouraged to maintain healthy relationships with relatives and friends so that they continued to be part of a family life.

We saw that there were systems in place for people to address and have resolved any complaints they voiced. These systems were used to ensure the registered provider and registered manager learnt from the experience of resolving people's issues, so that mistakes were not made again.

People benefitted from a culture that was positive, friendly and caring. The management team were supportive, open and inclusive of everyone that lived and worked in the service, which meant that people were able to influence the running of the service.

There was good communication among everyone concerned in the service and the quality of service delivery was assured using a quality assurance system of monitoring and checking.

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.

People that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse. There were systems in place to ensure safeguarding referrals were made to the appropriate department.

People were safe because whistle blowing was appropriately addressed and investigated. Risks to people were reduced using risk assessments.

Staffing was in sufficient numbers to meet people's needs and staff recruitment followed safe policies, procedures and practices. People were protected from unsafe practices in medication management and infection control.

Good

Is the service effective?
The service was effective.

People were supported by care staff that were trained and qualified. Staff received induction and were supervised as part of an appraisal system.

People and their families experienced good communication from the staff.

The registered manager ensured people were protected by the right legislation when their liberty was deprived. People received adequate levels of food and drink to maintain good health.

People enjoyed a suitable and appropriate environment in which they lived.

Good

Is the service caring?
The service was caring.

People were treated well by staff whose approach was kind and caring. People had the information they needed to live fulfilling lives. People's well-being was monitored to ensure they were satisfied with the service.

Where necessary people were represented by an advocate to ensure their rights were maintained. Their personal information was kept confidential and their privacy, dignity and independence were upheld and encouraged.

Good

Is the service responsive?
The service was responsive.

People had person-centred care plans to ensure their needs were planned for and met. They engaged in activities and pastimes of their choosing.

People were supported with their mobility and comfort with the use of appropriate equipment. They made independent choices about their lifestyles and were encouraged to maintain healthy relationships.

People had systems in place to address and resolve any complaints they had.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

People benefitted from a culture that was positive. The management team were supportive, open and inclusive.

There was good communication in the service and the quality of the service delivery was assured using a system of monitoring and checking.

Swanland House

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.

The inspection of Swanland House took place on 16 and 18 December 2015 and was unannounced. The inspection was carried out by two Adult Social Care inspectors. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the East Riding of Yorkshire Council (ERYC) that contracted services with Swanland House and from people who had contacted the CQC to make their views known about the service. We looked at information we had received form the registered provider in a 'provider information return' (PIR). A PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people that used the service, five relatives, two staff, the registered manager, the administrator and the company director. We looked at care files belonging to four people that used the service and at recruitment and training files belonging to three care staff. We looked at records and documentation relating the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at staffing records, equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas and the interactions between people that used the service and staff. We looked around the premises and looked at communal areas as well as people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Swanland House. They explained to us that they found staff to be good people, willing to help them anytime. People said, "I feel very safe here, as there are always staff around. If I saw or heard any rudeness I would report it, but there has never been a need" and "Yes we are all safe and secure here." Relatives we spoke with said, "I am happy for [Name] to be staying here as they would no longer be safe at home" and "Mum is well looked after and I know she is safe, whereas at home she was not."

The service had a policy and procedure for handling suspected or actual safeguarding incidents, which were held in one of a two volume 'operations manual' that staff had access to.

Staff we spoke with told us they had completed safeguarding training with East Riding of Yorkshire Council (ERYC) and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals to ERYC. We saw from the staff training record and individual training certificates that care staff had completed safeguarding training.

The information we already held about safeguarding incidents at the service told us there had been no incidents where the registered manager had used the ERYC Safeguarding Adult's Team risk tool for determining if a safeguarding referral needed to be made to them. The safeguarding records we saw in the service confirmed this. Systems that were in place to prevent and address safeguarding incidents, and staff having completed appropriate training to manage potential issues, meant that people were protected from the risk of abuse.

The 'provider information return' (PIR) we received told us that there was a system in operation for safeguarding people from harm, that the environment safety was assured, infection control measures were in place and used, and that staffing numbers and competence were maintained; all to ensure people were in receipt of the best possible service that Swanland House could offer.

We saw in care files that people had appropriate risk assessment documentation in place, which were relevant to the care needs they had. These included, for example, risk assessments on falls, nutrition, skin integrity, moving and handling and hoisting. These were regularly reviewed.

However, we saw that one person assisted to move using a 'standaid' hoist was not fully weight bearing and when we asked the staff about this they explained that the person had days when they were more able to weight bear and others when they found it difficult. Today was proving to be a difficult day for them. Staff explained that on such days they switched to a lifting hoist and that they would do so for the rest of that day, as the person had also been risk assessed for the lifting hoist. We saw that they did this and on speaking with the person's relative it was confirmed to us that they were fully aware of the change in the use of hoists, depending on their mother's needs.

We were told by the registered manager and the administrator that it was the responsibility of the administrator to ensure all premises safety contracts and certificates were kept up-to-date. We saw a sample of these documents and found they were all currently in date. They included, for example, gas and electrical supplies, passenger lift and mechanical lifting hoists, fire safety systems, hot water supplies, portable electrical appliances, waste management and fire extinguishers.

When we looked around the premises we saw that it was a safe environment for people to live in. Windows had safety restrictors, radiators had safety guards, the front and other entrances or exits to the property had key pad locks on them and carpets and furniture were well maintained so that they were in good condition. There was one minor issue of safety for staff: an electric socket was positioned too close to the sink in the laundry and could pose a risk of shock. The registered manager was informed about this and proposed to have the socket moved within the next day or two.

We saw that the service had emergency contingency plans in place for staff to follow should there be an incident that affected the whole service. There were contact telephone numbers of contractors and support services available for the registered manager and staff to use, which meant that the risk of people experiencing discomfort or being given a poor service were reduced.

Good

Is the service safe?

Staff told us they were aware of the whistle blowing policy and procedure and would not hesitate to use it if necessary. However, staff told us they found working at Swanland House to be a pleasure and therefore the need for these was absolutely minimal.

We saw from the documentation held and with speaking to people and staff that accident and incidents were well managed. Records showed what happened, when, where and what the consequences were. Records of accidents and incidents were appropriately kept and used for learning about ways to prevent similar happening to people again. People were referred to the appropriate health care service or social service department for falls, concerns about nutrition and swallowing and for equipment and assessments. Records of visits from professionals were also well maintained.

When we visited the service on the first day of the inspection we saw that there were three care staff on duty being supervised by a senior care worker. There was a registered manager in the office as well as an administrator. People told us there were sufficient staff on duty to meet their needs, as the call bells they activated were always answered promptly and people felt that they were well supported in any area of need they had. They said, “There are plenty of staff around” and “The care staff are always just a step away.”

We saw that the service maintained staffing rosters which we found corresponded with the numbers and names of staff on duty. Rosters recorded that there were three care staff on duty each morning, two each afternoon and two waking night staff. Staff told us they covered for any vacancies or holidays and usually maintained adequate levels of staffing. Staff felt they were able to meet people’s needs well because staffing levels were sufficient. One staff member said, “Staffing is great, there are enough of us on duty, people are happy with how we support them and we always manage to take our breaks comfortably.”

The registered manager told us they implemented a recruitment procedure to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement, which checks if staff have a criminal record that would bar them from working with vulnerable people. The DBS helps employers make safer recruitment decisions. We saw these were available in all three staff recruitment files we looked at.

We saw that staff files contained evidence of application forms, DBS checks, references and people's identities and there were interview documents, medical fitness declarations and correspondence about job offers. We saw new contracts and terms and conditions of employment for the new registered provider, as several staff had transferred across to the registered provider’s employment scheme. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

There was evidence in one of the staff files we looked at that disciplinary and grievance procedures were in place and used whenever necessary to resolve staffing concerns. Exercising fairness in the service was apparent in the way staff had been supported to improve their performance.

People and relatives we spoke with told us that, as far as they were aware, no one self-medicated. People told us that some of them were quite capable of managing their medicines but they preferred the staff to manage them, as they thought they might forget or get mixed up with things. People said about medication, “I don’t wish to look after any of my own medicines even though I am capable, as I am sure I would not like the responsibility” and “The staff handle all of our medicines and that suits us fine.”

There were systems in place to manage medicines safely. Only senior staff trained to give people their medicines did so. We assessed the medication management systems used by the service and saw that medication was appropriately requested, received, stored, recorded, administered and returned when not used.

The service used a monitored dosage system. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when. We saw that medicine administration record (MAR) charts contained clear details of when and how medicines were to be given and they had been completed accurately by staff.

Good

Is the service safe?

There were accompanying measures in place, for example, pictures of people on MAR charts and a specimen staff signature sheet, to ensure systems were as safe as they could be for people to receive the correct medicine at the correct time.

Good

Is the service effective?

Our findings

We saw the staff training matrix (record) maintained in the office on a wall mounted wipe board. This showed when all training was in need of updating and when training had been completed. It showed that all staff training was up-to-date. Staff confirmed to us they had completed mandatory training, which was what the registered provider considered to be the necessary minimum training to be able to carry out their roles. This included training in moving and handling, management of medicines, fire safety, safeguarding adults from abuse, health and safety and infection control. Other training completed by staff included dementia awareness, continence care, oral hygiene,

Staff told us they had completed qualifications in National Vocational Qualifications or the Care Certificate/Diploma and we saw qualification certificates in their files to verify this. We also saw staff training certificates in their files to evidence the mandatory training they had completed.

There were details in staff files of the induction that staff had completed on starting their jobs and staff confirmed they had engaged in an induction period before working unsupervised in the service. These measures ensured people were supported by qualified, trained, supervised and competent staff, so their needs were effectively met.

Relatives we spoke with told us that they were glad their family member was living in Swanland House as they considered the communication from staff to be very good. One relative said, “This is a lovely place, the staff are good at calling in the GP for when mum has an infection and they are very good at keeping me informed. I am really pleased with the place. The service assists with things mum needs where they can, the staff are on-the-ball.”

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 that there were DoLS in place for two people that used the service to ensure they were safe from leaving the premises unaccompanied.

Strategies were in place to offer these people opportunities to leave the building accompanied: one person walked around the grounds twice daily with staff so that they felt they had accomplished their responsibilities for the day and another person went out very regularly with friends and relatives, which gave them purpose and fulfilment, so that time spent in the service did not feel restrictive for them.

Documentation was in place and was reviewed appropriately to support that the service had followed the necessary legislation and practices when depriving someone of their liberty due to their incapacity and to ensure their safety.

People told us they received sufficient food and were informed of meal choices via a written menu on display. They said they could have an alternative dish if they did not like the food on the menu.

People said, “I like the food very much, I always eat everything” and “We get three good meals a day and snacks in between. We could ask for anything anytime, but usually wait until we are given drinks for example.”

We saw that the cook had information about people’s special diets and health needs and that people had been consulted about their likes and preferences. These were recorded in their care plans along with nutritional risk assessments and any instructions on soft diets or thickened fluids. We saw that the staff maintained records of people’s weights and their nutritional intake in monitoring charts, if necessary, to ensure they were eating the right amount of food and keeping to any medical diets.

The ‘provider information return’ (PIR) we received said the service was looking at providing some people in the local community with a ‘meals on wheels’ service, so that those

Good

Is the service effective?

people had contact with the service before they needed residential care and support. This was a way of supporting the local community and making introductions to people who may be future service users.

People's health care needs were assessed as part of the admission process and were reviewed regularly with changes in their condition or general health. People told us they saw a GP, district nurse or occupational therapist and physiotherapist when they needed to and when a referral had been made to these services. Health care plans were seen in people's files and they contained information for staff on how best to support people with maintaining optimum health. There were records of visits to or from health care professionals as well as dentists, opticians and chiropodists. The registered manager told us they had good relationships with all of these services, so that people received a good standard from them.

The PIR we received stated that the service was in the middle of a redecoration programme and that where identified new carpets would be fitted.

Swanland House was an entirely 'residential' property, which provided people with a safe and traditional place to live and we saw that it was comfortable, well maintained and that it met the needs of the people that lived there. There were signs for people to use to direct them to bathroom facilities and to help them identify their personal bedroom space, so a move towards ensuring the premises were suitable for people living with dementia was underway.

However, for those people that used the service who were living with dementia, approximately a third of them, we found that there could have been some improvement in the colour/pattern schemes of the carpets to enhance their quality of life by nurturing a more suitable environment. Environment incorporates design and building layout, colour schemes, textures, experience, light, sound, smell. We discussed this with the registered manager and the registered provider and they agreed that consideration would be made before any alterations or improvements were carried out on the environment to ensure it met the needs of people living with dementia.

Good

Is the service caring?

Our findings

People told us they were cared for by thoughtful staff. One person said, "I receive the care and support just how I like it. No one tells me what I should or shouldn't do." People said they only had to ask staff to support them and they were there in an instant. Another person said, "We all get on well together and the staff are very attentive."

People said they were very happy with the service and the way staff approached and treated them. People said, "I am treated very well" and "No one is ever rude or unpleasant to me." The ladies said they did not mind that there were only a couple of gentlemen living at Swanland House, even though they said they were interested in "Finding some new gentleman friends." They said they all felt that they were involved in the communal aspects of the service; planning meals, entertainment and activities, but that they remained individuals with wills of their own.

The service had a 'resident' notice board in the entrance hall, which contained a copy of the last inspection report, details about the Mental Capacity Act and Deprivation of Liberty Safeguards so that people and relatives understood what they entailed, a notice saying visitors were welcome to take a meal in the service for a nominal payment and a list of when people had their birthday. There was also a 'statement of purpose' and a 'service user guide' (information documents about the service provided) available for people to view, pictures from the Christmas party that had already been held, details of a hand massaging and holistic therapy service and local taxi firm numbers.

We noticed that when staff assisted people with their meals or with transferring from chairs, for example, staff gave people clear instructions on what to expect and how to cooperate with them. This was so that people were not hurried with eating, their movement about the place was safe and any risks they might face were reduced.

Staff told us it was important to ensure people's wellbeing was maintained. Staff said they tried to keep people thinking positively about their lives and that they encouraged people to eat well and join in with activities or pastimes, so that their general sense of wellbeing did not deteriorate. We observed staff being cheerful and kind and heard them tell people that nothing was a trouble, they were happy to help. People shared cheerful conversation in the lounge that led to them laughing and smiling and they generally had a positive outlook.

The 'provider information return' we received told us that advocacy services were accessed when necessary. We found that the service advertised advocacy services on the 'resident' notice board, but we were told by staff that everyone that used the service had relatives and friends to represent them. Therefore no one had accessed advocacy services for some years.

People told us they found that staff upheld the service's confidentiality codes, as they never heard any staff member passing on information of any kind about anyone that used the service. People also said they respected each other and did not ask for information that did not concern them. One person said, "I am absolutely certain that any confidential information about me would remain private and that staff would not get to know if not relevant to my care needs." Staff understood their responsibilities regarding confidentiality of information and only shared details with significant people and professionals where absolutely relevant.

People were of the view that they always received care and support in a way that respected their privacy and dignity. They told us that all personal care was only given in their bedrooms or a bathroom, that they were spoken to respectfully by all of the staff and that their personal business or care needs were never discussed or addressed in sight or sound of others.

We observed staff discreetly providing the care and support to people that they needed. Staff used low voices, key words and made as little fuss as possible when offering to help people or suggesting they undertake a move to improve their comfort. Staff knocked on bedroom doors, ensured curtains and doors were closed before assisting with personal care, left people to have a few moments alone if they wished to and offered people the use of protective aprons at meal times. Everyone was addressed according to their expressed wishes. Details of all of this were recorded in people's care plans.

Good

Is the service responsive?

Our findings

People told us they were of the view that they would have to "Go a long way to find a care home any better than Swanland House." They bemused that they must be "Quite a handful to care for and support" and were therefore "Very grateful for all that staff did" for them.

We saw that the registered manager maintained a wall mounted wipe board in the office that showed when people's care reviews were due to be carried out, if and when people had been admitted to hospital, any outpatient hospital appointments people had coming up and when their medication was last reviewed. The board also contained details of any support from a community psychiatric nurse if appropriate, whether risk assessments were in place and when they were due to be reviewed, if a GP visit was needed and whether a 'do not attempt cardiopulmonary resuscitation' instruction was in place. It meant that all of this information was readily accessible to the registered manager and staff at a glance.

In connection with this there were individual 'service user' care files, which contained all of the relevant information staff needed to support people. We saw that care files contained a dependency profile, assessments of need and risk, monitoring charts and a comprehensively completed care plan, using a well-known company's published format. Care plans were person-centred for staff to follow so that people's assessed and risk assessed needs were met in a planned, individual and effective way. All documentation was regularly reviewed to ensure people's current needs were met.

People said they engaged in activities, for example, reading newspapers, listening and singing along to music, reading, watching television, playing board games, walking around the grounds, being entertained by visiting singers (there was an entertainer singing on one of the days we inspected) and dancing if they were able to. We saw one or two people get up to dance in the lounge when music was played. Visitors played an important role in occupying people and there were many visitors during our inspection. We saw staff give people the opportunity to be involved in activities but if they declined this was respected. Records of activities that people joined in with were kept in their care files and showed whether people had enjoyed them.

We saw that the service had suitable equipment in place for staff to assist people with moving around the property, getting in and out of the bath and with being comfortable in a chair or in bed. Equipment included a sling type moving and handling hoist, a 'standaid' hoist, a fixed bath hoist and slide sheets and moving belts. There was also a passenger lift to the upper floor of the property and a chair lift on the stairs at the back of the building. We saw that staff used equipment safely and they told us they followed the manufacturer's instructions and any risk assessments that had been completed.

People told us they were never lonely or bored because they received visitors nearly every day or went out with relatives. One person went out with friends several times a week and others visited family members whenever they were invited. People spent time chatting to staff and each other and those that liked to stay in their bedrooms came out for short spells to eat a meal or have a drink in the company of others. Staff ensured they regularly popped-in to see people that preferred to remain in their bedrooms, taking them a drink or checking they didn't need anything.

The 'provider information return' (PIR) we received stated individuals have their own care plan which outlines their needs specifically to what they require. All staff read care plans to identify people's needs and how they can effectively deliver their needs in the care plan. All service users have a key worker who is a named member of staff who will provide extra support and activities to people and make themselves known to their relatives. Staff give support when delivering the care and interact with the service user in discussing their requirements and their views.

People were encouraged by staff to maintain relationships with their family members and friends by making the occasional telephone call, sending cards and greetings and receiving them as visitors. Staff ensured people that visited were made welcome with offers of a hot drink and a meal if they had travelled a long distance. We spoke with one relative that caught the train to visit their parent and another that often stayed for lunch. These visitors told us they were always made to feel welcome and could stay as long as they wished.

Good

Is the service responsive?

The PIR stated that if anyone had a complaint about the care they received there was a complaint procedure, which was followed to investigate issues and these were reported to the registered manager. Issues were addressed and a positive outcome was attained wherever possible.

One relative we spoke with said, "I have no complaints whatsoever. Everything necessary is provided for mum." We saw that there was a complaint policy and procedure in place for anyone to follow and this was prominently displayed in the service. Staff had information on how to progress a person's complaint and it was usually addressed by the registered provider.

There had been no concerns or complaints raised with us in the time the service had been registered under Sutton Village Care Home Limited. However, the PIR said the registered provider had received one complaint directly to them, which was resolved in less than 28 days. The registered provider explained that any small issues were usually addressed quickly to prevent those becoming serious complaints.

People that used the service said, "We have absolutely no need to complain at all" and "It is very nice here, no one ever need complain because the staff are so helpful."

Good

Is the service well-led?

Our findings

People we spoke with told us there was a very nice atmosphere in the service as they all got on very well together. One person said the culture was "Easy-going: laid-back and relaxed." Staff told us the culture of the service was "Friendly, homely and nurturing" and that it was "A place of work where staff enjoyed coming and helping people."

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made). They had an open and inclusive management style and were warm and friendly in their approach. A relative we spoke with said, "The manager is open and reliable and cooperates with us relatives on an acceptable level. You feel you can come to speak with them about anything."

We saw that the service had good community links with other organisations in the village, as the local school sent invitations for people to attend their functions, local residents knew some of the people that lived at Swanland House and so aided them to return home if they popped to the village shops.

Swanland House had changed in May 2015 from being owned by a private individual to being owned by a company. This had not changed any of the conditions of registration, just the legal entity (legal owner) and so new certificates were issued to the company secretary. On change of ownership the deputy manager became the registered manager. This meant people that used the service were already familiar with the registered manager's style and knew what to expect from them. People already had a good relationship with the new registered manager, as well.

We were told by the registered manager and administrator that the service had an effective quality assurance and monitoring system in place. This was in the form of satisfaction surveys sent to people and relatives and audits carried out within the property. These included, for example, audits on medication, staffing, key working, care plans, staff appraisals and social activities.

Relatives told us they had already completed a satisfaction survey issued by the new registered provider, which enabled them to put forward their views and hopes for how the service might continue. They said they had not been disappointed as the same standards of care had continued from the previous owner and the majority of the staff had remained in post. Relatives valued this continuity.

People we spoke with said they had completed satisfaction surveys as well and when we looked at their comments we found that people had mixed views, but were mainly positive and satisfied. Comments included, 'This is a very friendly and well run care home', 'Where residents are picky eaters the service could offer menu choice', 'GP services are quickly contacted where there are concerns', 'In the two years mum has been here I would have thought you'd know that she is best with finger foods', 'The entertainments are good, and my mother always says she feels at home here, as the place is clean, her bedroom is tidy and the laundry comes back' and 'Staff are always willing to help.'

The 'provider information return' we received stated that there was a plan to implement a 'suggestion box' in the entrance hall for anyone to make suggestions or offer information that would help the service improve. This showed that the service was open to hearing about niggles or idea so that it could question practice and make appropriate changes. This meant people's care and support improved wherever possible.

The administrator told us it was their responsibility to ensure all record keeping was kept up-to-date in respect of employing staff and maintaining general administration. We saw that records held on people that used the service and staff and for the running of the service, were stored securely and were kept up-to-date. This meant people's care was well documented so that any changes could be accommodated.