

Vishomil Limited

Swarthdale Nursing Home

Inspection report

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Swarthdale Nursing Home is a care home providing accommodation and nursing and personal care to up to 43 people. The service is a large property which has been adapted to meet people's needs. The home provides care for older people and people living with dementia. There were 31 people living in the home at the time of our inspection.

People's experience of using this service and what we found

People were not protected against harm because risks to their safety had not been identified and managed. Some care records had not accurately identified risks to people or how these were managed. Although there were enough staff to provide people's care, some staff had not completed required training related to providing care safely. The manager had identified shortfalls in staff training and had arranged for staff to complete required training during our inspection. Safe systems were used when new staff were recruited. The manager reported any concerns about abuse to the relevant authorities.

The provider had not ensured effective oversight of the quality and safety of the service to ensure people were protected from harm. The registered manager was absent from the home due to long-term sickness. The provider had employed an interim manager who had identified some areas where improvements were needed to the service. The manager had developed an action plan to address issues they had identified. The manager and staff were committed to providing people with person-centred care. They were open and honest with people. The manager sought the views of people and staff to improve the service.

People did not always receive effective care because their needs were not always promptly reassessed or monitored as they changed. People were included in choosing their meals and mealtimes were flexible to people's wishes and preferences. People were supported to see their doctors as they needed. The home had been adapted to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 22 June 2018).

Why we inspected

We received concerns in relation to infection prevention and control and how the provider managed risks to people who had multiple needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

The manager took immediate action to improve the safety of the service following the inspection. They provided a robust action plan showing how they were addressing the issues identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swarthdale Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold register providers to account where it is necessary for us to do so.

We have identified breaches of regulation in relation to managing risks and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Swarthdale Nursing 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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

Swarthdale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Swarthdale Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was absent from the home due to long-term sickness. The provider had employed a new, interim manager two weeks before we inspected.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 20 July 2022 and ended on 1 August 2022. We visited the service on 20 July 2022. Following our visit, we contacted relatives of people who lived in the home and staff to gather their views.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

People who lived in the home were living with dementia and were not easily able to share their views with us. We spoke with five people who lived in the home and observed how staff interacted with people. We also spoke with the manager, deputy manager, three members of the care team and a member of the housekeeping team. We looked around the accommodation.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at records relating to the management of the service, including staff recruitment and training. We contacted 10 people's relatives and nine staff to gather their views.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were confident people were safe, however some people had been placed at risk of harm because risks to their safety had not always been identified and managed appropriately.
- Some people were living with conditions which required staff to monitor aspects of their health such as their weight and food and fluid intake. The provider had not ensured staff adequately monitored, recorded or reviewed people's care to protect them from the risk of harm.
- Some people were at risk of unplanned weight loss. The provider had not ensured people's weights were monitored to identify weight loss promptly. This had led to some people having significant weight loss which was a risk to their health and wellbeing.
- Some people required staff to add thickener to their drinks to reduce the risk of them choking. Although staff were recording adding thickener to drinks, they were not recording the amount of thickener they had used.
- Staff did not always have accurate information about risks to people's safety. Risk assessments had not been updated as people's needs changed.
- Some staff had not completed required training related to providing care safely. The manager had begun to address this. They had arranged for staff to complete the required training and ensured immediate guidance was given to staff on important aspects of safety in the home.

Risks to people's safety had not been managed effectively. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager immediately reviewed all the care records for people who had been identified as at risk due to health conditions. They ensured up-to-date information was available for staff about risks to people's safety and how to manage these. They also reported concerns about failings in people's care to the local safeguarding authority.
- Staff knew how to identify and report abuse.

Staffing and recruitment

- There were enough staff to provide people's care. We received mixed views from relatives about staffing levels in the home. Some relatives said there needed to be more staff available but other relatives said there were enough staff. The manager had reviewed staffing levels to ensure there were enough staff to meet people's needs.

- Staff told us there had been times when there were not enough staff deployed in the home. They told us the manager had reviewed staffing levels and was recruiting additional staff. The provider used agency staff to supplement staffing levels.
- The provider carried out checks on new staff to ensure they were suitable to work in the home. These included confirming applicants' good character and checks against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as they needed. Staff who handled people's medicines had been trained to do so safely.
- Relatives told us they were confident staff knew how to support people with their medicines. They said staff kept them informed of any changes to the medicines prescribed for their relative. One relative said, "The staff are good with the medicines." Another relative told us, "They [staff] give him the medication, there are no problems."
- Medicines were stored securely to prevent their misuse.
- The manager gave further guidance to staff about keeping detailed records of prescribed thickener they added to people's drinks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following government guidance regarding visits in and out of the home. Relatives told us they could visit their relatives in line with government guidance.

Learning lessons when things go wrong

- The manager had identified where improvements needed to be made in the service. They were already in the process of making improvements in some areas when we inspected. They had good systems to learn lessons when they identified issues and when things went wrong. These included sharing lessons from incidents and concerns with the staff team.
- The manager took prompt action during and following our inspection to improve the safety of the service.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
Supporting people to eat and drink enough to maintain a balanced diet

- Although people's needs were assessed, their care was not always reviewed as their needs changed. One person had experienced significant unplanned weight loss. Their care had not been assessed and reviewed following the weight loss. Another person had been diagnosed with a health condition, but this had not been included in their care records.
- Some people required their drinks to be thickened to reduce the risk of them choking. Staff had not always recorded the amount of thickener they added to people's drinks.
- The provider used an electronic care assessment and planning system. A staff member told us it was very time consuming to update people's care plans when their needs changed. This had led to some care records not being updated to include up-to-date information to guide staff on how to support people.
- The manager immediately arranged for care plans to be reviewed to ensure they held accurate information and guidance for staff on how to support people. They gave staff additional guidance about maintaining accurate records of the support they had given to people.
- People were included in choosing their meals and mealtimes were flexible to people's wishes and preferences. Relatives told us they could join their relatives for a meal and said they appreciated this.

Staff support: induction, training, skills and experience

- The manager had already identified issues with staff training. They had found some staff training was out of date and some staff had not received robust induction training when they were employed to work in the home. The provider had identified a training provider and the manager was arranging for staff to receive training updates and to complete mandatory training.
- Relatives told us the staff were skilled to support people. One relative said, "They [staff] have the skills." Another relative told us some of the staff seemed young and inexperienced but said, "They do have a senior team which gives more stability, some nurses and senior carers that have been there a while."
- Staff told us they felt supported by the manager. They said they were aware of improvements the manager was making and was planning to make. One staff member told us, "The manager is very supportive."

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

- The home was an older property which had been adapted to meet the needs of people living there. The provider had identified some areas of the home needed updating. The manager had developed an action plan to improve areas of the accommodation.
- There were numerous adaptations and design features to assist people living with dementia. This

included signage to help people find their way around the home and use of contrasting colours to promote people's ability to use toilet facilities independently.

- Although the provider was registered to accommodate up to 43 people, there were a number of double rooms which were used as single rooms. The manager told us people would only be offered a double room if they were related and did not wish to have their own rooms.
- People had personalised their rooms as they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff identified when people were unwell and sought advice from appropriate services such as their GPs or specialist services. Due to the COVID-19 pandemic there had been some issues accessing specialist services, despite staff trying to arrange this.
- Relatives told us the staff contacted the doctor if they were concerned about their relative's health. They told us the staff informed them of any concerns and the actions they had taken in response. One relative told us, "They [staff] have access to a doctor and they call me straight away when [relative] needs one." Another relative said, "The staff get a doctor and they let me know."

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People made decisions about their care and their rights were protected. Staff understood the need to respect people's wishes and to gain consent before providing their care.
- The manager understood their responsibilities under the MCA. They had ensured appropriate authorisation was sought for any restrictions on people's liberty and that any conditions on authorisations were met.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant there were shortfalls in service management. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been absent from the home due to long-term sickness. The provider had not maintained oversight of the quality and safety of the service during the registered manager's absence.
- The provider had employed an interim manager two weeks before we started our inspection. The manager had started auditing the quality of the service and identified areas where improvements were required. These issues had not been identified by the provider before the manager had been employed and people had been placed at risk of harm.
- Staff told us they had raised concerns about the service before the new manager had been employed but no action had been taken in response to the concerns raised.
- Due to the short time the manager had been employed; they had not identified some issues we found during the inspection.

Systems had not been established to monitor and improve the quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took immediate action in response to the inspection findings to improve the service. They prioritised addressing issues regarding the safety of the service and developed a robust action plan to address other areas found.
- Staff told us they felt supported by the manager. They said the manager listened to their concerns and took action to improve the service. One staff member told us, "Our new manager now is really good, and she takes our concerns very seriously."
- Some relatives told us they had noticed improvements in the service since the manager had been employed. One relative said, "I can see a difference ... a change in the place. I do hope [manager] stays."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and staff were committed to providing people with person-centred care. The manager had identified areas where the service needed to be improved to ensure positive outcomes for people. They shared learning with the staff team to improve the service.
- Relatives told us the staff were kind and caring and provided person-centred care to people. One relative told us, "The staff are brilliant. They have a laugh with my relative, they are angels." Another relative said, "It's my relative's birthday soon and the activity coordinator is coming in on her day off to organise the party,

with balloons. It just makes it so special."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had introduced meetings with people and their relatives and with staff to gather their views about the service. Staff told us the manager listened to them and acted in response to their feedback.
- Relatives told us they were aware the manager had arranged a meeting to gather people's views. One relative told us, "I know there is a meeting planned for September."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Working in partnership with others

- The provider and manager understood their responsibilities under the duty of candour. They were aware of the need to be open and honest when incidents occurred where the duty of candour applied. A relative told us, "The staff are transparent, they are open and honest with me."
- The manager had been open and honest about issues they had identified in the service. They had taken action following the inspection to make urgent improvements to the safety of the service and shared concerns with relevant agencies such as CQC and the local authority.
- The manager and staff tried to ensure people received the support they needed from other services. They worked cooperatively and in partnership with other services. The staff contacted appropriate services to ensure people received the support they needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people's safety had not been managed effectively Regulation 12(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems had not been established to monitor and improve the quality of the service. Regulation 17(1)