

R G Care Ltd

Swan Care Residential Home

Inspection report

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Tillingham
Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 December 2017 and was unannounced and carried out by one inspector. Previous inspection of the service took place in June 2016 where the Commission highlighted some concerns and imposed conditions on the service as to drive improvement within the service.

At the last inspection in June 2016, the service was rated Good overall with requires improvement in the effective domain. The service had failed to meet the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 legislation. Appropriate mental capacity assessments had not always been undertaken nor DoLS applications made which were necessary to lawfully deprive a person of their liberty, acting in their best interests. At this inspection, we found the service remained Good in all areas and the service had made improvements in the effective domain.

Swan care residential home is a 'care home'. Swan Care Residential Home is set in the tranquil Village of Tillingham within the county of Essex. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was safe. The service carried out appropriate recruitment checks before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. The service assessed and reviewed people's health and wellbeing to minimise risk to health. The service had a good management and monitoring structure in place for the management of people's medicines.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The service supported people to eat and drink enough this ensured people maintained a balanced diet.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. The service undertook regular care plans reviews and changes were made when needed. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was Well Led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The manager told us that current systems and processes were being updated and improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service was effective.

Consent to care and treatment was consistently sought in accordance with the legislative requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff were supported in their role through supervision and appraisal and had the necessary skills and experience to support people effectively.

People were supported to have enough to eat and drink to maintain their health and wellbeing and had access to healthcare services as required.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Swan Care Residential Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 12 and 13 December 2017 and was carried out by one inspector.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events, which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how staff cared for them. We therefore used observations, speaking with staff, relatives and reviewing care records to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and 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 spoke with four people who used the service, two of their relatives, four staff members, the manager and the area manager. We looked at records in relation to nine people's care, six staff recruitment folders and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe residing in the service, one person told us, "I feel safe in the home and the care and support I receive is good". A relative informed us "the home takes good care of my relative and I always feel reassured that they were being cared for and were being supported to meet all their needs".

Staff showed they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the manager, staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider's whistleblowing policy and procedures. Staff had all the information they needed to support people safely. All staff were involved with ensuring that people's risk assessments were kept up to date to ensure people's safety when they accessed the community, either by use of public transport or the service's vehicle. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the service by means of notification on the electronic care planning system, which was accessible to all staff.

The manager informed us that the service reviewed staffing levels of the service on a monthly basis as to ensure that the service had sufficient staff in place to meet the needs of people using the service. The manager and staff told us that there was enough staff to meet people's needs however; additional staff support was deployed as and when required. For example, when people went into the community for days out the service deployed more staff to ensure the safety of all the people inside and outside the service at the time. Records we viewed confirmed this.

The provider had a robust recruitment process in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people.

We found that people using the service were being cared for in a safe and clean environment. People's rooms were decorated to each person's interests and likes, which showed the service gave people choice and respected each individual. The manager informed us, "People were supported in finding a theme they wished to have in their room and the service ensured that needs were met as they felt this helped people settle into the service."

People received their medication as prescribed. We found all medication administration charts (MARS) were all up to date and there were no omissions or gaps. One person informed us that they received their medication on time and knew what time staff came round with the medication. Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

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interests and likes, which showed the service gave people choice and respected each individual. The manager informed us that people were supported to find a theme they wished to have in their room and the service ensured that needs were met as they felt this helped people settle into the service. The manager had also arranged for all electrical equipment to be serviced and tested to ensure the safety of the people in the service.

Is the service effective?

Our findings

At our inspection in June 2016 we found the service had failed to meet the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 legislation. Appropriate mental capacity assessments had not always been undertaken nor DoLS applications made which were necessary to lawfully deprive a person of their liberty, acting in their best interests. At this inspection, we found the service had taken the necessary assessment to ensure that people had been appropriately assessed.

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 authorisation 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. The service had made application which had been authorised Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings.

One member of Staff informed us, "People in the service have varying levels of capacity and in order for us to best support people we assess everyone's ability to make an informed decision in line with the Mental Capacity Act 2005 and if they are unable to make a decision we support them to make a best interest decision". The service had care plans in place to support people who lacked capacity. The service had consulted the person's family and all professionals involved with the person's care. This showed us people's wishes and feelings were being respected and their needs were being met in the best way possible and this was an improvement from our last inspection.

Staff informed us when they commenced employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans as this ensured staff had good knowledge of the people they were supporting. As part of the induction process staff informed us, there would be a period of being observed by an experienced member staff and by the manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting.

Staff attended training when they started employment and they attended yearly refresher courses and this would be via Distance learning, DVD or planned training dates at a local venue. We found staff to be positive

about their training and they felt supported by the manager and the provider. Staff informed us, "We are supported by the service with our training and if we have any concerns or questions the management team have an open door policy which means we are able to approach them to gain clarity on areas of practice". Staff received training in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required. Staff were also encouraged to do additional training and development to continually develop their skills.

Staff had regular supervision and meetings to discuss people's care and the running of the service and staff were being encouraged to be open and transparent about any concerns they may have. Staff said, "We have formal and informal supervision on a regular basis and we can talk to the management team about issues around work and our personal life as this often can impact on us delivering a good level of care to the people we are caring for."

The manager informed that they also do observations of staff throughout their period of employment and will acknowledge areas of good practice and improvement and this keeps the staff motivated. We found that the manager had a communication book in place for staff to use to jot down any information that maybe useful to delivering good care to the people using the service. One Staff informed us, "We have a good team here and work well together and we know each other's strengths and weaknesses and support each other".

People said they had enough food and choice about what they liked to eat. People said they had plenty of choice over what they wanted to eat and if they did not like the choices on the menu, they could have an alternative. We saw throughout the day people were provided with food and drinks. If required people were provided with special diets such as for diabetes or if people needed soft and pureed food. Where required staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. People had access to a range of healthcare professionals and services, such as, GP and the local authority. A relative informed us, "The staff always keep us up to date about our relative's health and wellbeing and communicated any changes in a timely manner."

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

The service provided a caring environment to the people using the service and those visiting.

One relative informed us, "The care delivered in the service was very good". The relative went on to say, "Staff are very compassionate, friendly and appeared to have a good knowledge of the people they are caring for."

Staff listened to people and acted accordingly to ensure that their needs were met in a caring manner. A relative informed us, "Every time I visit there is always a good atmosphere. The staff seem to enjoy being at work and appear to be enjoying supporting people to meet their needs, this gives me the reassurance that my relative is in the right place."

The people's care plans we viewed detailed each person's preferences of care, including their past life history, as this ensured that staff were able to meet the needs of people effectively.

People and their relatives were actively involved in making decisions about their care and support. One relative informed us, "The service had involved them and their family in the care planning of the person to ensure that the transition from home to the service would run smoothly and the person would settle in the service. The relative went on to say, "We are regularly invited to care review meetings, in addition, staff and the manager will contact them if there has been a change in the person's needs."

The manager informed us that they used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected. Staff respected people's privacy by only accessing their rooms after consulting people.

People's independence was promoted by a staff team that knew them well. We noted that people were smartly dressed. People in the service were not restricted to how often they changed their clothes and we observed staff supporting people with ensuring they had clean clothes on before accessing the community. Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well-presented was an important part of their supporting role.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff, relatives and people receiving support. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. The manager informed over the last year the service had introduced computerised care plans. The computerised care plans prompted all staff to update people's change in needs, which in turn provided the service with live information on how to best meet people's needs. For example, the computerised care plans monitored people's daily fluid intake and if fluid intake was low it would prompt staff and the manager of the risk.

The manager held conversations with other health professionals, people and relatives to plan and discuss people's care before the service commenced as to ensure the service can meet the needs of the person. The regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care.

The service also encouraged people to access activities in the community. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. One person told us, "At least once a week a few of us go to an afternoon day centre, we really do have a good time and we always look forward to our outings. However, a relative informed us. "We still feel more could be done to ensure everyone in the home is stimulated, as you can see the home has two lounges; however people in the back lounge don't get the same level of engagement." This was discussed with the manager and area manager who both informed that the back lounge was set out for people who did not wish to get involved in the activities but chose to spend their time reading or resting." The manager and area manager added that this was reviewed along people and their relatives to see what more could be done to ensure everyone's participation and involvement in activities in the home.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, such as....., specific behaviours, and any changes were communicated with the person and social services. Care plans we viewed showed regularly reviews were being carried out as and when required.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager.

Is the service well-led?

Our findings

At this inspection, we found that although the service was managed well, the condition for manager had not yet been met in accordance with regulatory requirements. However, the manager had recently completed their interview to be a registered manager and the registration inspector confirmed this.

The manager was visible within the service and we were informed that in their absence the area manager, administrator and senior care staff looked after the service and kept the manager up-dated on their return. The manager had a very good knowledge of people living in the service and their relatives. People and relative informed that they were very approachable and could speak to them at any time. The manager informed they had been in the home for just a number of years but only under a year as the manager. The manager informed, "Since being appointed as the manager I have reviewed the process that had been in place and looked at improvements that could be made without making too many changes that could be disruptive to the day to day running of the service."

People benefited from a staff team that felt supported by the manager. Staff said this helped them to assist people to maintain their independence and showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The manager told us that their aim was to support both the people and their family to ensure they felt at home and happy living at the service. The manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by regulation.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.