Vaneal Ltd

Swimbridge House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Swimbridge House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Swimbridge House Nursing Home accommodates a maximum of 30 people in one adapted building. An extension to the building was under construction. There were 29 people resident at the time of the inspection.

The inspection took place on 2 and 3 January 2019. It was unannounced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People felt safe. They knew staff were available to meet their needs and respond in a timely manner. Recruitment arrangements ensured only staff suitable to work with older people, and meeting the service's standards, were recruited.

Staff had a good understanding of how to protect people from abuse and discrimination. They were aware that any concerns could be taken to the registered manager and the local authority safeguarding adults' team.

The premises were clean, hygienic and maintained to a safe standard.

Medicines were managed in people's best interest.

Risk was understood and managed in a least restrictive way. The overview of accidents and incidents helped to reduce any risk.

People enjoyed the food and their nutritional needs were met.

People's health care needs were fully understood and met. External health care expertise was sought appropriately.

Staff received training, supervision and support to help them in their role. They were encouraged to progress if this was what they wanted.

People's legal rights were understood and protected. Where people lacked capacity to make informed decisions these were made in their best interest.

Policies, procedures, staff training and delivery of care promoted people's wellbeing regardless of disability, age and other factors which might put them at a disadvantage to others.

Staff were caring, kind and compassionate. They treated people with respect and upheld their dignity. People's views were always sought.

People had an in-depth assessment of their needs and wishes. Care plans were detailed, complete and enabled staff to understand important aspects of the person they were caring for.

Shared activities were enjoyed and staff looked for ways to provide meaningful activities to people.

Complaints were considered a way to continually improve the service.

The registered manager and provider were committed to people's care and welfare. The quality of the service was closely monitored. Staff said they were proud to work at Swimbridge House Nursing Home.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Swimbridge House Nursing 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 was planned to check whether the provider was 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 took place on 2 and 3 January 2019. The inspection was completed by one adult social care inspector.

Some people living at the home had limited verbal communication and were unable to engage in the inspection. We therefore spent time observing staff interactions with people and saw how people spent their time. We used the principles of 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.

Before our inspection, we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return, dated 11 May 2018. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with four people using the service, five people's family members, eight staff members, the registered manager, and provider. We looked at eight records, which related to people's individual care needs and medicines management. We viewed two staff recruitment files, and records associated with the management of the service. This included people's and staff feedback. We received feedback from one health care professional with knowledge of the service.

Good

Is the service safe?

Our findings

The service continued to be safe.

People and their family members said they felt safe at the home.

People and their family members said there were enough staff, comments including, "Honestly, we do believe there are enough staff and the senior staff are brilliant" and "Somebody will always turn up if I ring the bell." Observation showed that staff were available to meet people's needs in a timely manner. The registered manager said that staffing was under regular review and adjustments were made as necessary. This was also evidenced through records. The service was still recruiting staff and occasional shortfalls were met through agency staff. Nursing and care staff were supported by administration, catering, activities, domestic and maintenance staff.

Recruitment arrangements protected people. These included checks prior to staff working unsupervised, including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people. A staff member confirmed they did not start working until all safety checks were completed. Records showed that there was a system for ensuring nursing staff maintained their nursing registration.

People were protected from abuse and harm. Staff said that every time they had a staff meeting or supervision they were reminded what to do if they had any concerns. Staff were very knowledgeable in how to recognise abuse and report it. This included reporting to management and externally, to the local authority safeguarding adults team, the Care Quality Commission or where necessary, the police. The registered manager had worked appropriately with the local authority safeguarding adults team.

The provider had a good understanding of how to protect people from discrimination. For example, through ensuring all necessary equipment was available to people with disability. One person said, "What was needed was ordered."

The premises were very clean and fresh. Staff received infection control training, had protective equipment available to prevent cross contamination, and the laundry room had the necessary equipment to meet the needs of the service. Records showed that where a person had contracted an infection, the registered nurse acted appropriately to promote the person's health and minimise risk to others.

There were arrangements in place to ensure the premises were kept in a safe state. The provider undertook maintenance and ensured routine servicing was undertaken. People confirmed a weekly fire safety check was carried out, records showed fire equipment was maintained and staff said they received regular fire safety training, for example.

Risk was understood and managed. Risk assessment included all aspects of the building and activities and

had included a comprehensive assessment of any risk associated with the building works in the grounds.

People were protected through individual risk assessments. These included risks of malnourishment, skin integrity, pressure damage and moving and transferring. All accidents were investigated and the information used to look at patterns, such as the time of day and where it occurred. The registered manager said those findings informed staffing decisions. There were always qualified first aiders on site.

People were protected should there be an emergency. A comprehensive business continuity plan covered all conceivable eventualities. In the event of evacuation each person had a personal evacuation plan in place and there was an agreement with a local village hall that people could be evacuated there if necessary.

Medicines were managed in people's best interest. No person could look after their medicines without support. People told us they received their medicines at the right time and as they expected. An electronic management system was in use, which was designed to reduce the possibility of mistakes or mishandling. Medicines were stored, administered and recorded appropriately.

Good

Is the service effective?

Our findings

The service continued to be effective.

People and their family members said they were happy with the level of care and treatment they received. Their comments included, "The care is very good. Really good" and "The level of personal care is high." One person said they received support with daily physiotherapy. Another said the registered manager had spent two hours at their home discussing their needs, prior to them being admitted to the service. This meant that staff had information from which to understand the person, and from that develop their plan of care.

Records and discussion with people and staff showed that, where external health care expertise was required, this was arranged. Some people needed frequent GP visits, for example. A health care professional confirmed that staff followed their advice and questioned them appropriately about that advice. They said they had no concerns about the service and staff were "Really enthusiastic about any support which could be offered."

Staff received an induction to their work. The service induction included the elements of the Care Certificate. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. A staff member said, "My induction was very good."

Staff said they were happy with the training provided, some of which was on-line and some of which was face to face. One said, "Training is more than adequate. Really good. There is lots of extra training and notices to tell you about it."

We saw staff completed safeguarding and other on-line training, which included a test of their knowledge. Staff said they also received training in conditions relevant to people's health needs, such as Parkinson's disease and dementia. Qualified nursing staff confirmed their training helped them to deliver the standard of nursing care required. Staff also confirmed that they were supported to progress in their career, taking qualifications in health and social care, for example.

Arrangements for staff supervision and appraisal supported staff in their work. Staff confirmed they received regular supervision from their line manager. The registered manager said that all staff had received an appraisal in the previous 12 months and all staff received supervision every six to eight weeks.

Technology and equipment was used to improve people's lives. An electronic care planning and recording system was used to full effect in that very detailed information about people was available to staff. It was also used as a method for staff communication. Examples included a change to the number of staff needed to support one person, a change of breakfast choice for another and reporting the introduction of a fluid chart which needed completion. Staff said the system meant they did not spend unnecessary time writing, but instead spent time with people. The registered manager said how effective it was as an audit tool.

A voice activated, electronic 'assistant' was used to provide any choice of music immediately it was wanted.

We observed this being used and saw people's change in demeanour was quickly evident. For example, some people went from sitting unengaged to smiling, singing and clapping to the music of their preference at a time of their choice.

An electronic medicines management system was in use. This provided a complete audit of medicines, improving efficiency and safety.

Other technology which benefitted people included some automatic lighting, to help orientation and reduce the possibility of falls. We saw how medical devices, to monitor a person's health, were being researched.

People said they were happy with the food they received. People's comments included, "There are bowls of fruit and snacks and a choice of menu", "The food always looks lovely. There is lots of snacks and (the person) always has a drink with them" and "(The person) feels comfortable enough so they will ask if the (two menu options) are not what they want. (The staff) do their very, very best." We were given examples of people's likes and dislikes and special diets. The cook said there was a four-week menu. Each day people chose their preference for the day, either verbally or using pictures of the meals.

People's dietary needs were included in their plan of care. Where there were dietary concerns, these were followed up appropriately, a risk from choking for example.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA,) whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider understood the importance of seeking people's consent and offering them choice, preferring a smaller room where their balance was poor, for example. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests.

The provider understood that they must apply for authorisation to restrict people's liberty and had made applications for this where necessary.

Adaptation of the premises promoted people's independence but remained a work in progress. For example, although there was some pictorial signage, adaptation to meet the needs of people living with dementia, was limited. However, the provider had sought information about this and was considering how to progress it.

People had the mobility aids they needed and equipment to protect them, specialist mattresses for example. A new lift system was being installed and the premises offered a wide range of social areas so that people who preferred quiet had that available to them.

Good

Is the service caring?

Our findings

The service continued to be caring.

People and their family members felt the service was caring. Their comments included, "I like the comfort and very friendly atmosphere", "They respect (the person's) choices to be independent", "The staff will do their very, very best" and "The staff are lovely." People said they liked the fact the service retained staff well, which meant relationships could be maintained. A staff member said, "Carers try to build relationships."

We saw that people were treated with respect. Staff engaged with people taking into account their ability to communicate, making eye contact when they were seated, for example. Care was unhurried, at people's own pace and they were asked their opinion and their views listened to. People chose what activities they wanted to engage in, for example. A staff member said, "We can just sit down and have a chat with somebody. It is no problem. We are encouraged to do that." This showed that staff focus was person centred care.

There was a strong emphasis on supporting family relationships, one person said, "(The person) and I have rebuilt a relationship again, since I am not now their carer." They said how garden toys were available for when the grandchildren visited. The registered manager said a little shed was to be built to house the toys. A staff member said, "People who choose to stay in their rooms have their families almost live here." We saw that visitors were frequent, known to staff and made very welcome. For example, when a person using the service and their spouse arrived at their room, tea and biscuits were already waiting for them both.

The registered manager said that kindness, respect, empathy and dignity were the cornerstones by which they ensured that people received compassionate care. A dignity focus group was set up to look at this aspect of people's care. One member of the group became a 'dignity champion' and the service celebrated 'dignity in action' day.

People's dignity was supported through the key-working scheme, which involved a key staff member ensuring a person's personal items were kept properly, new items bought as needed and a relationship between the person, any family and staff was formed. This helped people retain their individuality, because their individual needs were a focus of attention.

Staff felt that the care they provided was of a high standard and they demonstrated genuine fondness and caring for the people they supported. Care plans provided comprehensive information on effective communication with each person and there were regular resident and family meetings and family were encouraged to attend social occasions.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

The provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff understood people's communication needs well. A staff member said how it had taken time to understood one person. They said, "We have had more success with (the person's) care recently. You can't be conventional with (the person)."

Some pictorial information was available to help people make decisions, for meal planning, for example. Each room had a service user guide, setting out what the service offered and did not offer. Staff engaged with people appropriately, unrushed and ensuring eye contact. Where necessary, advocacy was used to impart information, through family or professional input, for example.

Each person had a comprehensive care plan, following an in-depth assessment of their needs. These included a 'This is me' document, providing information about a person's family, social and employment history, for example. One said how much a person liked ballroom dancing. Another said the person liked motorbikes. Each plan also included important aspects of people's care needs, including emotional, physical and health needs, and how to reduce risk.

Where able, people benefitted from activities which were meaningful to them, spending time with children, for example. Where people had been sitting quietly and apparently unengaged, they became animated when primary school children arrived to spend time with them. We saw photographs which showed one such visit had renewed the memories of the person's past profession. Some people loved music. When an entertainer arrived people totally involved themselves in the activity. Some clapped, some sang and some mouthed the words. A list of activities informed people what shared activities were available. They included, chair exercises, crafts, word games and a music quiz. We saw flower arranging and read about people helping with domestic tasks. One person's family said the person had enjoyed baking, something they had been very good at. The main lounge included a kitchenette for use.

People benefitted from the home's transport, which had been nicknamed Ernie. The registered manager said, "Ernie took residents out 26 times, benefitting 21 different residents in the last six months." Those trips had included a Remembrance service for ex-servicemen, a community Christmas party involving the local school, a family wedding, eating out, a birthday lunch and church visits. One person, with a love of cars, had visited a local garage to see a classic car they loved. The registered manager said, "Two people had been taken "back home" to spend time with loved ones and one person out shopping with her son and husband." The vehicle was also used for some hospital visits, to prevent long waiting times for transport, which a person found very difficult, due to ill health.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

There was strong leadership, where people using the service, their families and staff felt valued and involved.

The service had a registered manager. 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 had registered with the Care Quality Commission in July 2015 for this service but had been registered at other services previously. They held national vocational qualifications in care and management to level 4 and the registered manager's award.

People and their family members were very happy with the service, frequently mentioning how comfortable they were to make suggestions and engage with the registered manager and provider. Comments included, "You can't knock it", "The manager is very good. You can always talk things through with her" and "You can't fault it. There is always a good welcome. No issues at all".

An enthusiastic team of experienced, skilled nursing, care and ancillary staff were providing care and treatment at Swimbridge. The registered manager said, "I have lots of experienced staff around me. I only accept the very, very best." From conversations and observation of staff practice we found staff respected each other, strove to improve, and were comfortable to raise any issue. One staff member said, "The home is very well-led. It's the attitude. The residents always come first. There is lots of support for people and us. Communication is very good and our views feed into improvements." Another said, "The manager knows her staff and is supportive of any idea." An 'employee of the month' scheme had proved very successful. Any person, visitor or staff member could vote. A staff member said, "It makes staff feel valued."

Staff were invited to complete frequent, electronic, confidential feedback surveys about the service, the result being fed to the registered manager. 76% of staff completed the most recent survey. This showed a high staff commitment to this arrangement.

The management was innovative in the approach to improving people's lives. The electronic care planning and recording system, medicines management and the voice activated 'assistant' providing any choice of music, for example.

People, their families and staff said how well resourced the service was. One staff member said, "You ask for it one day and it arrives the next." People's family members wanted to get involved. One said how they had helped to get the 'blue' disability badge for 'Ernie', the service's transport, for example. People using the service benefitted from that approach.

A local primary school visited frequently and they shared with people the enjoyment from rabbits, guinea pigs and the Swimbridge chickens. There was a strong emphasis on links with the community.

People's views were a high priority, with resident and family meetings and the openness and availability of the provider, registered manager, and other staff. A key working system meant people and their families had a specific contact if, for example, people needed personal items. A staff member said, "The registered manager always looks for a way around a problem."

A comprehensive quality monitoring system ensured standards of service and safety were promoted. Those checks were completed at each level, including nursing, care and support staff through to the registered manager and provider, who completed a monthly report on key performance indicators. These included standards of cleanliness, accidents, illness/infection and people's views, for example.

The visions and values of the service were: caring, honesty, choice and welcoming. The registered manager said that these were integrated into the culture of the home and this was reflected in our findings.

The registered manager fully understood, and met their legal responsibilities.