Methodist Homes

Swallow Wood

Inspection report

Wath Road
Mexborough
Rotherham
South Yorkshire
S64 9RQ

Date of inspection visit:
20 February 2018

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28 March 2018

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 20 February 2018 and was unannounced. The last comprehensive inspection took place in February 2016, when the provider was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Swallow Wood' on our website at www.cqc.org.uk.

Swallow Wood is a purpose built home providing nursing and personal care for to up to 38 older people with a range of support needs. It is located near the town centre close to local amenities and public transport links. At the time of our inspection 32 people were using the service.

At the time of our inspection 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 been asked by the registered provider, to help manage another home within the group, for two and a half days per week, while they were without a manager. The absence of the registered manager for this period, had impacted on the governance of the service. The registered manager was now back at the home on a full time basis.

Audits took place to identify areas of concern. However, some of these had not been effective due to the absence of the registered manager for half a week for a period of time.

People were safe from the risk of abuse and actions were taken to address safeguarding concerns as they arose. Risks associated with people's care needs were identified and actions put in to place to minimise that hazard. We saw sufficient numbers of staff were available to meet people's needs in a timely manner. We looked at systems in place to ensure people's medicines were managed in a safe way. We found some shortfalls in this area which should have been identified by the registered providers audit system.

Staff were trained well and had received an induction when they started working for the service. Staff felt supported by the registered manager and felt able to approach her to discuss issues and concerns. People had access to health care professionals when required. We looked at care records and found they sometimes lacked detail around MCA. We spoke with the registered manager who told us that most people had capacity to make decisions for themselves.

We observed staff interacting with people and found they were caring and supportive. We saw people were given choices and staff respected people's privacy and dignity.

We looked at care records and found that some documentation was not in line with people's current needs. Some care plan evaluations did not reflect the events in people's lives. Activities took place on a regular basis and people told us they enjoyed them. Complaints were addressed in line with the registered

provider's policy.

Further information is in the detailed findings below.

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 had declined in this domain and was rated requires improvement.	**Requires Improvement**

Swallow Wood

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 took place on 20 February 2018 and was unannounced. The inspection was carried out by two adult social care inspectors 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 service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with six people who used the service and five relatives of people living at the home. We spent time observing staff interacting with people.

We spoke with staff including care workers, senior care workers, the registered manager, and other members of the management team. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at seven people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

The people we spoke with at Swallow Wood told us they felt safe. People went on to tell us what made them feel safe. One person said, "It's the surroundings and the care I get. If I have any worries, or need anything, I just have to press my buzzer and they [the staff] are there. They come very quickly." Another person told us they felt secure. Another person said, "I feel very safe here, it's the way they care for you, it's like they're working for you, you know, working to get you better."

The provider had a policy and procedure in place to safeguard people from abuse. Staff we spoke with had a good knowledge on how to recognise, respond and report various types of abuse. Training records we looked at confirmed that staff had received training in safeguarding. The registered manager kept detailed records of all safeguarding incidents that had been reported. We saw that following an incident, an internal investigation had been carried out and they were learning lessons as a result.

There were suitable and sufficient numbers of staff in place to support people to meet people's needs and keep them safe. Staff told us they, "Worked together as a team," and "Helped each other out when they were short." However, one person told us they felt that sometimes staff were too busy to support them to get up and dressed in a morning in a timely manner because they were sometimes busy. People we spoke with told us that they believed that there was sufficient staff to support them and to meet their care needs.

The registered provider had a system in place to ensure the safe management of people's medicines. We saw medicines were stored safely and temperatures were taken of the room and fridge used to store them. A record was maintained to show that temperatures were maintained in line with storing prescribed medicines. The service had appropriate arrangements in place for storing controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We checked the stock of these medicines and found them to be correct.

People who had been prescribed medicines, had a medication administration record sheet (MAR's) in place to record when medicines had been taken. However, some gaps were evident in some MAR sheets. This meant, on occasions, there was no record of the medicine being given or a code to explain why they were not taken. We also saw that some medicines had been refused for more than three days and no action had been taken in line with the provider's policy.

People who had been prescribed medicines on an as and when required basis (PRN) had a protocol in place to explain when to administer the medicine. Staff recorded when these had been administered and recorded what effect the medicines had.

We spoke with people and their relatives about the administration of their medicines. One relative said, "When they're doing mum's medication, they don't just hand it her and they're off, they stop and have a chat and make sure she's okay."

We observed the nurse administering medicines and calling each person by their name, sitting with people

as they took their medicines, and having a conversation with people unrelated to the process but engaging to the individual.

We looked at care records and found they contained information regarding risks associated with people's care and treatment.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at five staff recruitment files and found they contained all the relevant checks. We also spoke with staff who confirmed they had to wait for the checks to be returned prior to them starting their new role. Staff told us that they completed an induction when they commenced work for the registered provider. This included training and working alongside experienced staff while the got to know people who used the service.

Good

Is the service effective?

Our findings

The people we spoke with told us they felt the service at Swallow Wood was effective. The people we spoke with told us that they confident in the staff and that the staff knew the people they were caring for. We saw evidence of this with members of the care team routinely calling people by their names and engaging them in meaningful conversations relevant to the individual. One person said, "When we came to visit, we came unannounced. They [staff] couldn't do enough for us, and in 15 minutes, I knew these were what I call old-style carers. The staff here know everyone and what they need. Nothing is too much trouble."

Staff were trained and skilled to be able to safely carry out their roles and responsibilities. Care staff we spoke with told us they received regular training which was delivered through eLearning and on some occasion's classroom based. One care worker said, "Training has been good and the manager has provided me with additional training in an area I was lacking confidence in." Training records that we looked at confirmed that staff had completed training in a variety of areas including health and safety, safeguarding, infection control. Care workers we spoke with said they received a thorough induction when they first commenced employment. This comprised of training and a series of shadow shifts with regular and established staff so they could get to know the residents and how the home ran. The registered manager confirmed that new starters completed this type of induction.

Care staff that we spoke with told us that the registered manager was very supportive and enabled them to carry out their role effectively. One care worker said, "I get regular supervisions, which happen about every six weeks." Another care worker said that the registered manager was approachable and said they felt supported.

People received a varied and nutritious diet in line with their individual needs. Information about people's needs, likes and dislikes in relation to food was gathered and passed onto the Chef who then catered for people accordingly. Drinks and snacks were available throughout the day and staff encouraged and supported people to take fluids outside of mealtimes. One person told us, "The food is lovely; there is always something you will like." Care workers told us that if people were hungry between meals they could access something from the snack menu, for example jacket potatoes, soup or a biscuit. People who were identified as being underweight were offered food with a high fat content. We were informed by the provider in the provider information return that 'food was enriched with cream and butter, full fat milk was used for the service users and high protein smoothies and milk shakes are made for people." The Chef told us he was able to cater for people from different cultures and would adapt the menu according to cultural or religious beliefs. The chef gave examples of how meals had been produced to celebrate different dates in the calendar such as Valentine's Day and St Patricks Day. We observed how people were supported during a meal time and they were given sufficient time and support to enjoy the dining experience.

People we spoke with told us that drinks and snacks were provided regularly throughout the day for the people who lived at Swallow Wood. We observed that people had hot or cold drinks in their rooms, next to them in the lounges and were offered them by members of the care team during the inspection. One person said, "I can't get my drink so they come in and help me to get some all day." There was also a designated

area for visitors to make drinks at no cost.

People we spoke with told us that there was a good choice with regard to the food at Swallow Wood. One person said, "I choose what I want to eat, I'll give most things a go, in fact, I've tried a few things, and it's given me some ideas for meals to have when I go home."

We observed lunch on the day of the visit. The choice of meals were chicken, cheese and bacon wrap, with vegetables and mashed potatoes or cheese pasty with vegetables and mashed potatoes. Dessert was apple crumble and custard or fresh fruit salad and cream. Ice cream was also on offer.

People sitting in the dining room had varying levels of support needs, varying from requiring their food to be cut up, requiring additional implements such as plate guards, to full support. We observed members of the care team engaging enthusiastically with the people having their meals, ensuring that when they spoke to people they were at eye level with them. We observed staff asking residents if they were ready to move to the next stage in their meal and explaining what was to come next.

We observed one person, who had a pureed meal and who was initially reticent about eating anything at all, being positively encouraged to try some of the meal. We observed that each element of the pureed meal had been set out separately on the plate, and care worker supporting the person asked them what they would like to try next or telling them what part of the meal was coming next.

We observed people being able to change their minds with regard to the meal they wanted and their changed needs being accommodated.

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 people 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the principles of the MCA and how this was to be applied when supporting someone. One care worker told us, "We always assume people have capacity but if someone cannot make a decision I would always offer them a choice and if I had concerns about a person's capacity I would discuss this with the manager."

We looked at care records and found they sometimes lacked detail around MCA. We spoke with the registered manager who told us that most people had capacity to make decisions for themselves.

People had access to health care professionals as and when required. Referrals were made to relevant health care service without delay and advice given was respected and put in to practice.

Good

Is the service caring?

Our findings

People we spoke with felt the staff were very caring. One person said, "The staff are very caring, I'm trying to think of the best way to put it, they just look after me so well, I can even have my dog brought in which is a bonus, I can't fault them." Another person said, "They [the staff] have to wash and dress me in the morning, but they always make sure everything is private and closed so no-one else is involved, they don't just do that for me, they do it for everyone."

Staff were respectful of people's dignity and protected people's right to privacy. We saw that when people were supported with personal care, doors were closed. Staff described how they ensured people were sensitively cared for and made to feel comfortable when being assisted with their personal care. People had their own room and we saw that staff were considerate of their wishes when asking if they could enter their rooms. Some people had brought in personal possessions like photographs and pictures to help them feel settled during their stay.

Visitors were made to feel welcome and could come at any time. We saw one relative come in at lunch time to visit. The relative told us they had been to visit the home before their relative moved in and they were made very welcome by the registered manager and showed round and reassured that their family member would be cared for. One person told us that relatives came to visit very often, they said, they are always made to feel welcome and encouraged to visit when they like." Another person told us that staff always made sure they were warm and comfortable and that there was always a blanket wrapped around their legs in the cold weather. They said this made them feel cared for.

We spoke with relatives about visiting the home. One relative said, "I don't tell them when I'm coming, I just arrive and there's never a problem, in fact they've given me the code for the door to come and sign in." Another family said, "We're hoping [relative] can come home, but if they can't, we've already decided that we'd want [relative] to stay here. It's a bit of a trek for us to get here, but they are so well cared for here."

We observed interaction between staff and people who used the service during our visit and saw that people were relaxed with staff and were confident to approach them. Staff interacted with people in a positive manner showing them kindness and respect. A family member told us that "Staff are very kind and compassionate towards people and there is nothing too much trouble."

On the day of the visit we saw evidence that people's spiritual needs were being considered. We saw details of the date and time of the next Christian church service and on the staff notice board there were photographs of two Chaplains.

Good

Is the service responsive?

Our findings

Some of the people we spoke with were able to tell us about care planning and review meetings to discuss their care. Relatives also felt involved in these meetings.

We spoke with staff and people and found that the care received was in line with their individually assessed needs. However, some documentation in care records were not always clear. For example, one person had a care plan in place for maintaining a safe environment. This plan stated that the person required a fork mashable diet and thickened fluids. This differed from the care plan regarding nutrition, which stated that this was no longer required.

Another person had a care plan in place regarding mobility. This care plan was detailed and explained the person required the use of a hoist. It gave the type and size of the sling to be used and the loop configuration. This meant the person could be transferred in a safe and appropriate manner.

People we spoke with told us that there were lots of activities for them to get involved with. One person said, "There's lots of dancing and singing and bingo and stuff, I don't partake, but there's always something going on, but I'm not much of a dancer. I have a laptop and I go on the internet, they have free Wi-Fi here so I can go on when I like, when my family come, they help me with that a lot." Another person said, "I like the singing and like when there's the dancing on, there's always something to do and I do like a game of bingo."

One relative said, "We bring [relative's] iPad in; we've just bought them a larger one so it's easier for her. [Relative] has a friend in France so she keeps in touch with her by email; it's great that they have the internet here so [our relative] can continue doing this."

On the day of the visit, we observed a notice in the Reception area at Swallow Wood giving details of free Wi-Fi access and with details of the code required to make use of this resource.

We were concerned that during times people were nursed in bed there was a lack of activities and social stimulation. One person said. "When I was in bed I did nothing all day, no activities, they were too busy." They went on to tell us that they had always been an early riser but weren't able to get up at a time they preferred. However, we spoke with two activities coordinators who told us that they offered a variety of activities such as games, baking, crafts and painting. They told us it was difficult to provide support to people who remained in their bedrooms. They realised this was an area to improve and said they would look at working on this moving forward.

We were informed that a variety of external entertainers came into the home to offer activities such as singing, drama and exercise. We were informed that the Chaplin came in on a regular basis to offer a religious service and they were due to come on the day we visited. However, this did not happen and it was disappointing that people had missed out and there had been no alternative put in place. During our visit there was a lack of activities for people other than watching the TV. We saw quieter communal areas were not effectively used. These could have been better utilised to meet the needs of the people who liked a

quieter environment and wanted time away from watching the TV.

People we spoke to knew how to make complaints or to raise a concern. People we spoke with were aware who they would speak to if they had an issue of concern. One person said, "If I was concerned about anything I'd speak to [name], they are the manager." Another person said, "We've not had anything that worries us but if we did, we'd go to the office and speak to one of the nurses."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post. However, the registered manager had been asked by the registered provider, to help manage another home within the group, for two and a half days per week, while they were without a manager. This had now stopped but the absence of the registered manager for half a week during this time had impacted on the governance of the service.

The management team consisted of the registered manager who was being supported by a clinical nurse support, as there was no deputy in post. The rest of the team was made up of nursing staff.

The registered provider had an audit planner in place to ensure areas such as infection control, medicine management, health and safety and care planning took place. However, due to the registered manager working between two homes, this had not taken place as identified in the audit planner. For example, ten percent of care plans were due to be audited on a monthly basis and this had not occurred as frequently. During our inspection we saw that some care plans required some attention, but this had not been identified on the internal audits. We also saw that issues identified on the medicine management audit had not been completed in a timely way.

We spoke with the registered manager and the clinical nurse support and were told that a new care planning system was to be introduced. We were also informed that the registered manager was now working at the home five days a week and could commit to the service.

In addition to the audits completed by the registered manager, the area manager completed an audit on a three monthly basis. These audits had a different focus/topic each time. The last one was completed in January 2018 and it was in relation to health and safety.

People we spoke with knew the name of the registered manager and told us that they had confidence in her. People we spoke with also told us that the registered manager was very approachable as were all the staff at Swallow Wood. One relative said, "I even approached someone who turned out to be one of the laundry staff by mistake for something about [relative's] care. They told me that they were one of the laundry staff, but that she'd get someone to come and talk to me, and they did."

Relatives told us they were involved in meetings and completed questionnaires about the service. One relative said, "I've actually just completed the survey about two weeks ago." Another relative said, "There have been invitations to the most recent residents meeting but I have not been unable to attend."