Methodist Homes

Swallow Wood

Inspection report

Wath Road
Mexborough
Rotherham
South Yorkshire
S64 9RQ

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18 February 2016

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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

The inspection took place on 16 and 18 February 2016 and was unannounced on the first day. We last inspected the service in September 2014 when it was found to be meeting the regulations we assessed.

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 Mexborough town centre, close to local amenities and public transport links. There is a well maintained garden to the rear of the home which people can easily access.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection there were 34 people living at the home.

The home had a friendly atmosphere which relatives and visiting professionals described as welcoming. Throughout our inspection we saw staff supporting people in an inclusive, caring, responsive and friendly manner. They encouraged people to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. The people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed and the available facilities.

People told us they felt the home was a safe place to live. We saw there were systems and processes in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people from abuse, and were able to explain the procedures to follow should there be any concerns of this kind. Assessments identified any potential risks to people, such as risk of choking, and care files contained management plans to reduce these risks.

Medicines were stored safely and procedures were in place to ensure they were administered correctly. We saw people received their medications from staff who had been trained to carry out this role.

There was enough skilled and experienced staff on duty to meet the needs of the people living at the home at the time of our inspection. The registered manager had identified that more nursing staff was required and recruitment was underway. There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated and their job role at the beginning of their employment. They had access to a varied training programme and support to help them meet the needs of the people who used the service.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. We saw specialist diets were provided if needed and the people we spoke with said they were happy with the meals available.

Where possible people's needs had been assessed before they moved into the home. If someone was admitted at short notice staff had collated as much information as possible prior to, and on admission. People had been involved in planning their care, but this had not always been consistently recorded. Care files reflected people's needs and preferences in satisfactory detail. Care plans and risk assessments had been reviewed on a regular basis to assess if the planned care was working, or if changes needed to be made.

The home had two dedicated activity co-ordinators who facilitated a structured programme of activities which people said they enjoyed.

The company's complaints policy was available to people using or visiting the service. We saw that when concerns had been raised these had been investigated and resolved promptly. The people we spoke with raised no concerns.

There was a system in place to enable people to share their opinion of the service provided and the general facilities available. We also saw a structured audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed action plans had been put in place to address shortfalls.

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 was safe.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people, and management plans were in place to reduce any potential risks.

Recruitment processes were thorough so helped the employer make safer recruitment decisions when employing new staff. We found there was enough staff on duty to meet the needs of people living at the home at the time of our inspection.

Robust systems were in place to make sure people received their medications safely, this included key staff receiving medication training.

Is the service effective?

Good

The service was effective.

Staff had completed training in the Mental Capacity Act 2005 and understood how to support people whilst considering their best interest. Records demonstrated the correct processes were being followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a structured induction when they commenced working at the home. Additional and refresher training had been provided to make sure staff could meet the needs of the people they supported.

People received a well-balanced diet that offered variety and met their individual needs. Our observations, and people's comments, indicated they were happy with the meals provided.

Is the service caring?

Good

The service was caring.

We found staff were kind, patient and respectful to people who used the service. Staff demonstrated a good awareness of how

they respected people's preferences and ensured their privacy and dignity was maintained.

We saw staff took account of people's individual needs and preferences while supporting them and encouraged them to voice their opinion and choices.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in care assessments and planning their care. On the whole care plans reflected people's needs and had been reviewed and updated in a timely manner.

Dedicated activity staff provided a programme of social stimulation, spiritual support and themed events, which people said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with staff.

Is the service well-led?

Good

The service was well led.

People we spoke with told us the registered manager was approachable, always ready to listen to them and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included corporate and service audits, meetings and surveys. We found action plans were used to address any areas that needed improving.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

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 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 16 and 18 February 2016, and was unannounced on the first day. It was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also obtained the views of professionals who had visited or worked with the home, such as service commissioners, dieticians, doctors and Healthwatch [Doncaster]. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four people who used the service and five relatives. We spent time generally observing care throughout our visits and at lunchtime on the first day. We spoke with the registered manager, a nurse, two care staff, the cook and an activity co-ordinator. We also obtained the views of two healthcare professionals who were visiting the home.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing four people's care records, eight staff recruitment and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with said they felt the home provided a safe environment for people who lived and worked there.

Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to stay as mobile as possible while monitoring their safety. We saw care workers moving people using hoists and helping them move around the home in a safe and reassuring manner. They took time to explain what they were about to do and why this was necessary.

Care and support was planned and delivered in a way that promoted people's safety and welfare. We found records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. We saw assessments covered topics such as risk of pressure damage, falls, and moving and handling people safely. We also found equipment such as specialist beds, bed side safety rails and bumpers were used if assessments determined these were needed.

There were arrangements in place in case the building needed to be evacuated, with each person having their own evacuation plan. We also saw specialist equipment, such as an evacuation sledge, was in place to assist in moving people from the first floor. The passage lift was being replaced therefore a stair lift had been fitted as a temporary measure. We saw risk assessments had been carried out covering all areas of potential risk over the period of time the lift was out of action.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. They understood their responsibilities in promptly reporting concerns and taking action to keep people safe.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people. They could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period and later in refresher courses. This was confirmed in the training records we sampled. All the staff we spoke with told us they would have no hesitation in reporting any concerns of this kind, or any other concerns.

We found there was enough staff available to meet people's individual needs. People who used and visited the service told us people's needs were met in a timely way. When asked about the time it took staff to answer call bells one person said, "It can vary, but overall it's okay." Another person told us "You can't fault them [staff] they do a grand job." The staff we spoke with also felt there were enough staff available. One staff member told us, "They are very good here [staffing levels]. There is the odd time when there is short notice sickness, but we try to get cover from our own staff or will use agency staff if we need to."

We found a satisfactory recruitment and selection process was in place. The recruitment records we sampled contained all the essential pre-employment checks required. This included written references, and

a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We found the professional qualifications of nursing staff had also been checked to ensure they were registered to work as a nurse. A recently recruited care worker we spoke with described their recruitment experience, which reflected the company policy.

The service had a medication policy which outlined how medicines should be safely managed. We checked if the system had been followed correctly and found it had. Nurses were responsible for administering medicines on the different floors. On the second day of our inspection we observed one of the nurses administering medication to people living on the ground floor. They did this in a safe way that reflected good practice guidance, such as signing for medicines only when they had been taken by the person. Later they described the system for ordering and managing medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. We checked if the system had been followed correctly and overall found it had. However, we found an out of date medicine being stored in the fridge upstairs, even though a new bottle had been commenced. Staff removed the out of date bottle immediately.

We saw there were temporary measures in place for the storage of medicines on the ground floor due to the lift being replaced, which meant there was limited access to the treatment room usually used. We found the arrangements to be safe and effective.

There was a system in place to make sure staff had followed the home's medication procedure. The registered manager explained how each member of staff responsible for administering medicines completed a competency assessment to make sure they were following the company policy. This was confirmed by the staff we spoke with and we saw copies of these assessments on staff files. We found key staff had also completed medication training at a foundation and advanced level.

There was a system in place to make sure staff had followed the home's medication procedure. For example, we saw regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medication tallied with the stock held. We also contacted the dispensing pharmacy who told us they audited the medication system periodically and at their last visit they found no concerns.

Good

Is the service effective?

Our findings

People we spoke with said staff were caring, friendly and efficient at their job. A relative commented, "The staff are very good." Another person told us, "I can't be more pleased with the care they [staff] provide. You ask for something and it is done straight away."

We found staff had the right skills, knowledge and experience to meet people's needs. The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. This entailed completing an induction workbook and the company mandatory training, which included moving people safely, health and safety, food safety and safeguarding vulnerable people from abuse. The registered manager said new starters also shadowed an experienced staff member until they were assessed as competent in their role. This was confirmed by the staff we spoke with. A newly appointed care worker told us, "Most of the training is e-learning, but you get a knowledge test at the end to make sure you have understood it all."

The registered manager was aware of the new care certificate introduced by Skills for Care and we saw they had recently introduced it at the home. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

There was a computerised training matrix to monitor which training staff had completed and when it required updating. The registered manager told us essential training such as infection control, fire awareness and moving people safely was refreshed periodically, while other courses were 'one offs'. These included topics such as pressure ulcers, dementia, managing challenging behaviour and diabetes awareness. We found staff had also undertaken appropriate competency checks to make sure they were following company policies.

We saw that over 45% of care workers had completed a nationally recognised qualification in care at levels two or three. The registered manager also spoke confidently about supporting nurses to maintain their nursing qualifications. They described how the company intended to support nursing staff by allocating time for additional meetings and reflection.

There was a system in place to provide staff with regular support sessions and an annual appraisal of their work. Although records indicated that support sessions had not been provided in line with company policy in the first half of 2015, we saw the registered manager had taken steps to improve this in the second half of the year. They also outlined their plans to allocate support sessions to other key staff in the future so timescales could be better met.

Staff we spoke with felt they were well trained and supported, saying they found the support sessions valuable. One staff member said, "There is good team work here. We help each other out, it's a very supportive." Another staff member commented, "I am very happy [with the support provided]. There is always someone there if you need support, I wouldn't wait for a meeting I would just go to the manager."

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. Staff confirmed they had received training in these subjects. We saw applications had been made to the supervisory body, but the registered manager said they were waiting for the outcomes.

Policies and procedures on these subjects were in place and guidance had been followed. All the staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be respected. Care records provided information about people's capacity to make decisions.

We observed lunch being served on the first day of our inspection. We saw some people chose to eat in the dining room, while others preferred to have their meal in the lounge area or in their own room. Meals taken to people in their rooms were served on a tray with the plates covered to keep the food hot and protect the meal. The dining room had a relaxed atmosphere and we saw tables were nicely set with tablecloths, cutlery, flowers, the menu for the day and condiments.

The cook helped to serve the food along with one of the care workers, while other staff assisted some people to eat their meal. We also saw some people's relatives were assisting their family member to eat their lunch. We observed that when one person did not want any of the choices on the menu the cook offered them an alternative. A relative told us, "The food is fantastic. I eat here sometimes and the meals have been lovely."

People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. Staff ensured people received the diets and assistance they needed. For instance, one person was given a fork mashable diet, while another person was served a fully pureed diet, as they were at risk of choking. The meals were nicely presented with each food separate on the plate, for example the cook had piped the potato so it looked more appetising. We also saw specially adapted cutlery and plate guards were available to help people eat independently. A variety of hot and cold drinks were also offered to people. Staff took time to check people had eaten enough and offered people second helpings and more to drink.

The cook demonstrated a very good knowledge about the special dietary needs of people living at the home, such as fortified and diabetic meals. They spoke confidently about different people's needs and preferences. Between meals there was a table set out with hot and cold drinks and snacks, so people living at the home and their visitors could help themselves.

We saw people had accessed healthcare professionals such as GPs, dieticians and the speech and language team when additional support was required. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk and care plans told staff how this would be managed. We also saw records had been maintained to monitor people's food and fluid intake, as well as their weight. This enabled staff to assess if people were eating and drinking the right amount and to take prompt action to address and concerns.

A health care professional told us, "The kitchen staff have full awareness of the dietary requirements of the residents and will accommodate likes and dislikes especially to tempt the residents who require additional calories." We also spoke with one of the dieticians who visited the home. They told us, "Staff are really good.

I have done a lot of textured diet training with them and they have taken it on board." They gave examples of changes made such as providing more snacks between meals and expanding the teatime menu so there were hot and cold options.

The home had a number of beds dedicated to taking people from hospital, sometimes at short notice. The registered manager told us a doctor from the hospital visited at least once a week to review people's progress. During our inspection we saw one of these visits take place. The doctor told us they were pleased with how the home supported people. They described the staff as well organised and were complimentary about their skills in supporting people.

Good

Is the service caring?

Our findings

People using the service and the visitors we spoke with told us staff were caring, welcoming and encouraged people to make choices about the care and support they received. A relative told us, "They [staff] are very caring. The girls are very kind to her [their relative]." Some people were unable to speak with us due to their complex needs so we spoke with their relatives or informally observed the interactions between staff and people who used the service. We saw staff were kind, patient and respectful to people who seemed relaxed in the company of staff.

The atmosphere in the home was very welcoming and relaxed. It was evident that staff knew people well and maintained a good relationship with their families. Relatives we spoke with said they could visit without restriction. We saw visitors freely coming and going as they wanted during our inspection. They were very involved in supporting their family member by helping at mealtimes and joining in activities. A relative told us, "She [the person living at the home] is very settled here. We were encouraged to personalise her room, we have no grumbles about anything." Another relative said, "They give person centred care. If she gets up late mum can have her dinner when she's ready."

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people, such as talking to them and their families, and reading the care plan. They were able to tell us about individual people's preferences and demonstrated that they knew them well. They gave examples of how they offered people choice which included what the person wanted to wear, where they spent the day, meals and activities they wanted to take part in. One care worker told us, "I treat people how I would want my granddad to be looked after. For example making sure the men are shaved and women wear perfume if they want to."

People who lived at the home looked well cared for, clean and tidy, and their clothes and hair were well kept. We saw staff treated people with dignity and the people we spoke with confirmed their or their family member's, dignity and privacy was respected. Staff told us they preserved people's privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains before providing personal care and giving people time alone when requested.

The registered manager told us there were no designated dignity champions at the home, but it was something that was being considered for the future. They said they spent time around the home and did a daily walk round to speak to people and observed care practices. They said they discussed things with staff and offered advice on how to do things better to promote dignity at the home.

Good

Is the service responsive?

Our findings

People we spoke with said they were happy with the care provided and complimented the staff for the way they delivered care and support. One person told us, "I can't fault anything here. The staff have been very good." A relative commented, "All the staff from the domestic staff to the manager are fabulous."

We saw interactions between staff and people using the service were very good and focused on the individual needs and preferences of the person being supported. Care workers offered people options about their meal or where to sit, as well as providing the food, drink, or support they knew were preferred. Call bells were answered promptly and staff were available when people needed support. Staff we spoke with demonstrated a good knowledge of people's preferences, which were recorded in the care records.

Care records contained assessments of people's needs, which had had been carried out before they had moved into the home. Staff told us this information along with information they collated from the person themselves or relatives had been used to help formulate the person's care plan. People we spoke with confirmed they had been involved in formulating care plans and this was evidenced in the care files we sampled.

People's care files contained detailed information about the areas the person needed support with and any risks associated with their care. Records regarding people's medical needs were very comprehensive, but we found plans concerning some people's personal care needs for washing and dressing was basic. Although they covered the main areas of need they failed to provide staff with comprehensive information about their individual preferences. For instance, one plan said the person was cared for in bed so required a bed bath, however it did not say how staff should do this. We discussed this with the registered manager who confirmed the person had, had their hair washed, but agreed the plan should include information about how staff would go about washing their hair while in bed. They said this had already been identified as an area for improvement so further person centred care planning training had been arranged to address this issue.

Daily records had been completed which recorded how each person had spent their day and any changes in their general condition. We found care plans and risk assessments had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required.

Some care files contained a Do Not Attempt Resuscitation form [DNAR] which had been completed by a doctor. Three of the four forms we looked at had not been fully completed with the reasoning why cardio pulmonary resuscitation [CPR] should not be attempted. The forth form had this information, but the doctor had not entered a date for the decision to be reviewed. The registered manager said they would discuss the shortfalls with the surgeries concerned.

The home employed two activities co-ordinators to facilitate social activities and stimulation. We saw a programme of activities displayed around the home which included church services, reminiscence therapy, and games and sing-a- longs. Staff told us people also enjoyed attending the hairdressers, short story

reading and occasional outings into the community. The activities co-ordinate we spoke with described how they spend time on a one to one basis with people, especially those who were cared for in their rooms.

People said they thought the organised activities were enjoyable. We were told they particularly enjoyed motivation sessions which were provided from an outside person twice a month and included gentle exercise and a quiz. A relative told us, "My family member can't join in the group activities because they are bedridden, but they seem very good." Another person said, "Although bedbound it's nice when the entertainment comes to you. There was a fiddle player who came into my room and talked to me, I really enjoyed that."

The provider had a complaints procedure which was available to people who lived and visited the home. We saw five concerns had been received over the past twelve months. Each had been recorded with the detail of the complaint, what action was taken and the outcome, including letters sent to complainants. We also saw numerous cards and letters displayed in the reception area complimenting the staff on the care they had delivered.

People we spoke with told us they were very happy with the service provided, but would feel comfortable raising any concerns with the registered manager or any of the staff. One person commented, "I have no complaints. You just ask [about something] and it's done straight away." Another relative told us that they had spoken with the manager a few times about ways to improve their family member's life at the home. They said these were not complaints, but were taken seriously and changes made.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. People told us the registered manager was friendly, approachable and visible around the home. Relatives said they felt they could talk to her, or the nursing staff, about anything, and they would be listened to. One person commented, "The home is good in everything." Another relative said, "I can't be more pleased with the home, I've been nowhere as good as this. I am 100% pleased with the staff and the home in general, in fact the staff are 110%."

During our visit the staff seemed to be well organised. We found the registered manager was supported by a team of nurses, one being the deputy manager. There were nurses on each shift who were responsible for managing the shift and supported the staff group and people who used the service.

The provider had used surveys to gain people's views. The summary of a survey completed in 2015 showed that overall people were happy with the care and support provided and how the service operated. Responses showed the majority of people felt the home was safe, effective, caring, responsive and well led. When we asked the people we spoke with if there was anything they felt could be improved no one could offer any suggestions.

The registered manager told us they had attempted to hold 'residents and relatives' meetings, but no-one had attended them, which had been documented. To offer people the opportunity to discuss things they said they spoke with people on a one to one basis, walked around the home daily and had an open door policy if someone wanted to speak to them. We also found people had been consulted by letter, and relatives had been invited to participate in their family members care review, if appropriate.

Staff told us they felt well supported by the management team and demonstrated a good awareness of their roles and responsibilities. Company policies and procedures were available in the staff room, as well as important information staff needed to know about. Staff meetings had taken place regularly giving staff the opportunity to share their views. For example, we saw meetings had been held to discuss changes needed while the passenger lift was being replaced, and lessons learned following a recent concern had been discussed. A survey had also been used to gain staffs' views. Staff described the home as bright and cheery. One staff member told us, "There is good team work, we help each other and everyone is very supportive. The manager and deputy are always available and we can call the manager at home if needed."

We saw various audits and checks had been used to make sure policies and procedures were being followed. These included infection control, how the kitchen operated, health and safety, care files and medication practices. These enabled the management team to monitor how the home was operating and staffs' performance. Where shortfalls were found action plans had been devised to address them.

We saw the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. This is the highest rating achievable. The registered manager told us the fire officer had also assessed the home in January 2015 and there were no actions required.