

Sweyne Healthcare Limited

Sweyne Court Care Home

Inspection report

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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

Sweyne Court is registered to provide accommodation and personal care without nursing for up to 43 older people, some of whom may be living with dementia. The service has two floors and there is access to these via a staircase and lift. On the day of our inspection the service was caring for 40 people.

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

People felt safe living in the service and had their belongings and finances protected. People's relatives felt that the service was secure. There were processes in place to ensure that staff knew how to protect people from abuse and where to escalate concerns if they needed to which staff were aware of. People had their health and wellbeing assessed and risk assessments were individual to each person and based on their needs. Robust recruitment checks were in place for employing new members of staff. Medicines were managed safely.

Staff received training and development to be able to support people safely which included learning more about specific conditions related to the needs of the people who used the service such as dementia. People were supported to maintain their health and wellbeing in line with recommended guidance. People were supported to maintain a balanced diet and were given choices about what they ate and drank. Guidance about specialist diets from healthcare professionals was followed.

Staff were kind and caring when they supported people and gave emotional support when needed. People were comfortable with staff and had a good rapport with them. People and their relatives were involved in making decisions about their care and care was planned based on people's preferences. People had their privacy and dignity protected. People's relatives felt welcome at the service.

Staff knew people well and were able to communicate with people individually based on their abilities. People were supported to express their views and raise concerns. People and their families were supported when they were nearing the end of their lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, their relatives and staff found the registered manager to be approachable. People and their relatives were involved in the service and asked for feedback for improvements. There were systems in place which supported monitoring the quality of the service provided to drive improvement such as by working with other healthcare professionals and local schemes to ensure best practice guidance was followed. The registered manager was actively involved in initiatives to improve the quality of care that people received and the service had been recognised at a national awards ceremony for being the dementia team of the year in 2019.

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

Rating at last inspection

The last rating for this service was Good (published 22 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our responsive findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our responsive findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our responsive findings below.

Good ●

Sweyne Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Sweyne Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior

care workers, care workers, the cook and housekeeper. We 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and ensure that their belongings and finances were kept safe.
- People felt safe and protected in the service. One person told us, "I feel secure here, they take it seriously". Relatives said, "They always make sure they know who is being let in and out and I don't have any worries about anything like that".
- Staff had been provided with training and were able to describe the process for identifying signs of abuse and reporting concerns in line with the provider's policies and processes.
- Staff knew about whistleblowing and confidently spoke about the process.

Assessing risk, safety monitoring and management

- Each person had risk assessments specific to their individual needs such as for smoking or end of life care. They were put together balancing the need to keep people safe whilst also maintaining their independence and wishes.
- The service used electronic care plans and risk assessments which were accessible to staff on electronic devices and showed key risks associated with people and how to manage them. It included information that staff needed to be aware of about people such as any allergies and particular needs that people had such as how to communicate and meant that staff had the information easily to hand.
- Environmental risk assessments were carried out to manage and maintain any environmental issues such as fire safety and equipment to ensure that people were kept safe from harm within the home. Each person had a personal emergency evacuation plan in place in case of any need to evacuate the home, such as if there was a fire.

Staffing and recruitment

- People told us they thought there was a good, stable staff team. The service had a good staff retention rate and lots of staff members had worked at the service for a long time. One person told us "There are always lots of staff around". During the inspection there were enough staff available and people did not have to wait if they needed anything.
- There were enough staff available to meet people's needs. People's needs were reviewed monthly or when they changed for example if they had returned from hospital and staffing was calculated based on the outcome.
- Robust recruitment checks were carried out before staff began working at the service. This included checks of their identity, qualifications and previous employment history and all staff had received a full criminal record check. The service verified all identification and checked that staff had the right to work in

the UK prior to employing them.

Using medicines safely

- Processes were in place to keep medicines securely and ensure they were ordered, available when needed and administered in line with the prescribed guidelines.
- Staff received training in the administration of medicines and had their competencies checked on a regular basis to ensure they were able to administer medicines safely.
- There was clear guidance in place for the use of 'as required' medicines and homely remedies which included in what circumstances they should be administered, the dosage and what side effects to look out for.
- Appropriate processes had been followed for administering covert medication. This included taking advice from the GP and pharmacist. Covert medication plans were put together based on assessing people's capacity and in conjunction with the GP and people's relatives. Covert medication plans were assessed regularly. Covert Medications are medicines which are administered to people without their knowledge which are usually disguised in food or drink.

Preventing and controlling infection

- People said the home was always clean and free of bad odours which was also observed during the inspection. One person told us that their bed was cleaned and changed regularly.
- People were protected from the risk of infection. There were cleaning plans in place which included bed rails protectors, individual slings and mattresses. Staff were provided with training on the prevention of infections.
- There was personal protective equipment available which staff were seen using when they carried out personal care, cleaning or were preparing and serving food.
- Daily checks were carried out to check the cleanliness of the home and audits were carried out monthly to ensure all areas of infection control were adhered to.
- Increased infection control measures had been put into place in line with government guidance following the pandemic. This included restricting visitors, asking people entering the home to confirm they had not been in contact with an infected person and ensuring visitors washed their hands.

Learning lessons when things go wrong

- Staff knew how to report incidents and understood the importance of doing so. Records of incidents included information about what had happened and what action had been taken immediately. Body maps were completed to show where any injuries had occurred if there had been any.
- The registered manager had a system for reviewing incidents and looking for patterns and trends either for individuals or by theme.
- Actions were put in place to prevent incidents from occurring again and to keep people safe. This included speaking with other healthcare professionals for advice and ensuring that staff completed refresher training and competency checks.
- Learning from incidents was shared with staff to ensure any changes to practice had been communicated and understood.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and monitored, and support plans were put together in conjunction with other healthcare professionals to ensure they were following appropriate guidance for people's individual needs. For example, speech and language therapists had been consulted when putting together nutritional plans for people. People who required soft or pureed diets had food prepared based on guidance from the speech and language teams which staff talked about knowledgeably.
- Staff knew people's needs well and delivered care as detailed in their support plans.
- Staff supported people to maintain people's oral hygiene in line with National Institute for Health and Care Excellence (NICE) guidance. Processes were in place to ensure that any deterioration in people's oral healthcare was reviewed. People had access to dental care both routinely and when they needed it. The manager had purchased spare toothbrushes and toothpaste to ensure that everyone was able to maintain their oral hygiene.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which was specific to their role. It included completing key training courses including the care certificate and spending time with other staff getting to know daily routines and understand people's needs. One staff member told us "I got a lot of support when I first started, and it has continued ever since".
- Staff received regular training which included e-learning and face to face training. They had regular supervision with the registered manager to ensure that their skills were up to date. Staff had completed training in areas relating to the needs of the people who used the service such as dementia and pressure care. Staff had also been given 'In your shoes' dementia training where a member of staff learned what it was like to be a person with dementia for a day. The staff member was given a scenario to follow and other staff were told how to treat that person to give them insight into how staff behaviour can affect people. A member of staff told us "It really made me see things from a different perspective".
- Staff were given opportunities to gain qualifications and develop their roles. A member of staff told us "I'm being supported to do my level three qualification. It's nice that I'm developing my career and not just coming to work".

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to access food and drink when they wanted to. People were offered drinks and snacks frequently but were also able to help themselves to snacks such as fruit, crisps and biscuits from snack bowls available throughout the service.
- People were able to choose from a healthy choice of meals which included fresh fruit and vegetables.

People were able to choose where they ate their meals, for example, some people chose to eat in the dining room whilst others chose to eat in the lounge.

- People who required support with their meals were given time to eat at their own pace. Staff were patient with people and spoke to them whilst they were supporting them making sure that they were enjoying what they were eating and that the portion was enough. Staff followed advice from speech and language therapists and dieticians for people who required specialist diets such as a soft diet. Staff had information about people's dietary requirements and allergies and were able to talk about them knowledgeably. People who required a soft diet had their meals presented in moulds to ensure that they still resembled the food that they were eating.

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

- People were supported to attend appointments with other healthcare services such as hospital or therapy appointments when they needed to.
- People had access to healthcare professionals based on their individual needs such as occupational therapists, district nurses and speech and language therapists. Care plans reflected the guidance and advice given by the healthcare professionals and was reviewed regularly. Staff had contacted other healthcare professionals if they thought a person's needs had changed, for example, if a person had recently had a number of falls.
- Each person was registered with a GP who carried out weekly visits to the home to review people's health. People also had regular health checks with dentists and opticians to maintain their health.

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

- People's bedrooms, communal areas and corridors were spacious to allow enough space for them to move about safely including if they required equipment such as walking frames and wheelchairs to assist them. There were handrails in corridors which people could use for support if they needed them.
- There were large signs which included pictures on rooms such as toilets and bathrooms which made it easy for people to identify them. There were large murals on the walls which were themed such as the seaside or music. This was to help people orientate themselves around the home.
- There were lots of seating areas in corridors for people to sit and rest in as they walked about the home. These included lots of dementia friendly items that they could touch, play with and rearrange such as clothing, a pram and an ironing board.
- People's bedrooms were personalised with their belongings from home such as photographs, ornaments and furniture to ensure that people were familiar with their surroundings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood the requirements of the MCA and their responsibility to apply it within

the service. They had a process in place for monitoring applications made to deprive someone of their liberty including authorisations received and reapplied for these as required.

- Staff had received training and knew the principles of the MCA and how it applied to people in the service.
- Support plans were person centred and had taken account of people's ability to make decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with their individual needs. Care plans reflected people's preferences and recorded whether people had any preferences in relation to religion or spiritual needs. For example, some people were able to attend religious services at the home if they had expressed that they wished to practice their religion.
- Staff received training in equality and diversity and LGBTQ to raise awareness of protected characteristics. There were also posters in staff areas which gave examples of protected characteristics.
- Staff were aware of people's individuality and respected people's needs in relation to these.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in developing their support plans to make them relevant to them. The service used pictorial care plans for people with communication difficulties to be able to be involved in putting their care plans together.
- People told us that they spoke with the registered manager and staff frequently and felt included in the service and making decisions about the care they received.
- Staff knew and understood people very well and spoke to them about topics they were interested in. Staff planned activities based on what people liked. People had been asked for feedback about the activities and people had said that they enjoyed them.
- There was a resident of the day system in place where each day a different person had all their care and support plans reviewed. This included inviting relatives to attend the reviews. If they were unable to attend, staff called them on that day, and this was recorded in their care records. This also included making the person feel special for the day and they were able to choose a special meal or activity that they may not normally have or do.

Respecting and promoting people's privacy, dignity and independence

- We observed people being supported to maintain their independence such as by being encouraged to do their own personal care if they were able to.
- Staff gave examples of how they respected people's privacy by closing doors when giving people personal care and we observed them knocking on doors before entering people's bedrooms.
- People were all well dressed and clean. People visited the hairdresser to maintain the hairstyles they liked and men were supported to shave regularly.
- People were able to choose where in the service that they spent their time. There were communal areas that included main lounges on each floor, dining areas and an indoor garden area for those that did not

want to go outside. Some people chose to spend time in their bedrooms and staff were observed checking in on them throughout the day.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in planning their care. People were able to make choices about what they did each day and what activities they wanted to join in with. Staff were observed asking people what they wanted to do such as exercises, watching television or puzzles.
- People's relatives told us that they were involved in pre-assessments when people moved to the home and when care was reviewed. This included ensuring that people's rooms were suitable to meet their needs and that they had appropriate equipment such as mobility aids.
- People's choices and preferences were reflected throughout their care records which was then used to plan the care they received. Staff were knowledgeable about people's preferences and asked people what they wanted throughout the day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was individual information in people's care plans which detailed how they communicated and what they responded best to. For example, if people were unable to verbally communicate, it was documented how they indicated their wishes and how staff should communicate with them. Staff communicated with people individually in ways they understood.
- There was clear information about how people were able to communicate if they were in pain. Some people were unable to verbally tell staff if they were in pain so the body language and signs they used were documented in their care records. Staff also used pictures for people who were unable to say where they were in pain so people could point to the appropriate place.
- There was signage around the home which was in large print and included pictures to make them easily identifiable.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff spent one to one time with people who were nursed in bed or chose to spend time in their rooms. This included going to see them for a chat, painting their nails and reading the newspaper.
- Some people had expressed that they had a religion and it was recorded whether they chose to practice it or not and to what extent. Staff supported people to practice in the ways that they had chosen. People were

supported to attend religious services in the community if they wanted to.

- People were supported to maintain personal relationships and to spend time with their partners and families, as well as including them in activities. The service was preparing for an easter egg hunt where people's families were invited to join them.

Improving care quality in response to complaints or concerns

- People said they knew how to raise concerns if they were not happy about something. People said the staff listened to them and tried to put things right straight away if they weren't happy with something.
- Information about how to make a complaint was displayed in a communal area in a format people were able to understand.
- There was a system in place for recording, responding to and monitoring complaints which followed organisational policies and procedures.
- People were encouraged to express their views as part of meetings, surveys and care reviews.

End of life care and support

- The service had been working towards achieving the gold standards framework for end of life care. They had submitted all the information and were awaiting the outcome however they had introduced new ways of supporting people and their families such as by having a remembrance area for people who had passed away.
- At the time of the inspection, two people were receiving end of life care although all people had been added to the palliative care register. The service had worked with the GP, palliative care nurses and the people's families to ensure that their last days would be made as comfortable as possible.
- Staff had discussed people's wishes about what they would like when they were nearing the end of their life. Care plans included information such as their preferences and who they would like contacted.
- Staff had received training in end of life care and spoke passionately about what they had learned such as how they maintained people's dignity until the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff told us they found the registered manager approachable and that there was an open door policy. Staff liked working at the service and one staff member told us "I really do love working here, it is like a family".
- People were treated as individuals and received care based on their preferences and choices.
- Staff said they were encouraged to put forward suggestions for making improvements and were empowered in their areas to take responsibility for making changes, for example, by making suggestions about new meals for the menu that they thought people might like.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were aware of whistleblowing and said that they would feel confident to raise concerns if they had any. Relatives told us that they were always informed if their relatives were involved in any incidents.
- The registered manager was aware of their responsibilities under duty of candour and had contacted people's families and other healthcare professionals when incidents had occurred and put plans in place for preventing them happening again. This included seeking advice from other organisations if needed.
- The registered manager kept up to date with best practice guidance to drive improvement in the service. The registered manager then communicated this via the topic of the day process at handover. Each day a different topic was discussed such as pressure areas, end of life care or fluid management and staff champions led discussions, answered questions and check other staff's knowledge.
- The provider supported the registered manager and carried out regular visits to assess the quality of the service and put action plans when improvements were needed.

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

- The registered manager carried out surveys with people who used the service, their relatives and healthcare professionals to gather their opinions on the quality of the service. They put together an action plan of any comments or feedback they received to make improvements to the service. For example, they had received feedback that some people would like a more sheltered area to smoke outside in and the registered manager was looking into putting a sheltered area in place.
- People had requested animals at the home and the registered manager had purchased two cats which

were named by the people who used the service. Some people help to look after the animals and they have encouraged people to interact with each other.

- The registered manager had found that holding meetings for people was not effective and people preferred to talk to them individually. People had made suggestions such as to have more animals visit the home and the registered manager had arranged for a reindeer to visit at Christmas.
- Regular meetings were held for people's relatives where they were able to give their opinions on the service, these were incorporated with events such as a summer ball and cheese and wine evening which allowed people's relatives to socialise as well as be asked for their feedback. Feedback received was positive and relatives commented on areas such as activities.
- The service had received several compliments in the past year from people, their relatives and healthcare professionals. Comments included "It is 100% clean, staff are respectful, and everything is very good", "X had a very pleasant and enjoyable recent stay where he was well looked after by all concerned" and "Thank you so much for looking after me so kindly, professionally and comfortably. Feeding and watering me at regular intervals and keeping me happy and secure".

Continuous learning and improving care

- The registered manager completed the PROSPER programme for monitoring quality improvement in three key areas, falls, pressure ulcers and urinary tract infections in collaboration with Essex County Council, UCLPartners and the Angela Ruskin Health Partnership. This included reviewing each area to identify whether there were any patterns or lessons to be learned. Whilst looking at falls at the service, they had identified that there had been a large number of falls in the upstairs dining area so they had extended the dining room and turned it into a lounge diner which gave them more room. People liked the new layout and the service had seen a reduction in the number of falls in that area.
- The registered manager had a quality monitoring system in place to ensure that the quality and safety of the service was regularly reviewed, and improvements were made where needed. This included carrying out audits of the environment, catering and care plans.
- The provider had oversight of the quality management system and conducted checks and audits to support the registered manager to improve the quality of the service.
- The service had won the Caring UK Dementia Care Team of the Year 2019.

Working in partnership with others

- The registered manager worked in partnership with other organisations and healthcare professionals to provide care to people following best practice guidelines and current legislation. For example, the registered manager had worked with speech and language therapists to ensure that staff were fully aware of how to prepare meals for those people that required a special diet.
- Action was taken in partnership with other organisations in relation to incidents. For example, by putting behaviour management plans in place to reduce the risk of harm taking advice from the local mental health team.
- Feedback received from other healthcare professionals who visited the service was positive. Comments included "All support given has been person centred", "The joint work we are doing has been imperative in supporting these individuals" and "I feel you are very responsive and would alert me to any concerns or progress made".