

Hermes Care Ltd

Swinton Grange

Inspection report

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Swinton
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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

About the service

Swinton Grange is a care home providing personal and nursing care for up to 27 people. At the time of our inspection 25 people were being supported to live there. This was full capacity as two of the registered rooms were used as communal areas. The home is an older converted property. The accommodation is across three floors accessed by a passenger lift.

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

People were kept safe. Risks were managed to maintain people's safety. The home was clean and generally in a good state of repair. There were adequate staff on duty to meet people's needs. However, at times we found the deployment of staff could have been improved. Recruitment of staff was robust to ensure suitability. Systems were in place to manage people's medicines to ensure they received their medicines as they had been prescribed. However, we found some minor issues, which were addressed at the time of our inspection.

Support records reflected people's needs. Any choices or cultural requirements of the person were included in their records and staff supported people in the way they chose. Staff received training to be able to support people appropriately. People received a balanced diet, we observed the lunchtime experience and found this not as pleasant an experience for people as it could have been. Since our inspection this has been addressed by the registered manager.

We observed staff supporting people in caring and patient ways. Staff and people in the home knew each other well. Staff communicated with people appropriately taking into account any difficulties the person may have in understanding them.

People were predominantly supported as individuals. Mostly we saw positive interactions between staff and people they supported. An activity coordinator was employed. However, on the day of our inspection they were working in the kitchen. We did not observe any meaningful activities taking place.

We have made a recommendation about activities to ensure staff are deployed to provide meaningful activities for people.

Complaints were used to identify learning to improve the service. The culture in the home was friendly and open. People were encouraged to speak up if they had any concerns or ideas to improve the service. The management of the home sought feedback to improve outcomes for people.

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 were supported by a team of staff who were happy in their jobs and staff told us they felt supported. Although they did not regularly receive formal supervision. The registered manager and provider completed a range of regular checks on the quality and safety of the service.

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 18 February 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 safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 well-led.

Details are in our well-led findings below.

Good ●

Swinton Grange

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 team consisted of one inspector 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 care service. The Expert by Experience had knowledge about people living in a nursing home.

Service and service type

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

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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, including notifications about events happening in the service and information from other care professionals. 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.

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.

During the inspection-

We spoke with four people living in the service and five relatives. We spoke with eight members of staff including the care workers, a nurse, activity coordinator, who was working in the kitchen on the day of our visit, ancillary staff, the registered manager and the head of service. We also spoke with a visiting health care professional. We reviewed a range of records. These included people's care and medication records and staff files in relation to the recruitment, training and supervision of staff and a variety of records relating to the management of the service, including policies and procedures.

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

- Systems were in place to safeguard people from the risk of abuse. From our observations people were safe. People told us they felt safe. One person said, "I feel very safe, I never thought I wasn't." another person said, "It didn't occur to me that I'm not."
- Staff were trained and understood the signs of abuse they needed to be aware of and knew how to raise concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and updated regularly.
- Where risks were identified and managed to help keep people safe. For example, people who were supported to move using a hoist had very detailed risk assessments in place to guide staff on how to do this safely.
- A variety of checks were conducted to ensure the environment continued to be safe for people.

Staffing and recruitment

- There were sufficient suitably trained staff on duty throughout our inspection. However, from our observations it was not clear if there was adequate staff to meet people's needs or if staff were not effectively deployed. For example, during lunch staff were disorganised and this meant people did not receive appropriate support with the meals. We were told the cook was off work at short notice, and the activity coordinator was covering for them in the kitchen.
- Staff told us they felt predominantly there were adequate staff, however at times more staff would help. For example, at meal times. Staff told us, "There are a lot of people who require assistance, so it is difficult at meal times. It doesn't help the activity coordinator is in the kitchen today." We discussed this with the registered manager who thought it was an issue with deployment and agreed to address this as a matter of priority.
- Relatives we spoke with told us there always seemed to be staff about and enough staff. One relative said, "There is always plenty of carers about to make sure they [people they support] are safe."
- Appropriate checks were done on people's backgrounds and previous conduct before they were offered employment. These included checks with the Disclosure and Barring Service (DBS). The DBS informs potential employers of any convictions or cautions a person may have allowing employers to make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. We observed staff administering medicines appropriately and

followed good practice.

- However, we identified some minor issues that had not been picked up as part of the audit. For example, the protocols for medicines to be given as and when required lacked some detail, for staff to be able to assess when people required their medicines. Not all room temperatures where medicines were stored were monitored. These issues were addressed immediately by the registered manager.

Preventing and controlling infection

- Measures were in place to help protect people from the risk of infection.
- We observed staff using appropriate infection control techniques when supporting people.

Learning lessons when things go wrong

- Incidents were learned from and the service put measures in place to try to prevent them happening again.

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 in line with current guidance. People's choices and cultural needs were incorporated into their support plans.
- There was an electronic care plan in place for people. The first page of the plan gave a good overview of people's needs. This had been completed as part of the initial assessment of a person's needs so staff could start to learn about the person.
- The staff accessed the care plans throughout the home using portable electronic devices.

Staff support: induction, training, skills and experience

- Staff had the skills and experience required to support people safely.
- We observed staff demonstrating safe moving and handling techniques. Staff we spoke with confirmed they felt confident supporting people. Staff said, "The training is very good."
- Staff we spoke with told us they felt supported. One staff member said, "We support each other and are a well-supported team." However, staff had not always received a formal supervision. The registered manager explained these were behind as the deputy had left and the new deputy was not yet in post although they had been recruited. They assured us this would be addressed.

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

- People were not supported to eat and drink enough. We observed the lunchtime meal this was not as pleasant an experience for people as it could have been. We saw people were not taken to dining tables, not offered a choice, left with food in front of them and not always offered support.
- We discussed the meal time experience with the registered manager and the head of service, they agreed to do a meal time experience observation and audit, over two days. They sent the finding to us and had made significant changes to improve the experience for people.
- We observed people being offered a variety of drinks throughout the day and drinks were available in people's rooms as well as dining and lounge areas.

Recommend the provider ensures the new meal time arrangements are embedded into practice.

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

- The service worked well with other care providers to achieve good outcomes for people.
- Relatives we spoke with told us healthcare professionals visited and staff would incorporate their advice into the way they supported people. We also saw evidence in care plans we looked at that advice from health care professionals was sought and followed.

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

- The home had been adapted and consideration had been given to people's needs in designing the building.
- Corridors were wide, communal areas were all easily accessible. However, the garden was not accessible to people on the day of our visit. The garden was well maintained and secure, the weather was lovely, but the doors were shut, and no one was able to access the outside. Staff told us people usually accessed the garden with the activity coordinator, but they were working in the kitchen the day of our inspection.
- People's rooms were personalised giving them a homely feel.

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 service was working within the principles of the MCA.
- Where people were deprived of their liberty appropriate authorisations were in place. Where authorisations had conditions, these were being complied with.
- We observed people being asked for their consent by staff before they were supported. Staff respected people's decisions.

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 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

- We observed people being treated with respect and kindness throughout our inspection. The only exception was lunchtime when staff became task focused. However, this has been addressed by the registered manager.
- People and staff knew each other well and demonstrated a good rapport. One person told us, "They [the staff] are kind to me." Another said, "The staff are kind, they get me what I need."
- Staff understood the importance of getting to know people well. One member of staff commented, "We are here for them, [people they supported] you need to get to know them, it is important. I treat them like I would my mum or dad."

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

- People were involved in making decisions about their care. We saw in the care plans we looked at people's preferences, choices and decisions were recorded.
- We observed staff predominantly offering choices to people throughout our inspection about how they wanted to spend their day and how they wanted to be supported.
- Relatives were encouraged to be involved in their relative's care. One relative said, "They don't just look after [relative] they look after me too."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. One relative told us, "They respect people, [relative] is always well dressed and clean."
- People were encouraged to be as independent as possible in their day to day lives.
- Conversations were held with people discreetly, so their privacy and dignity was protected.

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 people's needs were met through good organisation and delivery.

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

- The support people received was mostly personalised. Staff explained to us how everyone was an individual and was cared for ensuring their preferences were followed.
- Care records detailed how people preferred to spend their day and when they liked to perform their daily living activities.
- Support records were regularly reviewed to ensure they continued to meet people's needs.

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.

- People's communication needs were identified and recorded so they could be shared with other care providers.
- If people needed information in other formats such as large print or translating, this would be arranged by the service.

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.

- Relatives told us there were usually some activities provided, including bingo, music and singing. We saw entertainers also came into the home periodically, to provide some activities.
- There was an activity coordinator. However, staff told us they regularly covered other roles so on those days there was limited activities. There were no activities provided on the day of our visit. Care staff told us they didn't have time to organise activities as they were busy with supporting people with care. .

We recommend the provider deploys staff in a way that ensures people are able to take part in meaningful activities.

- Relatives and friends were made welcome. Relatives we spoke with told us the staff encouraged friendships and when they visited they were always made to feel very welcome.

Improving care quality in response to complaints or concerns

- The service welcomed complaints and used them to try and improve the service.
- We saw complaints were logged, taken seriously and investigated. Relatives we spoke with confirmed

they were listed to. One relative said, "If I have any complaints, things are done to sort them."

End of life care and support

- Systems were in place to enable people to remain in the home as they neared the end of their lives.
- People were asked if they wanted to discuss how they wanted to be supported, and if the person chose, a plan would be made to enable their wishes to be respected.
- All staff were made aware when people were at the end of their lives, so staff could be sensitive to their and their relatives' needs.

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

- The registered manager had promoted an open culture where people felt able to speak up. A member of staff told us, "I am proud to be part of his team we are all very supportive and considerate."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- The registered manager and provider were clear about their responsibilities and requirements as registered people.
- Where improvements had been identified, we saw these had been implemented.
- A number of quality and audit processes were in place in the home and these were kept under review.
- Some issues we identified had not been picked up as part of the audit process. However, they were acted on immediately by the registered manager. We were sent outcomes in writing confirming action taken.

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

- The provider sent out quality monitoring questionnaires. relatives we spoke with told us they had completed surveys. This ensured people views were sought and acted on.
- Staff meetings were held to get their views and to share information. Some staff told us meetings were held regularly and felt listened to.
- Efforts were made by managers and staff to get to know people's families and include them in developing the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood their legal requirements.
- The registered manager and management team demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.
- The registered manager worked in partnership with others. For example, GP's, continuing health care team and other professionals to inform changes and improvements to the quality of care people received. One professional we spoke with told us, "The staff are very good, let us know any changes. The person has really improved here with consistent support from staff."

