

R G Care Ltd

# Swan Care Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Swan Care Residential Home provides accommodation and personal care for up to 21 older people, some of whom may be living with dementia. At the time of the inspection eight people were living in the service.

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

People were protected from the risk of infection. The provider had made improvements to their infection prevention and control processes since the last inspection and robust systems were now in place to protect people and staff.

The provider had demonstrated how lessons had been learnt from their management of the COVID-19 outbreak in the service. Systems for monitoring the quality and safety of the service had been improved and the registered manager had clear oversight of the service. Contingency planning was in place in case of any future outbreaks or staff shortages.

Relatives told us people were safe and protected from the risk of harm. Risk assessments were in place and provided personalised information about the risks to people's safety. Relatives and staff told us they felt comfortable raising concerns with the registered manager and were confident these would be responded to.

People received their medicines as prescribed and staff had received medicines training to ensure they were competent and able to support people safely. People were supported by a consistent staff team who knew them well. Staff told us they felt supported and were involved in the improvements which had been made in the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Inadequate (published 4 February 2021) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swan Care Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Swan Care Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Swan Care Residential Home 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 and we sought

feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We used observations to gather evidence of people's experience of care and we spoke with three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care workers and care workers. We reviewed a range of records. This included two people's care and medicines records, two staff files and a variety of records relating to the management of the service.

# 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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection the provider had failed to protect people from the risk of harm caused by poor infection prevention and control measures. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made improvements to their infection prevention and control processes and people were now protected from the risk of infection.
- Staff wore appropriate personal protective equipment (PPE) when supporting people and the provider had installed wall mounted storage units throughout the service to ensure PPE was suitably stored and protected from the risk of contamination.
- The provider had updated their contingency plan to ensure robust protocols were in place in case of any future outbreaks of infection. The provider had considered how the service would be safely staffed in case of future staff absences and how to source additional support.
- The service was environmentally clean. The provider had implemented a new online system for checking cleaning had been completed. The registered manager told us the system allowed them to monitor the hourly cleaning staff completed in communal and high touch areas.
- The provider had sought support from the local authority and updated staff's infection prevention and control training following the last inspection. Staff told us they had received appropriate training and updated guidance was in place to ensure they were following safe working practices.

### Using medicines safely

- People received their medicines as prescribed. People had medicines administration records (MARs) in place and the stock of medicines was checked to ensure accuracy.
- The registered manager's medicines audits had been amended since the last inspection to include more detail and information was now recorded regarding actions taken where improvements were needed.
- People's protocols for their as required medicines such as pain relief, had not always been reviewed or updated. However, staff we spoke to were aware of how and when people received these medicines.
- The registered manager told us they had completed refresher training with all staff who were responsible for the administration of medicines and were in the process of updating people's medicines protocols. Following the inspection, the registered manager confirmed this had now been completed.

#### Assessing risk, safety monitoring and management

- Relatives told us they felt people were safe. One relative said, "I've no concerns about [person] being safe and the manager will call and let me know if anything happens or [person] is not well."
- Following the last inspection, the provider had made improvements to the environment, removing stained equipment and ensuring a schedule was in place to monitor the cleanliness of the building and the safety of the equipment being used.
- Risks to people had been assessed and reviewed. Information of concern such as weight loss or a change in pressure care needs was flagged on the provider's electronic care planning system to enable staff to respond promptly.
- Where people's risk assessments indicated they needed prompting with their fluid intake, their daily notes did not always record how much people had to drink. Following the inspection, the registered manager confirmed risk assessments and daily notes had been updated to evidence what staff needed to record about people's fluid intake.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received updated safeguarding training since the last inspection and told us they knew how to report concerns. One member of staff said, "I had safeguarding training recently. If I had any concerns, I would speak to the senior or the manager straight away."
- The registered manager kept a record of safeguarding concerns raised with the local authority and documented the outcomes. Appropriate safeguarding notifications were sent to CQC.

#### Staffing and recruitment

- There were enough staff available to support people safely. The provider had put contingency plans in place in case of any future staff shortages.
- The provider had checked whether staff were safe to work with people prior to them being employed.

#### Learning lessons when things go wrong

- At our last inspection, we found lessons learnt had not always been shared with staff. At this inspection, we found the provider had improved how lessons learnt were shared and recorded. Staff meetings evidenced discussion about the improvements made to infection control processes and supervision notes showed information had been discussed on a one to one basis to ensure all staff had the opportunity to give feedback.
- The registered manager kept a record of accidents and incidents on their online care planning system. This enabled them to identify and respond to any trends which may suggest an increase in risk.



# 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 Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the registered manager had failed to demonstrate appropriate knowledge of legislation, relevant best practice and guidance in relation to infection prevention and control. This was a breach of Regulation 7 (Requirements relating to registered managers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 7.

- The registered manager had undertaken additional training following the last inspection to ensure their work practices reflected best practice guidance.
- The registered manager was supported by the area manager to review the lessons learnt from the management of the COVID-19 outbreak and make improvements to ensure systems were in place to support the registered manager and the service in the future.
- The provider and registered manager communicated openly with CQC following the last inspection, demonstrating how they had reflected upon their practices, what they had learnt and how improvements had been made.

At our last inspection the provider did not have effective systems in place to monitor health and safety and infection prevention and control. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made improvements to the processes in place to monitor the safety and quality of the service and effective systems were now in place. The registered manager completed regular audits and checks in key areas including training, medicines management and care planning.
- The registered manager had implemented increased monitoring of cleaning schedules and infection control risks to ensure they were able to promptly highlight any improvements needed in their processes.

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

- Relatives spoke positively about the culture and management of the service. One relative told us, "The manager always makes time to talk to me whenever I call, and the staff are brilliant." Another relative said, "The manager is very approachable, and I can talk through any concerns."
- Staff told us they felt supported. One member of staff said, "We've got a good team now and we can all talk things through together. I can talk to the manager and they will listen and respond 100%."

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

- Staff attended regular team meetings and supervisions. Minutes from these meetings demonstrated staff had been regularly involved in making decisions about how things were being improved in the service.
- The provider had adapted how they asked people for feedback in order to support people's individual needs and preferences. The registered manager had spoken to all the people living in the service on a one to one basis, asking for their feedback and checking whether they wanted to make any improvements or changes in the service.
- Relatives told us they felt involved in people's care and were kept updated. One relative said, "They stay in touch with me on the phone regularly." Another relative told us, "I can look at the daily updates on the forum and any concerns they call me."

Continuous learning and improving care; Working in partnership with others

- The provider had implemented an action plan detailing the improvements needed following the last inspection. The provider had kept CQC and the local authority updated about the progress of actions taken to improve the service.
- The provider worked in partnership with other healthcare professionals to meet people's needs. People's care plans contained information about the health professionals involved in their care and we saw evidence of referrals being made when appropriate.