

Swarthmore Housing Society Limited

Swarthmore Housing Society Limited

Inspection report

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Tel: 01753885663

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Swarthmore Housing Society Limited is a residential care home it is registered to provide personal and nursing care for up to 40 people. At the time of the inspection 29 older adults were being supported. Accommodation is located over two floors in one adapted building. People had access to extensive well-maintained gardens.

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

Medicines were not always being managed in line with current best practice.

Systems of governance and oversight were not sufficiently robust to have identified the issues we found in relation to managing risks and the management of medicines.

Risk management was not always comprehensive and up to date. People who had been identified at risk did not always have documentation in place to guide staff.

Several people did not have current and up to date Deprivation of Liberty Safeguards in place. However, we were aware this had been applied for within the specified time to the local authority.

Records were not always completed correctly to document the support people were given.

People's care plans did not always reflect their support needs. Some care plans had conflicting information recorded.

People were supported to follow their interests and take part in activities that were socially relevant to them. 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 had a choice of food and specific dietary requirements were catered for.

The management was aware of the culture of the service. We were aware there were ongoing issues relating to a member of staff. Where performance of staff was an issue this was dealt with accordingly. The service promoted and supported fairness and an open culture for staff to air their views and concerns.

Staff received safeguarding training when they first joined the service. Staff we spoke with told us they knew what abuse was and they would report any concerns following the correct procedure.

Staff were caring and respected people as individuals. Staff ensured people's privacy and dignity needs were respected during personal care. People could be as independent as they wanted to be.

People and relatives spoke highly about the service and said Swarthmore was ... "A great place to live" One person commented, "I am as happy as I would be anywhere."

There was a wide range of activities for people to engage in and to follow their hobbies. The service encouraged people to take active roles in their community.

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 10 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Swarthmore Housing Society Limited

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

Swarthmore Housing 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

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 (PIR). 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.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the service. We spoke with three members of care staff, the registered manager, the deputy manager and the visiting community nurse.

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 five people's care plans and each person's medication administration record (MAR). We looked at four staff files in relation to recruitment and supervision. We viewed a range of records relating to the way the service was run.

After the inspection

We contacted relatives by phone and requested from the provider additional records relating to 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included individual risk assessments for moving and handling, pressure care and nutrition and provided staff with guidance on actions to take to reduce these risks.
- However, staff did not always follow the guidance in the risk assessment. For example, we saw one person who was at high risk of skin pressure damage did not have their mattress on the correct setting. We saw the mattress was too hard and could potentially put the person at further risk of skin damage.
- In addition, the person already had skin damage and the community nurse visited to dress the person's wounds. We discussed this with the registered manager and requested to see what setting the mattress should be.
- However, the registered manager did not have this information and did not know what the setting should be. They contacted the community nurse (who provided the mattress) during our visit to attend the service and change the setting of the mattress. We spoke with the community nurse when they visited, they told us the service was given information on what the correct setting for this mattress should be when the mattress was first provided. They told us they will arrange for further training for staff to ensure they are aware of how to use mattresses correctly and to update them on ensuring mattresses at the correct setting for people's weight.
- People who required repositioning due to their frail skin and the inability to move themselves did not always have repositioning records completed correctly. For example, we saw staff sometimes just ticked a box to say staff had changed the person's position. However, we could not see what position they (person) were in before or after intervention.
- This meant staff would not know what position to change the person to. We discussed this with senior staff and the registered manager who said they would discuss this with staff.
- One person was on a puree diet and was at risk of choking. However, there was no risk assessment or management plan for this for staff to follow in the event of the person choking. We discussed this with senior staff who told us they would rectify this.
- Another person who we were told self-medicates did not have a risk assessment in place for self-medicating. This meant the person could be at risk if they had not been fully assessed as competent to self-medicate during the initial assessment. We were told the person had self-medicated since they first moved into the home.
- The provider did not always have risk assessments in place for people using the service which included plans for managing risks.

The failure to assess the risks to the health and safety of people using the service and to do all that was reasonably practicable to mitigate any such risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely and according to best practice. We saw some people had not received their medicines due to staff either not being able to locate the medicine or not following instructions by the prescriber. In addition, we saw missing signatures on some medicine charts (MARs) we viewed and could not be sure these medicines had been given. The medicines ranged from antipsychotic medicines, steroids, calcium and treatment for bowel problems. This meant people may have been affected by not receiving their medicines. For example, not receiving an antipsychotic and steroid medicine may have caused unpleasant side effects. We asked the deputy manager to confirm if the medicines had been given and they were unable to supply us with this information.
 - We saw one person had not been given their regular pain relief because staff had misread the prescribing instructions and believed the medicine was an 'as required' medicine.
 - One person who we were told self-medicates had a bottle of laxative left on their bedroom table.
 - We saw a locked cupboard was not available to store their medicines. We spoke with the deputy manager about this and they told us 'the person asked for the laxative to be left on their table'. However, this may put other people at risk if they accessed the person's room and took the medicine. In addition, we could not be sure when staff signed on the back of medication administration records (MAR) 'could not locate' for several medicines that there was any stock available. We asked the deputy manager to check the stock of medicines to confirm if the medicines had been given. They were unable to confirm if the medicines had been administered due to insufficient recording when medicines had been received from the pharmacy.
 - The above concerns were brought to the attention of the registered manager to address.
- Staff had their competency assessed when they had completed medicine administration training. We saw staff completing medicine administration during our inspection. We saw good practice guidelines were followed.

The failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- We saw that effective systems were in place to protect people from abuse. Staff received safeguarding training when they first joined the service. Staff we spoke with told us they knew what abuse was and they would report any concerns following the correct procedure.

Relatives we spoke with said their family member was safe living at Swarthmore.

People and relatives spoke highly about the service and said Swarthmore was ... "A great place to live" One person commented, "I am as happy as I would be anywhere."

- Statutory notifications were sent to us to inform us of any events that placed people at risk.

Staffing and recruitment

The service had policies and procedures to ensure staff were safely recruited.

- We viewed the services staff recruitment files during our inspection and found all the required pre-employment checks had been completed to ensure only suitable staff were appointed. All staff files demonstrated that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks enable employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.
- From our observations during our inspection we saw staff were able to spend time with people without rushing. Call bells were answered in good time and the lunchtime experience for people was calm and

relaxed. We concluded there were enough staff to ensure people's needs were met.

Preventing and controlling infection

- The service had a variety of measures to promote good infection prevention.
- We saw the premises were cleaned to high standards. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Domestic staff were engaged in cleaning duties throughout our inspection.

Learning lessons when things go wrong

- Accidents and incidents were responded to and investigated appropriately. Following accidents appropriate measures were in place which included informing staff during handover to identify suitable solutions to address and prevent any further incidents.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of needs were not always comprehensive to consider the full range of people's current health needs. For example, one care assessment summary stated, 'no concerns relating to [name] well-being'. This was updated and reviewed on 9 June 2019. However, we noted the person was receiving end of life care and was nearing the end of their life.
- In addition, the person was to have half hourly checks due to their frail condition. However, from 20 June 2019 to 29 June 2019 the early morning checks had not been recorded. We asked the registered manager if this was a recording issue. They told us they could not be sure if this was a recording issue or if the person had not been checked. The provider was responsive to our findings and agreed this was an area for improvement. This meant we could not be sure if the person had been checked to ensure their safety.
- Another assessment referred to the person 'eating well and independently' However, we saw the person had poor dietary intake and required assistance with all food and fluids. We discussed this with the registered manager and they told us the care plan summary had not been updated to reflect the person's current health needs. This may cause the person to be at risk if new or agency staff follow the care plan summary.

Records were not accurate complete and contemporaneous in relation to care delivery. This was a breach of Regulation 17)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service made referrals to specialist healthcare teams when people were at risk of malnutrition or had swallowing difficulties. We saw when people were at risk of malnutrition plans were in place to monitor them such as food charts and regular weight monitoring. We saw the dining environment was pleasant with food well presented. People we spoke with told us they had a choice of food if they did not like what was on offer. One person told us, "The food has improved quite a bit, seventy five percent of the time it is good." Another comment was, "The food can be very good or not so good."
- We saw the community nurse supported the service when required. We spoke with the healthcare professional and they told us they... "Had a good relationship with the service and had no concerns."

Staff support: induction, training, skills and experience

Staff completed an induction prior to working independently and were supported to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life. It is the new minimum standards that should be covered as part of induction process training for new care workers.

- The service ensured staff received updates in their training, such as moving and handling and safeguarding and had received regular supervisions and appraisals.
- Staff confirmed they received regular supervisions to discuss various aspects of their work and performance. They told us they felt well supported and could approach the registered manager at any time.

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

- The service was designed to meet people's needs. The service provided an outside area for people to spend time alone or with family members. The lounge had comfortable seating, a large screen TV and an entertainment centre. There was a quiet room which included a library and was used as the venue for the weekly Quaker meeting for worship and other church services. The building was set in large well-maintained gardens which were well laid out with the seating area easily accessible from the building.

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.

- We saw where people met the criteria for a DoLS for not being free to leave the premises unaided and applications to review current DoLS had been made by the provider to the local authority in a timely manner.
- The service was working within the principles of the MCA. Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. When people could not make a decision, a mental capacity assessment was completed and the best interest decision making process was followed.

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

People and relatives we spoke with were positive about the care and support received and said, the service was ... "A great place to live". A relative we spoke with told us, "Staff quality is second to none. Mum went from being low to bouncing back, she has a new lease of life. She is much happier here, and it is much better than where she was before."

- Staff spoke positively about the people they supported one member of staff told us. "Our people are looked after well." Another comment was "It's our duty to protect I would alert the correct people if there were any concerns."
- We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation.
- Staff gave us examples of how consideration was given to people's individual, religious and cultural needs. For example, one person was offered specific foods relating to their culture and was offered visits from their local church.

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

- We saw that people were given choice in aspects of their daily lives. One person told us how they were afraid of going in the lift. They told us, "Staff make sure they come with me [in the lift] if I want to go upstairs." We observed staff asking people what they wanted to do or where they wanted to sit. One member of staff commented, "We give them choice and chat with them to see what they like and dislike. Care plans referred to having a male or female member of staff to support people."

Respecting and promoting people's privacy, dignity and independence

- We saw staff respected people's dignity and privacy. We observed staff knocking on people's doors before entering and people were supported discreetly when receiving any personal care. People were supported to be as independent as their condition allowed. The service promoted dignity in care and staff attended training in dementia awareness.
- We were told a member of staff had won an award in dignity awareness.

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

- We saw staff had good knowledge of people and how to support them. Relatives told us they had been involved initially in care planning and had been invited to reviews thereafter. One relative told us, "They always call me if there is a problem or any changes. I am totally happy with them. Mum is somewhat reluctant to join in anything, but they try to encourage her."

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.

- The service was meeting the requirements of the accessible information standard. Staff assessed any needs people had in relation to their ability to communicate with others.
- Care plans recorded people's ability to communicate. We saw where eye sight, hearing or language barriers existed in relation to communication these were addressed. For example, pictorial versions of reading material were displayed throughout the service for people with difficulty reading print.
- Staff were aware that people with hearing loss, environmental factors needed to be considered.

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

- The service employed a dedicated activities coordinator and recognised the importance for people engaging in social events and pursuing interests and hobbies.
- The activities coordinator provided a varied programme of events and entertainment throughout the week. These included, quizzes, recitals, exercise classes, French lessons and productions such as children's shows. In addition, trips out were organised to local places of interest. One to one sessions were available if people did not want to join in group activities.
- People were encouraged to continue hobbies and interests. They were given opportunities to take up new ones as well. There were links with outside organisations to provide opportunities for a diverse range of interests. For example, the local leisure centre, schools' libraries and museums.

Improving care quality in response to complaints or concerns

- The service recognised feedback in the form of complaints or concerns provided an opportunity to improve the service.
- We saw complaints were responded to appropriately. There were no complaints at the time of our inspection.
- People told us they knew how to make a complaint.... "I would just go to the office. I have no complaints."
- People were provided with information on how to make a complaint in a format appropriate for their needs. In addition, the service had advice about who to contact about independent advocacy services for those wishing to have outside support if there were any issues.

End of life care and support

- We saw end of life wishes were documented in care plans
- The service supported people during the end of their life. The service worked with healthcare professionals including palliative care specialists to provide a dignified and pain free death. Staff were aware of national good practice guidelines for end of life care. At the time of our inspection there were two people receiving end of life care. We saw anticipatory medicines were in place when required and facilities and support were available for family members during this time.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits completed by the registered manager were ineffective; they had not identified the concerns we found during the inspection in relation to medicine management, mattress settings, body repositioning records and risk assessments.

Not operating effective systems and processes to assess monitor and improve the quality and safety of the service was a breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider understood and acted on their duty of candour responsibility.
- Statutory notifications about accidents and incidents and safeguarding concerns were sent to CQC as required.

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

- People and relatives knew who the registered manager was and told us they thought the service was well run. Regular meetings were held with people and their families and used as an opportunity to discuss a variety of issues.
- The culture of the service was open and transparent. Staff had regular opportunities to share their views on the way the service was run in team meetings and supervisions. In addition, staff told us the registered manager had an open-door policy and they could always speak with them at any time.
- Community links were well established, the service engaged with the local leisure centre, schools' libraries and museums. Swarthmore had strengthened relationships beyond key organisations. Local people had knowledge of the service and had invitations to join the service in their open days. One person living at Swarthmore was a member of the Friends and Neighbours (FAN) group and spoke at the meetings. The FAN charity encouraged friends and organisations to know about independent FAN groups.

Continuous learning and improving care

- Accidents and incidents were recorded; information relating to the incident was followed up and what steps had been taken following the incident was documented. However, we did not see analysis to identify trends to prevent reoccurrence or in the case of frequent falls refer people to relevant professionals.

Working in partnership with others

- The service had good relationships with professionals such as the local GP, community nurses and palliative teams. In addition, regular visits from the optician and podiatrist were available when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not operate the proper and safe management of medicines. Risk assessments were not always in place for service users who were receiving care and treatment
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective auditing systems in place to monitor and improve the quality and safety of the service.