

Sutton Village Care Home Limited

Swanland House

Inspection report

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Swanland
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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 well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Swanland House is a residential care home providing personal and nursing care to up to 35 people. The service provides support to people with dementia, older people and younger adults. At the time of our inspection there were 19 people using the service.

Swanland House is a privately owned residential care home that operates in a Grade 11 listed building.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The leadership, governance and culture did not promote the delivery of high-quality person-centred care. Managers did not lead effectively, and staff did not feel listened to or valued.

The provider did not provide consistent leadership and managers were not clear what their roles and responsibilities were. Staff told us, "[Registered manager] was supportive but was a 'jack of all trades' and did everything."

The registered manager did not regularly review staffing levels and adapt them to people's changing needs to ensure there were enough competent staff on duty. Relatives told us, "I don't think there are enough staff" and "The home has been dreadfully short staffed." Recruitment systems were robust and ensured the right staff were recruited to support people to stay safe.

There is limited use of systems to record, manage and report concerns about risks, safety and incidents. People were not involved in managing risk. Risk assessments were not person centred and reviewed regularly. People did not always receive their medicines as prescribed. Medicines were not stored correctly and disposed of safely.

The providers quality assurance arrangements were not strong so did not identify current and potential concerns and areas for improvement. Concerns were not investigated, and there were no opportunities for learning when things went wrong.

Staff supervision and support was inconsistent. Training and development plans were not designed around learning needs and the care and support needs of people who use the service. We have made a recommendation about supervision and appraisals.

The service monitored people's health, care and support needs, but did not consistently act on the issues identified. There was a process in place for referring people to external services.

Staff had an awareness and understanding of abuse and knew what to do to ensure people were protected.

The service manages the control and prevention of infection well. Staff are trained and understand their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises.

People had access to suitable outside space, a quiet area to see their visitors, an area suitable for activities and private areas where people could be alone.

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

Rating at last inspection

The last rating for this service was good (published 16 April 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the assessment and management of people's risks. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safety and quality of the service, the mental capacity act 2005, staffing and the overall leadership and management of the service.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

The provider is currently working with the local authority and safeguarding team to ensure records are relevant and up to date and care plans and risks assessments identify current needs and are appropriately managed.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe

Requires Improvement ●

Is the service effective?

The service was not effective

Requires Improvement ●

Is the service well-led?

The service was not well led

Inadequate ●

Swanland House

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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector. An Expert by Experience also spoke to relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Swanland House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Swanland House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who use the service and 11 relatives to ask about their experience of care provided. We also spoke with the registered manager, the nominated individual, six staff and three professionals. We looked at five care files along with a range of medication administration records (MAR), We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- Risks associated with people's care had not always been managed effectively.
- Care records were not kept up to date to reflect people's current needs. Some people's care records did not include what action staff should take to mitigate risks. For example, one person had several incidents of challenging behaviour, this was not reflected in his care plan or risk assessed and they were not managed in the least restrictive way.
- Mobility care plans and risk assessments for people did not contain information to guide staff to reduce the risk of falls.
- Personal Emergency Evacuation Plans (PEEPS) did not provide staff with the correct information and guidance to evacuate people safely in an emergency. The provider responded immediately and updated all PEEPS for people.

The failure to robustly manage the risks relating to the health safety and welfare of people is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager is currently working with the Local Authority and Safeguarding team to address these concerns, including updating risk assessments.

Using medicines safely

- Medicines were not always managed safely.
- Staff did not record the stock balances of medication. Eight people had gaps in their Medication Administration Records (MAR), we could not be sure if people had received their medication as prescribed as there was no balance of the number of tablets still in stock.
- Temperature recordings for the fridge were recorded out of range so medications were not stored in accordance with the manufacturers guidance. If medicines are not stored properly, they may not work in the way they are intended. No action from the provider had been taken to address this.
- Staff did not always sign the controlled drug book, signatures were missing for the receiving and returning of controlled medication.

We found no evidence that people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider responded immediately and ordered a new fridge from the pharmacy.

Staffing and recruitment

- There was not enough staff to manage the needs of people in the service and provide support to people that required the assistance of two staff. At night only two staff were deployed to work. This meant there were periods throughout the night when no one was around to support other people in the service.
- The provider did not use a dependency tool to calculate the number of staff needed throughout the day and night to ensure the needs of people using the service could be managed safely. Staff told us, "There is not enough staff, sometimes domestic staff give out breakfast" and "Medication is given late because we have to make sure all the caring is done first."

We found no evidence that people had been harmed, however, the provider had failed to ensure there were sufficient numbers of suitably qualified and skilled, competent staff to meet the needs of people, this is a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff recruitment procedures were followed, and staff were recruited safely.

Learning lessons when things go wrong

- There was limited evidence of learning from accidents or incidents and any action taken when things go wrong.
- The provider did not have a system in place to record and review incidents, there was limited evidence of any action taken to improve safety.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and told us they would report any concerns to senior members of staff or the registered manager.
- People told us they felt safe at the service. Relatives and people told us, "We have no safety concerns since [person's name] has been in the home" and "Yes, I feel safe, it is nice here."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some chairs required cleaning and others required removing due to not meeting infection, prevention and control standards.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider had systems in place to support people to have visits from family and friends. This included providing PPE and a booking system.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager did not act within the legal framework of the MCA. Staff had not completed training in MCA and DoLS and did not understand the principles of the Act.
- Staff were not aware of who was subject to DoLS. Staff told us, "I am not sure what it means" , "we have never had any training" and "I don't think anyone is on a DoLS."
- People were not supported in the least restrictive way. One person had items removed from him without his consent. There was no capacity assessment or best interest meeting held to support the decision made.

Failure to follow the principles of the MCA 2005 is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection and contacted the appropriate people to address the concerns.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- Staff were not supported to keep up to date with best practice. Supervisions and appraisals were not consistent and did not meet the needs of the staff.
- Staff told us they received training as part of the induction, however they were not given the opportunity to do other training to support their development. Records show staff training was not kept up to date.

We recommend the provider reviews its systems and processes to ensure staff receive regular supervision and appraisals and are supported to undertake further training.

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

- People were assessed as requiring high levels of support; however, care plans and risk assessments did not give guidance for staff to deliver care effectively.
- Care plans did not always reflect people's current needs. Everyone was placed on a fluid balance chart regardless of dehydration risk, there were inconsistencies in recording of fluids and when lack of fluids was identified it was not acted on.
- People were supported to access food and drink that met their dietary needs and wishes and were offered a choice for each meal.
- People had access to regular snacks and drinks throughout the day, we observed staff offering people drinks and biscuits outside of mealtimes. One person told us, "We always get a nice cup of tea when we want."

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

- People had access to a range of health and social care professionals to achieve the best outcomes for them. Relatives told us, "[Person's name] sees a doctor and they have seen the occupational therapist" and "[Person's name] has been referred to the incontinence team."
- Staff sought specialist advice where required, such as from GP's and mental health teams.

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

- People and their relatives were not involved or communicated with about recent changes to the environment.
- People had access to equipment to support them to move around the service. There was plenty of communal space and bedrooms were personalised.
- There were accessible gardens for people to meet. We observed people making use of the area during inspection.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The providers governance systems were not always effective. They had failed to identify the concerns we found during the inspection in relation to medication, risk management, and staffing levels.
- There were limited systems or processes in place to ensure regular audits were taking place to improve the quality and safety within the service.
- Managers were not clear about their roles and people and relatives did not know who the registered manager was. Staff were unclear about the leadership in the home, comments included, "Not sure what role [name] is but they are always there" and "The registered manager cannot make any decisions without speaking to [name] but we don't know what their role is."
- Care records were not always detailed, fully completed or reviewed. Care plans and risk assessments were not up to date. People's care records did not demonstrate consistently clear and contemporaneous notes. We could not be sure that people's care and support needs had been met.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not always submitted notifications about incidents as they are required to do by law.

Failure to notify CQC as required was a breach of Regulation 18 (2) of the Care Quality Commission (Registration) Regulations 2009. This is being followed up outside of the inspection process and we will report on any action once it is complete.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 does not ensure there is consistent leadership when the registered manager is not available. There is no deputy manager in post and the leadership responsibility relies heavily on the senior carers in post.
- Staff do not feel listened to, respected or supported. Staff told us "We are not able to raise concerns with the manager" and "[Name] shuts everything down so we don't make suggestions anymore."
- Staff told us they were a good team and felt supported by each other. People told us, "Staff were lovely

and very kind" and "The staff are good; you would not get better anywhere."

- The registered manager understood their responsibility to be open and honest with people when things went wrong.

Working in partnership with others; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service did not always share information effectively with other agencies. Professionals were not always asked to contribute to care planning and were not always confident that recommendations had been followed up.
- People, relatives and staff were not fully engaged in the running of the service. Relatives told us, "We have never been informed about anything to do with the service, never had a newsletter" and "They don't have carers meetings and I have never received a questionnaire."
- Satisfaction surveys were not completed by staff or health and social care professionals to seek feedback on their service and improve quality.
- The registered manager is currently working closely with safeguarding and the local authority to improve care plans and risk assessments and has recently introduced a resident questionnaire to gain people's views.

Continuous learning and improving care

- The governance framework did not promote continuous learning to improve the service
- The registered manager was not able to show us how lessons had been learned from incidents and how investigations had been used to drive quality and improve outcomes for people.

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 18 Registration Regulations 2009 Notifications of other incidents Failure to notify CQC as required.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not always followed the principles of the Mental Capacity Act 2005
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to robustly manage the risks relating the health, safety and welfare of people.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate safety was effectively managed
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Failure to ensure there are sufficient numbers of suitably qualified and skilled, competent staff to meet the needs of people.

