

Spion Kop Care Home Limited

Spion Kop Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 12 December 2016 and was unannounced.

There is a requirement for Spion Kop to have a registered manager and a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is registered to provide residential care for up to six people with mental health needs. At the time of our inspection six people were using the service.

People were supported to manage their own medicines when this was their choice. Where staff administered medicines for people, medicines were stored safely and records were clearly completed and any support provided respected people's privacy. One bottle of medicine had an illegible prescription label and one liquid medicine had exceeded the recommended 'use by' date. The deputy manager told us action would be taken to resolve these issues. Other medicines were labelled clearly and were in date.

Risks to people's health were identified and well managed, however one person's care plan and risk assessment did not contain sufficient detail on the observations staff completed regarding potential risks. Other risks to people, such as from the risk of a potential fire had been considered and plans were in place to reduce risks to people.

People felt safe at the service. Staff had been trained in safeguarding and had the knowledge to identify any potential signs of abuse and how to report those. Staff recruitment practices were followed to ensure people were safe to work at the service. Sufficient numbers of staff were available to meet people's needs and to support people to attend appointments and activities.

The registered manager understood the principles of the Mental Capacity Act (MCA) 2005 and had a policy in place for both the MCA and Deprivation of Liberty Safeguards (DoLS). No applications for a DoLS had been required as no one lacked the mental capacity to make decisions. However there was not a process to record mental capacity assessments and record any best interests' decision making, should a person lack the mental capacity to make a decision in the future. We brought this to the attention of the registered manager who agreed to put this in place, should this be required. People's consent was obtained prior to staff providing any care and support.

People were involved in planning and choosing healthy, nutritious food and drink, as such people made choices that suited their own preferences. People were supported to be involved in meal and drink preparation to promote their independence. People were supported to access any other healthcare services they needed in order to maintain good health.

Staff listened to people and spent time talking with them. People described staff as kind and caring. Staff supported people with their dignity and promoted their independence. People's views were used to identify improvement in the service and people were involved in planning their own care.

People received personalised and responsive care as they were involved in identifying what support they required. People had been asked about their preferences and staff were aware of these. People contributed to their care planning and were asked for any suggestions, comments or complaints at regular meetings.

The registered manager was clear on their role and responsibilities and was supported by motivated staff team. Staff understood their roles and responsibilities. Systems were in place to check on the quality and safety of services provided.

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.

People's medicines were mostly stored and administered safely and people were supported to manage their own medicines. Risks to people were identified and managed, however more detail was required in one area of risk management. Staffing levels met the needs of people using the service and staff working at the service were safe to do so. Staff understood how to report any safeguarding concerns.

Requires Improvement 

Is the service effective?

The service was effective.

The principles of the MCA were understood and the service told us they would develop a process to record capacity assessments and best interests decision making should it be required.

Staff received training in areas relevant to people's needs. People received support from external health professionals when required. People enjoyed their meals and received healthy and nutritious food and drink.

Good 

Is the service caring?

The service was caring.

People were supported by kind and caring staff who spent time listening and talking with to people. Staff respected people's privacy and promoted their independence. People's views and opinions were respected and people were involved in planning their own care.

Good 

Is the service responsive?

The service was responsive.

People received responsive and personalised care as people contributed to their care plans. People's preferences were understood by staff. People could raise concerns and suggestions.

Good 

Is the service well-led?

Good 

The service was well led.

The registered manager understood their responsibilities and were supported by a motivated staff team. The service was managed with an open and approachable leadership style. Systems and processes were in place to check on the safety and quality of service provided.

Spion Kop Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 12 December 2016. The inspection was completed by one inspector and one 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.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with five people who used the service. We spoke with three members of staff, including the registered manager. We looked at three people's care plans and we reviewed other records relating to the care people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Is the service safe?

Our findings

Some people chose to manage and administer their own medicines and we saw care plans were in place to support this. For example, one person's care plan covered how the person would keep their medicines secure in their own room and record the medicines they had taken on a medicines administration record (MAR) chart. Other people had chosen to have staff support with their medicines, or partial staff support. For example, one person who was prescribed a skin cream chose to manage this themselves and just have staff support for their tablet medicines. Where staff had administered medicines, (MAR) charts showed staff had signed to confirm these had been given as required

We observed people being supported to take their medicines as part of our inspection. Staff prepared the person's medicine and administered this to them discreetly, whilst explaining what type of medicine it was. Medicines were kept secure and we checked one person's medicines and found the correct amount of medicine was held in stock. We found liquid medicines and creams had been labelled when first opened. This is because there are recommendations for some medicines to be disposed of within a set time from first opening, so as to ensure the medicine's effectiveness. We found one bottle of medicine should have been disposed of one week before our inspection and we made the deputy manager aware of this so it could be disposed of. We also found the prescription label on one bottle of medicine had become worn. This meant the person it had been prescribed for and the prescribing instructions were not visible. Although this had only been prescribed for one person in the service, it is still a requirement for any medicines administered to have a valid prescribing label attached. We made the deputy manager aware of this and they assured us they would take action to resolve this.

All five people we spoke with told us they felt safe living at Spion Kop. One person told us, "No one bullies us here." Another person told us, "I am always asked if I am okay." Throughout the day of our inspection we could see staff regularly checked how people were feeling. Staff were also familiar with what signs could indicate people may be at risk from abuse and knew how to make a safeguarding referral. One staff member told us, "It's absolutely safe care here, 100%; it's important people feel safe here." Information was on display for people about safeguarding and records confirmed staff had been trained in safeguarding adults. The provider had taken steps to reduce the risk of abuse occurring to people using the service.

During our inspection one person attended the doctor's surgery for a blood test. This was because there were risks associated with their medicines and regular blood tests helped to monitor and manage those risks. We saw blood test results were recorded in people's care files, and when a result indicated an adjustment of medicine was required, we saw this was completed. This helped to manage and reduce risks to people.

Other risks to people were also identified, such as risks associated with people's mental health diagnosis or risks from falls or from infection. However records showed, and discussions with staff confirmed, they were monitoring and assessing one potential risk to a person and others. This had not clearly been documented in the person's risk assessment or care plan. Although this was only a potential risk, staff told us their observations and judgements relating to this potential risk were shared with other professionals involved in

the person's care and support. This was so the potential risk could be kept under review. The risk assessment and care plan for this did not contain sufficient detail to reflect what staff were doing to observe and report in this area. We discussed with the deputy manager who agreed to review the risk assessment and care plan.

We saw people had personal emergency evacuation plans in place for staff to follow, to help keep them safe should there be a need to evacuate the building. Evacuation procedures were practised to ensure that people were familiar with them. Procedures were in place to record any accidents or incidents. We reviewed a sample of accidents and incidents reported and found these had been recorded and reviewed appropriately. Plans were in place to reduce risks relating to people's care.

Three members of staff were available on the day of our inspection. Staff spent time talking with people and supported a person to their doctor's appointment. Enough staff had been planned to accompany people as well as staff remaining available at the location. One member of staff was available overnight; in addition the provider and registered manager were also available on call should they be required. Sufficient staff were deployed to meet people's needs safely and provide the support they required.

Recruitment records showed relevant checks had been carried out on staff before they started work to help the provider make a judgement as to whether people were of suitable character and were safe to work with the people using the service. These checks included obtaining written references and checking people's previous employment history. The registered manager had also checked people's Disclosure and Barring Service (DBS) certificate. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Recruitment systems operated to ensure staff recruited to work at the service were safe to do so.

Is the service effective?

Our findings

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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no-one had been identified by the provider as requiring an assessment for a DoLS.

At the time of our inspection, no one lacked the mental capacity to make a decision. The registered manager had a policy in place on the MCA and DoLS which included access to advocacy services when appropriate. We discussed how a person who may lack capacity would have their capacity assessed and decisions made in their best interests with the deputy manager. They told us this would include the involvement of other professionals, however the service did not have a process in place to record assessments of people's capacity in relation to any best interests decisions that may have to be taken. The deputy manager told us they would put this in place. People we spoke with told us their choices and decisions were respected by staff.

When we spoke with people they told us they were aware of advocacy services, and they had not had any need to use them. People's care plans recorded advocacy services had been discussed with people. In addition, information on advocacy services, including Independent Mental Capacity Advocates (IMCAs) was on display for people. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person. Records confirmed staff received training on the principles of the MCA.

Staff had skills and knowledge relevant to people's care needs. For example staff we spoke with could tell us about people's mental health needs and how they provided support to help people manage their needs. One person told us, "[Staff] know about me." Staff with responsibility for administering people's medicines had received training and additional competency checks. Records showed staff had also been trained in food hygiene and person centred care. We saw training for positive behaviour support had been booked for the week following our inspection. Where people were new to the service we saw they were supported with an induction programme and given time to read people's care plans. People were supported to develop the skills and knowledge they needed to meet people's needs.

Staff told us they felt supported by the registered manager and their colleagues. One staff member said, "I've had fantastic support." Staff told us they had regular contact with the registered manager for support. Records showed supervision meetings with staff reviewed their performance and updated them on any changes in the service. Staff had skills and knowledge relevant to people's needs and were being supported

to meet people's needs effectively.

We saw people had flexible meal times to suit their needs. For example, we saw a person have a late breakfast as this is what they wanted to do. One person also told us, "We can get something to eat whenever we want; it's brilliant. We can get a drink of tea or cocoa anytime. You won't get anywhere better than here." They went on to say they got, "Top class food," at the service. Another person told us they enjoyed ordering takeaway food. People were happy with the food and drinks available at the service.

During our inspection people had a meeting with staff to plan the food order for the next week. People made their individual choices for what they wanted and each person's tastes and preferences were accommodated on the shopping order. In addition, people's ideas for making bread together or making pizzas together was also supported. This helped to make mealtimes an enjoyable and sociable occasion. People were supported to receive nutritional food and sufficient drinks of their choosing.

People told us they were supported to maintain good health and see external health professionals whenever required. Records also showed people had contact with, for example, doctors and chiropodists when required. Staff told us people were registered at the local dentist and that one person had a check-up booked for the week of our inspection. This meant people received appropriate care and support for their health and care needs.

Is the service caring?

Our findings

People told us they felt staff were kind and caring. One person told us, "I am encouraged to chat; staff are kind and it's lovely here." Other people commented, "Staff listen and are friendly," and, "I am reminded by staff that they are always here for us to talk to." During our inspection, staff spent time talking with people. We could see people were relaxed and comfortable with the staff working at the service. Staff spoke of the caring and friendly atmosphere at the service. One staff member told us, "[Staff] do actually care here; It's lovely." People were supported by staff who encouraged them to talk if they wanted to, and listened to them when they did.

People had their views about their care and treatment respected by staff. One person declined the offer of some breakfast and then told us, "See, [staff] encourage me to eat, but they don't force me." Another person told us they had been asked whether they wanted to manage their own medicines. They told us, I was asked whether I wanted to do it myself, but I am happy with getting the support."

People told us they felt involved in their care plan and involved in making decisions about their care. One person told us, "I've seen my care plan and nothing is hidden from me." We could see people had been involved in writing the care plans we reviewed. People had signed their care plans and in addition care plans reflected the individual person's needs and preferences. For example, people had been asked whether they had any objections to photographs being taken. One person had said they would prefer staff to ask them at each occasion. Details were also recorded on whether people wanted their family to have full, partial or no involvement in their care plan meetings. People were involved in planning their care and support.

People were supported with their independence. One person told us their independence was important but it was also important they could make progress at their own pace. They told us, "[Staff] let me take baby steps." We saw another person independently made themselves some food. Another person told us, "We can make a sandwich or open a tin of soup." Staff we spoke with provided examples of how they encouraged and involved people to promote their independence. For example, one staff member told us if a person struggled to change their bedding they would still be involved in choosing it and doing what they could do. People's choices were respected and their independence promoted.

People told us their privacy and dignity was promoted by staff. People told us they could spend time in their own rooms as they chose. One person invited us to see their room and showed us they had their own computer and television. They told us they used these whenever they wanted. People told us staff always knocked on their door if they needed to speak with them to respect their privacy.

Throughout the day we saw staff were respectful of people's privacy and only discussed people's care and support discretely and in private. Other ways of working also supported people's privacy and dignity. For example, people were invited into a private area whenever staff offered support with their medicines. People received support from staff who supported the principles of dignity and respect in their day to day work.

Is the service responsive?

Our findings

People told us about their goals and aspirations. One person told us about their, and another person's wish to go to a festival. They said, "Staff are helping us plan it; we are looking at how to book the tickets; go on the train; get a tent and a sleeping bag."

One person told us, "[Staff] do very well in coming up with plans for me and I feel like I am being moved on in life." They went on to tell us they had been supported to make changes to their room. People's care plans contained details of discussions people had held with staff regarding what they wanted to achieve and their goals. We saw steps to help people achieve their goals had been identified. For example, a person used their phone alarm to set a time they wanted to get up so they had enough time to do what they wanted. We saw staff supported this by encouraging the person to set plans and have a purpose for each day. Other people told us they were happy without having any specific goals and staff respected this. If people wanted to set themselves goals to work towards, these were supported by staff.

People told us they contributed to writing their care plan with staff. One person told us, "We sit down and agree aims and goals together and then the staff write it up and let me read it." Another person told us, "Every six months we review it to see how far I've come."

People contributed their ideas when planning trips out and various activities were discussed at regular meetings with staff. During our inspection people had their weekly meeting with staff and discussed where they would like to go and planned how to put these plans into action. Records showed people had contributed information about their likes and dislikes and this information formed part of their care plans. People contributed to their care and were supported to follow their interests.

Strategies to help people manage their own mental health needs were in place. For example, a person was encouraged by staff to use a specific strategy to manage their anxieties. We also saw people and their families had suggested some therapeutic strategies may be of use to people. We saw these had been arranged by staff.

During our inspection staff were available to provide responsive, personalised care for people. One person told us, "[Staff] help us go shopping, sometimes locally or a big outlet." During our inspection we saw staff supported one person with their food preparation. On another occasion when a person expressed they would like help cleaning and organising their room, staff went to support them straight away. People received care and support when they needed it, in a way that met their individual needs.

People told us they felt comfortable to make a complaint should they need to and they would be able to speak with staff. Two people told us they had raised issues with staff. They told us they felt the issues had been dealt with as they had noticed changes as a result. People knew there was a suggestions box where they could make comments and suggestions. People said staff had told them they did not have to put their names on the comments unless they wanted to. In addition, we saw where people had raised issues in a survey about the service, they had been given the opportunity to discuss any issues raised. The registered

manager told us there had been no formal complaints since our last inspection. The provider had a complaints process in place to ensure any complaints were investigated appropriately. People were able to share their views about the service, and make suggestions, comments and complaints should they want to.

Is the service well-led?

Our findings

Spion Kop is required to have a registered manager and a registered manager was in place. The registered manager was aware of, and had submitted relevant statutory notifications when required. Notifications are changes, events or incidents that providers must tell us about. The registered manager was supported by a deputy manager and staff team who were motivated and enthusiastic about their work. Staff we spoke with told us they enjoyed working at the service. We observed both the registered manager and deputy manager offered support to staff and provided guidance when needed. Staff understood their roles and responsibilities and received support to develop their skills and experience.

People knew who the registered manager was. People told us they spoke with the registered manager and they were approachable. We saw the registered manager spend time with people during our inspection as well as their involvement with people at the meeting held to plan the week's food and activities. Staff told us they found both the registered manager and provider open and approachable. One staff member told us the registered manager or the provider would make themselves available, "At the drop of a hat," if anyone needed support. They told us, "It's really reassuring to know you've got that support." The service was managed with an open and approachable management style.

People's views and experiences were regularly gathered through residents' meetings and reviews of their care and support. In addition, people, staff and visitors had completed questionnaires designed to identify where the service was doing well and where it could improve. The returns we read were positive. Where a reply suggested improvements could be made this was explored further with people so any improvements could be identified. In addition, staff meetings provided staff with opportunities to share views and work as a team when contributing ideas for improving people's care and support. The service sought people's views and experiences with a view to identifying improvements and developments.

The service had a clear vision and values and these were reflected in its 'philosophy of care' statement. This emphasised a person centred approach to care and support where people were supported to make their own choices; supported by staff with the values of kindness, dignity and respect. From people's comments over their involvement in their care plans and their relationships with staff, the service had been developed in line with the service's 'philosophy of care.'

During our inspection, we reviewed records relating to the care people received and how the service was managed. Records were well maintained and up to date. Systems to check on the quality and safety of services were also in place. For example, we saw checks had been recorded to confirm the fire alarm had been serviced and weekly fire safety tests were completed. Systems were in place to check on the quality and safety of care provided and records were up to date and well maintained.