

Spinal Unit Action Group

The Spinal Unit Action Group

Inspection report

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Tel: 01704563633

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 18 May 2018 and was unannounced.

The Spinal Unit Action Group, is located in a residential area of Southport. Accommodation is provided for up to 12 people who are physically disabled. The home is fully accessible for people who require wheelchair access. It is fitted with appropriate aids and adaptations to support people in their independence and to assist people to move and transfer safely around the home. The home is in close proximity to Birkdale village and public transport links to Southport and Liverpool are within easy reach. At the time of our inspection there were seven people living at the home.

The Spinal Unit Action Group 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.

We last inspected the Spinal Unit Action Group on 28 February and 27 July 2017. We found two breaches of the Health and Social Care Act 2008 during this inspection in relation to safe care and treatment and good governance. We also made a recommendation in relation to the recording of complaints.

At this inspection there was a registered manager in post. 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.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective responsive and well led to at least good. During this inspection we saw that improvements had been made. The provider was no longer in breach of these regulations and had improved each key question to a rating of 'good'.

During our last inspection in February and July 2017 we found that risks to people's health and well-being were not always managed appropriately. This was because there was not enough detail in people's risk assessments which explained risk and how to keep the person safe. We found during this inspection that risk assessments had been re-formatted and now contained a high level of detail to help keep people safe from harm.

During our last inspection in February and July 2017 we found that audits and checks were not always consistently taking place to monitor the quality of the service. We found during this inspection the provider had taken appropriate action and a more robust checking and auditing system was in place.

People told us they felt safe living at the home and we received positive comments in relation to this. People also told us there was enough staff on duty at the home and there did appear to be enough staff.

Medication was safely managed, stored and administered. People received their medications on time.

Staff were recruited and selected to work at the home following a robust recruitment procedure. The registered manager retained comprehensive records of each staff member, and had undertaken checks on their character and suitability to work at the home.

The home was clean and tidy. There were provisions of personal protective equipment at the service, and staff were trained in infection control procedures.

Staff were able to describe the process they would follow to ensure that people were protected from harm and abuse. All staff had completed safeguarding training. There was information around the home which described what people should do if they felt they needed to report a concern.

The training matrix showed that staff were trained in all subjects which were mandatory to their role as stated in the provider's training policy. There was additional training in place which was overseen by medical professionals to ensure staff had the correct skills to support people with their clinical needs. New staff with no experience in health and social care were enrolled on an in-depth induction process. Staff received regular supervision and appraisal.

People were supported if they chose to attend healthcare appointments. Some people managed their own appointments themselves.

People were supported to eat and drink in accordance with their needs. Most of the people who lived at the home chose to go out at lunchtime, however there was a main meal provided and kitchens on each floor of the home so people could prepare meals and snacks

The service worked in conjunction with physiotherapists, health nurses to ensure people had effective care and treatment.

Everyone had records in their files relating to external appointments with healthcare professionals such as GP's, opticians, dentists or chiropodists. The outcome of these appointments was recorded in people's records.

Most areas of the home and some people's bedrooms had been refurbished.

The service was operating in accordance with the principles of the Mental Capacity Act (MCA). Everyone who lived at the home had capacity to make their own decisions.

We observed kind and caring interactions between staff and people who lived at the home.

There were positive examples of person centred information in peoples care plans. The new documentation was more in depth with regards to finding out more information about people, their likes, dislikes and how they wanted their support to be delivered.

There was a procedure in place to document and address complaints. Everyone we spoke with said they knew how to complain. The complaints procedure was displayed in the communal areas of the home.

Staff were aware of how to support people to manage their end of life wishes. Most of the people who came to the Spinal Unit Action Group came to aide their recovery and eventually moved back to their own homes

once a period of rehabilitation had taken place.

Everyone knew who the registered manager was. The registered manager had been in post at the home for a long time alongside the deputy manager.

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.

Risk assessments were completed as part of the assessment of people's care needs. The risk assessments were detailed and gave staff clear instruction of how to manage and minimise assessed risks.

Our observations showed there was enough staff to meet people's needs in a timely way.

Medicines were managed safely and stored appropriately. Medication was only given by staff who were trained to do so.

Staff were only offered employment once suitable pre-employment checks had been carried out which included an assessment of their suitability to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff had appropriate training to reflect their roles, this was evidenced in the training matrix.

Staff received regular supervision and annual appraisals.

People were supported to eat and drink appropriately.

The service was working in accordance with the principles of the Mental Capacity Act and associated legislation.

Is the service caring?

Good ●

The service was caring.

We observed kind and familiar interactions between people who lived at the home and the staff who supported them.

Staff were able to demonstrate a good knowledge of the people they supported.

There was advocacy information available for people who wished to access this service.

People's privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care which right for them, which took into account their backgrounds, needs and wishes.

Complaints were appropriately responded to and documented in line with the service's policies and procedures.

People were supported sensitively with arrangements for end of life care.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was well regarded by people receiving care and staff.

Audit processes were sufficiently robust to ensure the quality and safety of the service provided.

Team meetings place and people had there was a process to gather feedback from people who lived at the home, although this was not always documented.

There was evidence of positive working relationships with other healthcare professionals.

The Spinal Unit Action Group

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.

The inspection took place on 18 May 2018 and was unannounced.

The inspection was conducted by two adult social care inspectors and a Specialist Advisor who had specialist medical knowledge and training of how to support people with spinal injuries.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the intelligence the Care Quality Commission had received about the home.

We looked at the care records for four people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas. We spoke to three support workers, the registered manager and the deputy manager. We also spoke with a visiting healthcare professional and spoke with five people who lived at the home.

Is the service safe?

Our findings

During our last inspection in February and July 2017 we found the service in breach of regulations in relation to safe care and treatment. This was because there was not enough information recorded in people's care plans to describe how staff safely mitigated risks. The safe domain was rated as requires improvement. We saw during this inspection that improvements had been made and the service was no longer in breach of regulation.

Risk assessments were detailed and contained information which provided guidance for staff on how to manage risks on peoples behalf. For example, we saw that some people who lived at the home were at risk of developing autonomic dysreflexia (AD). AD is a potentially life-threatening medical emergency that affects people with spinal cord injuries. Triggers and symptoms of the illness were well recorded, also any processes the person needed to take to manage this condition themselves if they were away from the home were clearly documented. Each of the risk assessments associated with this condition were personalised to suite each person's individual need and the level of intervention they required.

People we spoke with told us they felt safe living at the home. One person said, "I wouldn't want to be anywhere else if I am honest."

We reviewed three staff personnel files and saw that there were safe recruitment processes in place at the service including; photo identification, references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments. We identified that some information was missing for a long-standing member of staff who had worked at the home for over two decades. We noted that more robust procedures were in place for more recent appointments.

Staff rotas showed that there were sufficient numbers of staff rostered to meet people's needs effectively. This included two waking night staff and the support from an on-call management system.

Medication was administered to people in their own rooms. Some people chose to self-administer their own medication. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. We saw there was a thermometer on the wall where the trolleys were stored. Checking medications are stored within the correct temperature range is important because their ability to work correctly may be compromised.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

We looked at how incidents and accidents were managed at the home. We saw that there was a process in place to analyse the number of incidents which occurred over the month. There was also consideration given to time of day of incidents and staff on duty.

We asked the staff about safeguarding, and how they would ensure actual or potential abuse was reported. There was information available with regards to safeguarding and whistleblowing, and staff described the action they would take to ensure concerns were escalated. A safeguarding policy was displayed in the premises and staff understood the reporting procedures if they felt someone was at risk of harm or abuse. Staff received safeguarding training as part of their induction and also received annual refresher training.

Fire safety checks and environmental checks were completed regularly to assess the safety of the environment. The relevant maintenance checks had been carried out on areas such as gas and electrical safety, equipment used to move people safely and portable electrical appliance testing. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone at the home, which were personalised to each person's needs.

Infection control processes were robust. Some of the people who lived at the home were supported with various procedures by trained staff, and the importance of good hand hygiene was recorded in their care plan.

Is the service effective?

Our findings

During our last inspection, records relating to staff training were not always kept updated. We found that the provider was in breach of this part of the regulation.

During this inspection however, training records were up to date and accurate. Staff training certificates matched the dates on the matrix, and staff were trained in a variety of subjects relevant to their role. In addition to mandatory subjects staff were also trained in more complex care, such as bowel care to help people manage their day to day needs. All new staff were enrolled on a training programme which was aligned to the principles of the Care Certificate. The Care Certificate is a induction which covers areas that staff new to health and social care would be expected to learn within the first few weeks of their role. This is then signed off by a more senior colleague.

People were supported and cared for by trained staff who were familiar with people's needs and wishes. The registered manager provided us with a staff training matrix and we viewed certificates within staff recruitment files which demonstrated that staff had received training in topics such as moving and handling for those with spinal function injuries, fire safety, safeguarding, food hygiene, nutrition and hydration, Mental Capacity Act and medication administration. Staff had received training in the management of spinal cord injured patients from the North West Regional Spinal Injuries Centre. The registered manager told us all training was completed 'face-to-face' as they found this most effective. We saw evidence of annual mandatory assessments of topics such as safeguarding, mental capacity act and medication management.

The provider worked within the legal framework of the Mental Capacity Act (MCA) 2005. The people living at the home all had capacity to make decisions around their care and support and this was respected and promoted by staff. For example, one care file outlined that the person chose to use restraints in their wheelchair including a chest and ankle strap. The record stated, 'person feels safer using these restraints.' Another aspect of the care plan directed staff to obtain 'verbal consent from person that they are ready to take medication before popping medication out of pack.'

The environment of the home was equipped to meet the needs of the people living there. The provider had made efforts to ensure that equipment and facilities were accessible for people. For example, the first floor kitchen had cupboard doors removed and surfaces at the appropriate level for wheelchair users. Bathrooms were adapted and specialist equipment such as hoists were used in people's bedrooms. Mirrors were strategically placed to enable people to visualise themselves before going out for the day and the registered manager recognised the importance of positive self-image. The garden area was on one level and had an accessible greenhouse and flowerbeds to enable people to engage in gardening activities if they chose.

People told us they enjoyed the food available at the home and could choose whether to eat in the home or eat out in the local community. One person told us they were involved in planning the daily meals and assisted the chef with the weekly grocery shop. We spoke with one person who required additional support with their hydration needs due to their sodium levels. The records we reviewed clearly reflected this person's requirements and included guidance from the endocrinologist to guide staff practice.

A 'hospital admission form' was available on each person's file to ensure relevant information was transferred in the event of an emergency or urgent hospital admission. This contained important information on people's medication usage, GP, allergies and bladder or bowel management requirements.

Is the service caring?

Our findings

We received positive comments concerning the caring nature of the staff. Comments included, "They [staff] are fabulous" and "Marvellous, couldn't ask for better."

One person spoke about how they liked the fact that they maintained their own identity even though they were in a wheelchair, They said "I'm still me, and they respect that here."

Our conversations with staff indicated that they knew people well and respected their privacy and right to their own space. One staff member said, "I always ask if anyone needs anything, then I will leave people to plan their own day, that is what they like to do here."

We observed friendly, relaxed and informal chatting between staff and people who lived at the home.

Staff supported people to maintain relationships with their relatives. One person told us that the registered manager drove them to visit their family member and they found this really helpful. We saw that the service had a designated 'visitor's bedroom' on the top floor to allow people's relatives to stay overnight when they visited.

People were encouraged to remain as independent as they could be and the registered manager was committed to the promotion of human rights. This was evident through records which outlined people's individual support needs through 'functional assessments' and the need for staff to be responsive to any changes in capacity. For example, one care record outlined, '[Name] will try to do some things themselves but their arthritis impacts upon this, carers to follow person's instructions each morning.'

We saw that a residents meeting was to be held to discuss information in respect of health and safety, medication and fire regulations. The purpose of this meeting was to share information with people who lived at the home in an accessible format.

People had a key to their bedroom door which they could choose to lock when they went out of the home for long durations throughout the day. Each person's room was highly personalised allowing people to express their diverse personalities.

We saw that there was advocacy information displayed around the home. This ensured people were aware of outside organisations for support if needed. There was no one making use of advocacy services at the time of our inspection. In addition to advocacy information, there was also the details of a local contact group which supported people after their discharge from hospital to adjust to their disability. Some people had made use of this facility and had found it helpful.

People's confidential information was stored securely in a lockable cabinet. There was no confidential information on display around the home.

Is the service responsive?

Our findings

During our last inspection in February and July 2017 we made a recommendation with regards to the presentation of the complaints process. We followed this recommendation up at this inspection.

A complaints policy was on display in the home which contained details for the local authority and Local Government Ombudsman. Everyone we spoke with told us they had no cause to complain and if they did they would speak to the manager. We saw a complaints file had been put in place, however there had still been no complaints since our last inspection.

People living at the home chose how they spent their day and enjoyed unrestricted access to the local community. This ensured that people's individuality, choice and freedom was respected and promoted. Staff supported people to access days out in the local community with the use of the service's minibus and people had weekly access to a local gym. People also had access to activities within the home such as jigsaws and gardening. One person told us about a fundraising activity that they were involved in through the home.

Care plans contained information which was person centred. Person centred means based around the needs and choices of the person and not the organisation. There was information contained in care plans which described people's backgrounds and how they want to be supported. For example, we saw that it was important to one person that staff did not go in their room when they were not there. Another person told us that the support they received was the 'correct' support. They said, "This isn't a care home, most of us go out every day on our own and have our own lives, the staff respect that, so it just works."

People were supported to manage their clinical needs. Staff received a high level of individualised training which meant that could support people with diverse. We saw that care plans reflected this. For example, in one person's care plan it stated that they needed total help with washing and dressing due to not being able to use their arms. However, we saw someone else's care plan which stated they could independently wash the top half of their body. This shows that people were getting care which was individualised and right for them in accordance with their needs.

Some people had chosen to make funeral plans and pre-arrangements. This information was kept securely for people to access if they required it. There had been no recent deaths at the home, there was no one receiving end of life care. The staff were due to attend a training course in end of life care in the next few weeks.

Is the service well-led?

Our findings

During our last inspection in February and July 2017 the service was in breach of regulation in relation to good governance. This was because some audits were not always being documented by the registered manager, which did not demonstrate good oversight. We checked this during this inspection and found that improvements had been made and the service was no longer in breach of regulation.

There was a registered manager at the home who had worked at the home for over 25 years.

At our last inspection the registered manager was clearly very 'hands on' in their approach, but did admit this sometimes took them away from completing the paperwork that they knew was also important. The registered manager, since our last inspection, now has dedicated time to complete administration tasks as well as supporting people. This has helped to improve the organisation and completion of paperwork within the service as well as the general oversight of the home

The culture of the service was clearly focused on rehabilitating people and enabling them to be as independent as possible. Staff and people we spoke with confirmed this and told us people 'come and go as they want.' People were involved in the running of the home, and had set up fundraising events with the support of staff and the registered manager.

The people who lived at the home all reported that the staff were all very good at their jobs and that the management were approachable and 'hands-on'. People spoken with suggested that the management were accessible and took an active role in the daily lives of all the people using the service.

People told us that they were asked to give feedback about the service but this is not always on a regular basis. The registered manager told us that there was limited engagement from people in response to surveys and questionnaires. There was evidence of resident meetings taking place so people had a forum to contribute to the service delivery. There was also a suggestion box in place.

Audits had been developed and took place routinely to check service provision. We saw that audits were in place for medication, training, the environment, the kitchen, care plans, and incidents and accidents. We saw that audits had been amended to include details of actions taken when issues were highlighted. For example, we saw that one audit had highlighted a repair which needed to be undertaken. We saw this was followed up with the staff member responsible.

The provider (one of the trustees) of the home had now devised their own internal auditing tool which they were using to check the audits as a whole and documented any gaps in audits or any actions that had not been followed up. We saw these had been completed every month.

The registered manager had clearly used the information highlighted at the last inspection in February and July 2017 to make changes within the operational running of the home. Due to the fact that the provider and registered manager had made good improvements since our last inspection, demonstrates their ability to

act on feedback and recommendations to improve service provision.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for The Spinal Unit Action Group was displayed for people to see.

There was good working relationships between the service, the local hospitals and district nurses. The staff told us that there was always a professional in the home to give them advice and to show them a technique. The medical professional we spoke to on the day confirmed this.