

Pearlcare (Spratslade) Limited

Spratslade House Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Spratslade House Care Home is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

Spratslade House Care Home accommodates up to 30 people in one adapted building. There is a separate area within the home, called 'The Court'. The Court has its own communal spaces and people with higher dependency care needs are supported in this area.

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

People told us they felt safe and were happy with the care they received. People's risks were assessed and planned for and action was taken when required to escalate concerns to professionals. People received their medicines as prescribed and the manager acted, during the inspection to make improvements to the way topical medicines were managed.

There were enough staff to keep people safe and there was a consistent staff team who knew people well. Staff worked well together as a team to deliver good outcomes for people.

People knew the manager and said they were approachable and supportive. However, the manager was not registered with the Care Quality Commission, which is a condition of the providers registration. The manager was in the process of applying to register with us.

The manager had made improvements to quality assurance processes; however, some improvements were still required to ensure consistency.

People felt listened to and involved in the running of the service, as did staff.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 November 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out unannounced comprehensive inspection of this service on 30 September and 1 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Spratslade House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe 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 ●

Spratslade House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Spratslade House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have 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. The manager was in the process of applying to be registered with us.

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

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff in addition to the manager and deputy manager. We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at additional policies and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

At our last inspection, the registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's risks were assessed and planned for and staff knew how to manage people's risks.
- People told us that risks to their health and welfare were managed safely. One person said, "I was never so glad to be here as I was during the pandemic. Any medical issues are dealt with, they are excellent. I have had better care here, the medical side of things, than I would have had with a personal doctor. You have only got to say you feel a little unwell and they get someone and sort it out."
- When people were at risk of losing weight, appropriate measures were implemented to help manage the risk, such as fortified diets. Risks were escalated when required so that professional guidance was sought when necessary. For example, doctors had been contacted when people had lost weight and they had prescribed food supplements to help manage the risk.
- Staff knew about people's risks and told us they read people's care plans and received updated information during handovers. The electronic system used by the provider alerted staff to any risks such as when people needed support to reposition or required prompts to eat or drink more.

Staffing and recruitment

At our last inspection, we recommended the provider consider current legislation related to the employment of people and act to update their practice accordingly. The provider had made improvements.

- When new staff had been recruited, appropriate checks had been carried out to ensure they were safe and suitable to work with people who used the service. The manager had also ensured a full record of employment history was obtained.
- People told us there were enough staff to meet their needs. Staff confirmed there was enough of them to meet people's needs in a safe and timely manner. One staff member said, "Staff seem to cope as we know people so well, we know their needs, we know what they like. For example, if people don't want to get up, they don't get up and we tend to know who likes to get up first."
- People told us and we saw there was a consistent staff team who got to know people well. One person

said, "Yes I know all the staff, there is not that many. Even the night staff, I know them, they come and say hello."

- The manager used a 'dependency tool' to help them assess the required number of staff to meet people's changing needs. We saw this was reviewed monthly and that staffing levels changed when required to ensure people's needs were safely met.

Using medicines safely

- People told us they received their medicines when they needed them and we observed medicines were administered safely.
- Records showed that oral medicines were administered to people as prescribed and regular checks were carried out to ensure good practice was followed.
- However, we found that topical medicines were not always stored securely and each medicine did not always have an accurate and up to date body map to show care staff where it should be applied. We discussed this with the manager who immediately implemented a new system to ensure topical medicines were stored in a lockable drawer and that each prescribed topical medicine had an accurate administration record and body map. This new system was communicated to staff on shift and at a planned staff meeting the following day. This meant that topical medicines were stored and administered safely.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe at the service. One person said, "Oh yes definitely I feel safe. It's very friendly, very homely here."
- Staff knew how to protect people from abuse and avoidable harm. One staff member said, "It's about protecting the residents. I would report any problems, even if you just suspected. I'd report to the deputy manager, the manager or even higher. I could go to the area manager or CQC if I needed to."
- We saw that a suitable system was operated to protect people from abuse and concerns had been reported to the local safeguarding authority when required.

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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- When things had gone wrong, for example, an accident or incident, these were analysed regularly by the manager to look for any trends or patterns so that changes could be made to reduce the risk of reoccurrence.
- Any learning from this process was then shared with staff, so staff were involved in the process of learning when things had gone wrong.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

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

At our last inspection, the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The manager had a good oversight of people's needs and risks. They used an electronic care planning system to help them to monitor the quality and safety of the care provided.
- The manager completed monthly audits and daily 'walking the floor' audits to help them identify any risks or quality issues. These audits were effective in encouraging improvement.
- However, we did find that one person's care plan was not completed accurately in relation to the way their risks should be managed. Staff were managing the risk to the person, but the care plan did not reflect this. We fed this back to the manager who was responsive and said they would ensure the care plan was accurate. We will check this as part of our next inspection.
- We also found that a daily check of topical medicines had been delegated to senior care staff and although this was being completed daily, it had not identified the issues that we did relating to storage and administration of topical medicines. The manager was responsive to our feedback and said they would include topical medicines in their own monthly medicines audit.
- The manager was not registered with the Care Quality Commission, which is a requirement of the provider's registration with us. However, the manager had started the process to complete their application.

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

At our last inspection, we recommended that the registered manager review how all people are enabled to discuss and review their end of life wishes. At this inspection, improvements had been made.

- We saw that people had been involved in planning their end of life care and that people's wishes and preferences were recorded.
- People, relatives and staff knew the manager and we saw they were visible in home and knew people well. Feedback was consistent that the manager was approach, supportive and responsive to concerns.
- There was a positive culture in the home where staff worked together towards the best outcomes for people. One person said, "It's like a happy family."
- Staff said they enjoyed coming to work and that Spratslade House Care Home was a good place to work. One staff member said, "We are a good team, like a family. There is a lot of support from [the manager], she knows me, understands me and supports me." Another staff member said, "The people who live here feel like part of the family. They benefit from a personal approach, it's not just a job. It feels like family. Even as a staff member you are taken care of, you are not just a number."

Continuous learning and improving care

At our last inspection, we recommended the provider seeks best practice guidance on delivering training that is appropriate and remains up to date, by using appropriate monitoring systems. Improvements had been made.

- All staff had completed mandatory training and the manager received alerts from the electronic monitoring system when training was due to be refreshed.
- There was a positive and proactive approach to continuous learning and staff told us how they were supported and encouraged to embark on nationally recognised qualifications in health and social care and that they received supervisions and appraisals that encouraged their continuous development.

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 manager understood their responsibilities in relation to duty of candour and there was a suitable policy in place that was followed when required.

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

- People were engaged and involved in the service. One person told us about residents meetings. They said, "We had a meeting the other week with [manager] and [staff]. We were talking about the food and trying to alter the menu, make it more interesting for us. They listened to us and since then we have had beef burger and they've included things we asked for on the menu."
- Satisfaction surveys were also carried out and we saw that action was taken in response to any issues.
- The service worked in partnership with professionals to provide holistic care to people.