

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?

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

About the service

Spion Kop is a residential care home providing accommodation and personal care to a maximum of six people who have mental health needs. Six people lived at Spion Kop at the time of the inspection. Accommodation was provided in one adapted building. Three bedrooms were ensuite, shared communal facilities included the lounge, dining room, kitchen and bathroom.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People received safe care and treatment. There were effective systems in place to assess, monitor and record risk associated with people's individual needs and staff encouraged people to lead independent lives. The environment was safe, clean and well maintained. Medicines were managed in a safe and person-centred way. Staff demonstrated good understanding of safeguarding people from abuse and avoidable harm.

People had access to a wide range of health care professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not consistently support this practice however, during the inspection the registered manager evidenced how they intended to improve the way people's mental capacity was assessed.

Staff understood the importance of mental health recovery and people were supported to develop life skills including shopping, cooking and housework. Staff received training and support. People's end of life preferences and decisions were discussed and recorded.

People told us staff were kind and respectful. Staff engaged with people in a caring way and had built trusting relationships. People were encouraged to be involved in decisions about the way the service was led. Monthly house meetings were held and minuted.

People were involved in the development of their care plans. Staff told us they were trained and supported to understand the importance of mental health recovery and knew how to encourage people to access the local community, engage in work projects and education.

Staff told us the registered manager was supportive and approachable. There was an open and transparent culture. The registered manager understood people's needs and preferences. There were effective quality assurance processes which showed the manager was aware of their role and responsibilities. People had access to the complaints procedure and told us they felt confident to raise any concerns.

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

Rating at last inspection

The last rating for this service was good (published 24/01/2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Spion Kop 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.

Inspection team

The inspection was conducted by one inspector. After the inspection one assistant inspector contacted staff by telephone.

Service and service type

Spion Kop 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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.

Our planning considered information we held about the service including statutory notifications and other information shared by the provider. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the support provided. We spoke with two members of staff including the registered manager and a support worker.

We reviewed a range of records. These included, two people's care records and multiple medication records. We looked at two staff files in relation to recruitment, training and staff supervision. 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 provider to validate evidence found. We looked at training data and we spoke with one member of staff.

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.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes in place to protect people from abuse. Staff understood the signs of abuse and how to report their concerns.
- People who lived at the service and visitors had access to the safeguarding procedure which included information about how to contact the local safeguarding authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from the risk of avoidable harm. Staff understood the importance of supporting people with positive risk taking.
- People's risk assessments were person-centred and reviewed on a regular basis. The registered manager engaged external health and social care professionals when needed, to ensure effective assessment of risk.
- Staff understood the importance of monitoring the environment for safety. The registered manager undertook quality assurance audits which checked on environment safety.
- The registered manager recorded analysis of accidents and incidents which included information about how lessons were learnt. Staff told us there was a good standard of communication at handover and following an incident there was a de-brief to ensure all staff understood the person's new risk assessment and care plan.

Staffing and recruitment

- Staff were safely recruited and checks were undertaken to make sure they were of good character.
- People told us they were supported by sufficient numbers of staff, night and day. The registered manager told us staffing numbers were increased on a 'when needed' basis to ensure people had support they needed in the community.

Using medicines safely

- There were robust systems in place for the management of people's medicines.
- Staff administered people's medicines in a safe way. Staff assessed people's capabilities in relation to the management of medicines and when determined they were able to self-administer medicines staff understood what level of monitoring was required.

Preventing and controlling infection

- People were protected from the risk of infection. Staff followed safe procedures when supporting people with personal care and told us they had access to a range of protective clothing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff ensured people's physical, mental health and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance. This meant people achieved positive outcomes.
- People consistently told us staff understood them as individuals and they had been involved in the assessment and care planning process.
- The registered manager undertook in depth person-centred pre-admission assessments and considered the person's compatibility with other people who already lived at the service before a placement agreement was made.

Staff support: induction, training, skills and experience

- The registered manager deployed sufficient numbers of staff to ensure people had their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.
- Staff underwent robust induction training. The registered manager assigned training courses for staff to ensure they had relevant knowledge to support people with enduring mental health needs.
- Staff told us, "The training is very good" and "Yes I have supervision with the manager every three months. The sessions are pro-active and supportive to identify any learning needs."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to make good choices and have a balanced diet that promotes healthy eating and correct nutrition. Staff respected people's choices and encouraged them to maintain and learn new life skills in relation to preparing fresh food and cooking.
- People consistently told us they were happy with the standard of food provided. People actively used the kitchen throughout the inspection and had access to a wide range of foods, including fresh fruit.

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

- The registered manager had formed positive relationships with other agencies and this meant access to support and information when a person needed it was straight forward.
- Staff recorded feedback from visiting professionals and acted on their advice. People had regular contact with community mental health professionals and were supported by staff to attend important meetings, for example, with their consultant Psychiatrist. This enabled people to maintain their physical and mental well-being.

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

- The registered manager continually assessed the environment for maintenance and adaptation work. People were assessed on an individual basis and if their needs changed adaptation to the environment was considered.
- People had decorated their own bedrooms with the assistance from staff and made their personal space comfortable.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Where possible people were asked to consent before decisions were made about their care and treatment. People told us staff respected their decisions.
- The registered manager did not have an effective system in place to ensure that people's mental capacity was assessed in line with principles of the MCA before they were asked to sign written consent. During the inspection the registered manager acted on our feedback and implemented an improved way of recording assessment of a person's capacity before asking them to sign written consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People provided consistent feedback about the kind and caring support they received. Staff engaged with people in a respectful way and understood their needs and preferences.
- Staff had formed trusting relationships with people they supported and treated them equally.
- Staff understood people's backgrounds and respected their life choices. People were supported to maintain their identity and told us they could seek support from staff and confide in them.
- Staff received training in equality and diversity. Staff told us they were respected and supported in a non-discriminative way, by their manager and colleagues.

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

- Staff recognised when people needed support from their relatives, advocates or representatives to help them understand and be involved in their care, treatment and support. People had access to advocacy information.
- The registered manager promoted inclusion and people attended regular house meetings. House meetings encouraged people to be actively involved and have their say. People told us meetings were successful in keeping everyone "happy" and "united".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a dignified and respectful way. Staff understood the importance of mental health recovery and supported people to learn and maintain life skills.
- Staff supported people to develop their independence by building on their confidence and self-worth. Staff understood each person they supported and could demonstrate why the individual had short-term or long-term goals to enable their recovery. Goal setting was person-centred, and staff updated people's care records to show how goals were planned in line with their agreement.
- Staff respected people's privacy and maintained their confidentiality. Staff told us how they protected people's confidentiality by not wear an identifiable uniform when supporting them in the community.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a very good standard of person-centred care. Staff supported people to be involved and contribute to planning their care and support. Care plans included information about their strengths, levels of independence and goal setting.
- People consistently told us staff understood their needs and respected their decisions. Staff engaged with people in a friendly and supportive way and understood their individual preferences.
- People's care plans included clear, up to date information which enabled new staff to support them in a person-centred way. Staff told us they were encouraged to read people's care plans and be involved in the review process.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed and monitored people's communication needs. There was a policy and procedure available to guide staff around the assessment of people's communication needs.
- People's care plans showed clear information about their individual needs and how best to promote effective communication.
- The registered manager told us they would support people to access communication aids when needed and was aware of how to make referrals to specialists in communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. People regularly accessed the wider community, and where appropriate, had access to education and work opportunities.
- People's care plans showed detailed planning in relation to supporting them to maintain important relationships, planned leave and future aspirations.

Improving care quality in response to complaints or concerns

- There was a robust complaints policy and procedure. People consistently told us they felt confident to raise their concerns and were listened to.

End of life care and support

- Staff explored people's preferences and choices in relation to end of life care. People's care plans showed their expressed wishes and if the individual declined to engage in discussions staff respected their decision.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture throughout the service. The registered manager promoted inclusiveness and empowered both people and staff to achieve their aspirations.
- Staff told us they were encouraged by the registered manager to share their ideas and felt involved in the running of the service.
- The registered manager and staff demonstrated good understanding about their responsibility in relation to duty of candour. People's care records showed how staff had effectively communicated with involved relatives and professionals to effectively share information. People's agreement was sought, where possible, before their information was shared.

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

- The registered manager was passionate about person-centred care and understood their role and responsibility in relation to good governance. The registered manager maintained their personal development and kept up to date with best practice.
- The registered manager submitted statutory notifications and requested advice from the Care Quality Commission when needed.
- The registered manager and staff had a shared understanding of the key challenges, achievements, concerns and risks at the service.

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

- Effective engagement with people, the public, external professionals and staff had been maintained. The registered manager ensured all stakeholders were kept up-to-date with relevant changes and communicated them in a timely way.
- Staff supported people to maintain strong links with the local community. People were encouraged to lead independent lifestyles. Staff supported people to link with other services. On Christmas Day 2018 people and staff enjoyed joint celebrations at another of the provider's care home locations.
- The registered manager maintained links with other registered managers internal and external to the organisation to share best practice. Staff had formed good working relationships with external professionals and commissioners which meant people had quick access to specialist care and support.

Continuous learning and improving care

- There was a good standard of governance. The registered manager assured continuous learning and improvement by undertaking robust quality assurance audits.
- The registered manager used quality audits as a tool to monitor and improve the service. Records showed effective action planning and oversight by the provider.
- We saw evidence which showed the registered manager actively sought people's views by surveys and acted on people's feedback.