Spinnaker Lodge Limited

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Inspection report

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Tel: 02392653663

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 20 January 2016. Spinnaker Lodge provides accommodation and personal care for up to nine older people who live with dementia. Accommodation is arranged over two floors of a converted Victorian building with stair lift access to the second floor. A third floor of the home accommodates the management offices. At the time of our inspection seven people lived at the home.

At the time of our inspection a registered manager had not been in post for three months. 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 nominated individual for the home told us they would be applying for the role of registered manager for the home. Throughout the report we have referred to this person as the manager.

Infection control practices at the home were not sufficient to ensure the safety and welfare of people and other risks associated with the care people required had not always been assessed.

Medicines were administered and stored in a safe and effective way.

Staffing numbers were sufficient to meet the needs of people and staff knew people in the home very well. External health and social care professionals were involved in people's care as required to meet their needs.

Staff had a good understanding of how to keep people safe, identify signs of abuse and report these appropriately. Processes to recruit staff were in place which ensured people were cared for by staff who had the appropriate checks and skills to meet their needs.

Where people were unable to consent to their care the provider was not always guided by the Mental Capacity Act 2005. Further work was required to ensure care records accurately reflected people's ability to consent to their care and to identify people who had the legal authority to make decisions on another person's behalf.

We have made a recommendation about a dementia friendly environment for people.

People's nutritional needs were met in line with their preferences and needs. People who required specific dietary requirements for a health need were supported to manage these.

Care plans in place for people were personalised but needed further clarity to ensure they accurately reflected people's needs. Staff understood people's needs well. They were caring and compassionate and knew people in the home very well.

There was a system in place to allow effective response to any complaints which were made in the home; however there were not effective systems and processes in place to assess, monitor and improve the quality and safety of the services.

The manager of the home provided an open, honest and transparent culture in the work place, where people, relatives and staff felt supported to participate in the running of the home. However systems were not always in place to assess, monitor and improve the quality of the service provided at the home.

You can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The home did not have systems in place to demonstrate good infection prevention and control measures.

Risks associated with the care people required had not always been recorded.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe.

Health and social care professionals were involved in the care and support of people to ensure the care they received was safe and in line with their needs.

Medicines were stored and administered safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people could not consent to their care the provider had not always ensured they acted in accordance with the Mental Capacity Act 2005.

Staff knew people well and could demonstrate how to meet people's individual needs.

There were sufficient staff on duty to meet the needs of people.

People's nutritional needs were assessed and closely monitored.

The environment of the home needed some attention and we have made a recommendation to the provider about this.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff

demonstrated a very good awareness of people's preferences, likes and dislikes.

People and their relatives were involved in the planning of their care

Is the service responsive?

Requires Improvement

The service was not always responsive

Whilst staff knew people very well and understood their needs, care plans in place did not always reflect these needs.

People and their relatives were fully informed and involved in making decisions and planning their care.

There were systems in place to identify concerns and complaints and respond to these in a timely way.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have adequate systems in place to monitor the quality of service and ensure the safety and welfare of people.

Staff were motivated and supported by a manager who provided an open, honest and transparent culture in the work place.

Spinnaker Lodge Limited

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 unannounced comprehensive inspection took place on 20 January 2015. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In December 2015, the registered provider completed a Provider Information Return (PIR). This 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 reviewed the PIR for this home.

People who lived at Spinnaker Lodge were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with two people who lived at the home and two visiting relatives to gain their views of the home. We spoke with five members of staff, including the nominated individual for the registered provider, two members of care staff, a member of kitchen staff and two administrators. We spoke with one external health care professional. Following our visit we spoke with two other relatives of people who lived at the home.

We looked at the care plans and associated records for four people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, five staff recruitment files and policies and procedures.

This service was first registered with the Commission in April 2015 and this was our first comprehensive inspection of this service.

Requires Improvement

Is the service safe?

Our findings

People felt safe in the home and looked to staff to support them to maintain their safety. One person told us, "I know I am safe here, the staff are always right there when I need them, sometimes I don't even need to ask they just know." Relatives felt their loved ones were safe in an environment where staff knew them very well and had all the support they required. However, some relatives felt areas of the home were not always clean and the decoration of the home was tired.

The home did not have systems in place to demonstrate good infection prevention and control measures. Whilst the kitchen area of the home was clean and well maintained, cleaning schedules in place for other areas of the home were poor and had not been completed. These schedules did not identify how regularly rooms should be cleaned and they showed people's bedrooms had not been cleaned since 8 January 2016. Staff told us they completed daily cleaning duties around the home however we saw these were not always recorded.

Bed linens, soft furnishings and carpets were badly stained, soiled and in need of deep cleaning or replacement. One relative told us, they found the environment to be "A bit poor and scruffy," although they did not believe that people who lived in the home would know whether this was good or not. Another relative told us their loved one's room often had an odour and the tired décor of the home needed improvement. Some private rooms in the home had a strong odour of urine and toilet areas were not clean. Equipment in the home for use to help people who had reduced mobility such as the stair lift, toilet frames or raised toilet seats were not clean. Linen hand towels were used throughout the home increasing the risk of the spread of infection between people. When laundered these towels were stored in a toilet area and could easily have become contaminated when people used these facilities.

Personal protective equipment (PPE) was available for all staff to prevent cross infection. Cleaning substances were securely stored and equipment was clearly colour coded for use in specific areas of the home to prevent the spread of infection.

We showed the manager some areas of the home which required cleaning and they agreed this was not acceptable and would be addressed immediately. They told us of plans to replace some soft furnishings including carpets. They told us they employed a domestic person to maintain the cleanliness in the home who had been unavailable for some time and care staff were required to maintain the cleanliness of the home. They agreed there were no clear guidelines or instructions in place to identify the cleaning required in the home.

The lack of appropriate systems in place to ensure the prevention of infection in the home was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Risks associated with the care people required had not always been recorded. Plans of care in place for people did not always reflect the risks associated with their care or how these could be mitigated to ensure their safety and welfare. Whilst risks associated with people's nutritional and hydration status were well

documented and monitored daily, care records for one person showed they could display behaviours which could put themselves or others at risk of danger or harm. Whilst staff knew this person well and understood how to support them when they displayed these behaviours, risk assessments and plans of care did not always reflect these risks. For another person who had a pacemaker in place, there was no information in their care records to identify the risks associated with this equipment. Whilst some risks associated with the environment had been identified and addressed, risk assessments were not always completed with regards the use of equipment such as radiator covers in the home.

Whilst staff knew people very well and risks associated with their care and welfare had been identified, records to provide information on these risks and how they could be reduced were not always available. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Medicines were stored and administered safely by staff who had received training to complete this. We looked at seven medicines administration records and there were no gaps in these records. An audit of medicines was completed weekly and any actions required were completed. A member of staff told us people received their medicines as they were prescribed and they did not tend to give medicines 'as required' but would instead request a GP reviewed a person if they required any medicine which was not prescribed such as a medicine for pain. The provider had a policy in place for the administration of homely remedies for people who may require medicines which could be bought over the counter, however this was not being followed.

Recruitment records for staff included proof of identity, references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. Staff did not start work until all recruitment checks had been completed; however there was an inconsistent completion of some staff files.

The manager was aware of their responsibilities to manage and report any safeguarding concerns to the local authority. They told us they had raised no safeguarding alerts since the home had opened. Staff had received training in the safeguarding of adults and had an understanding of how to identify and report any concerns they may have to the manager or to the local authority. The provider had a whistle blowing policy in place and staff were aware of this and how to use it should they have any concerns about the service.

There were sufficient numbers of staff to meet the needs of people. Staff demonstrated a very good awareness of people's preferences and needs. The manager told us they had a very low turnover of staff and said, "We are like a family here and so staff need to be able to work well with everyone when they come here."

Requires Improvement

Is the service effective?

Our findings

People who lived at the home lived with dementia or other mental health conditions. They were often not able to consent to their care and required the support of their relatives and the staff at the home to make decisions about their care. Staff knew people very well and worked closely with them and their relatives to understand how they wanted to be supported in the home. Staff spoke with people to gain their consent before giving any support.

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.

We checked whether the service was working within the principles of the MCA. People were supported to make decisions regarding their day to day care by staff who understood their needs well. However, whilst care records held some information about the decisions people were able to make and how staff should support these, there was not always information about decisions the person could not make or which would need to be made in their best interests.

The manager told us families were very involved in making decisions for people at the home; however there was no information in care records to identify that family members had the legal authority to make decisions for people. For example, the care records for two people held, "Service user consent forms". These had been signed by their next of kin. There was no information in the care records to identify these people had the legal authority to sign these documents. The manager told us that family members had power of attorney for their loved one and could sign these documents. There was no record of this authority. There was no information in care records to identify any decisions which may have been made in the person's best interests. Some relatives we spoke with told us they had the authority to make decisions for their loved one but they had not been asked to provide this to the manager.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We discussed the need for DoLS for people who lived at the home. The manager told us there was not currently a need for this for any person in the home and they had discussed this with the local authority. They were aware how to make an appropriate application if this was required

The provider had not made all suitable arrangements for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided. The lack of adherence to the MCA 2005 was a breach of Regulation 11 of the Health and Social Act 2008(Regulated Activities) Regulations 2014.

A program of supervision sessions, induction, training, and meetings for staff ensured people received care and support from sufficient numbers of staff with the appropriate training and skills to meet their needs. Staff felt supported through these sessions to provide safe and effective care for people.
People received nutritious food and drink in line with their preferences and needs. Systems in place closely monitored people's dietary and fluid intake to ensure they were receiving adequate nutritional and hydration intake. Food was bought and prepared fresh daily and people enjoyed the food provided. The cook had a good awareness of people's preferences. Staff provided a calm and homely atmosphere at mealtimes where people were able to interact socially whilst enjoying nutritious foods and being supported to manage their meals when this was needed. Special diets were catered for such as soft and diabetic diets, and all meals were prepared in an environment which was clean and fresh.

People had access to external health and social care professionals and services as they were required. For example, care records showed people had access to the GP, chiropody services, community mental health services and community nursing and therapy services. Health and social care professionals told us staff always received them in a welcoming way and knew people well.

Whilst some efforts had been made to provide facilities suitable for those who live with dementia, such as pictorial signs for areas of the home and individualised signs for people's rooms, there was a lack of stimulating surroundings for people who lived with dementia. Some relatives told us the décor of the home was tired and needed renewing.

We recommend the registered provider seeks appropriate guidance from a reputable source to ensure they are able to provide an environment which provides suitable stimulation and guidance for people who live with dementia.

Several people told us the home was cold on the day of our visit and at other times, particularly at night. We spoke with the manager about the temperature in the home during our visit. They identified radiators on the ground floor of the home had been covered with padded covers to reduce the risk of injury to people. These had reduced the efficiency of the radiators. During our visit these covers were removed and the temperature of the home improved. The manager told us they were waiting for new wooden covers for the radiators which would improve the efficiency of the heating in the home. They were also awaiting a plumber to improve the efficiency of the boiler in the home. They assured us these actions would be escalated following our inspection to ensure they were completed in a timely way.

Good

Is the service caring?

Our findings

People and their relatives told us staff were very caring and knew them very well. One person told us, "They are all so lovely, we are like a big family." Relatives spoke highly of all staff and were very happy with the care their loved ones received. One relative said, "I can't fault the staff, they are all fabulous and so caring. They know [person] so well and are just like family." Another said, "The care is excellent and staff are so kind"

People and their relatives were very actively involved in identifying their needs and planning their care accordingly. The manager told us of the close working relationships they had with family members who were very important in helping to inform staff of people's previous preferences and needs. Whilst this was not always clearly documented, relatives told us they spoke to staff on each visit to their loved one and they were kept fully informed of any changes in their needs. Relatives felt fully involved in the care of their loved ones. One relative told us, "We have been included in every step of [relative's] care." Another said, "It's just as [relative] would want, we are fully involved and we know they are really caring for [them] well." Staff demonstrated a very good awareness of people's preferences, likes and dislikes. For example, staff were able to identify how each person liked to be supported with their meals, their favourite kinds of entertainment and how they liked to be able to interact with others or preferred their own company.

People were treated with respect at all times and their privacy and dignity was maintained. For example, when staff supported people in their rooms or toilet areas the door was closed and staff always knocked and waited for a response before entering the room. When one person became distressed, staff gave them the opportunity to move to another area of the home and discuss their concern whilst maintaining their dignity. Staff spoke with people in a way which encouraged them to express their wishes in a calm and respectful way. For example, one person had become confused about where they were. A member of staff spoke gently with them to orientate them to where they were and encourage them to join in an activity which was taking place in another room.

People and their relatives spoke of the family environment at the home where people were cared for as though they were a member of the staff's own family. A relative told us, "The family environment is just what we wanted for [relative]. They are all so very caring and we could not ask for more."
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Requires Improvement

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs and the manager spoke with them and their loved ones regularly to ensure they were receiving the care they wanted. They felt able to raise any concerns they had with them or any member of staff. People felt any concerns they may have would be dealt with promptly. Relatives told us the manager and their staff were very nice and always happy to have suggestions in support of their relatives care and welfare. One told us, "The staff are all really kind and listen to what [relative] wants and support them in any way they can."

Whilst care records were personalised and focused on people's care needs, these lacked order and each care record had some unsigned and undated entries or care plans. Each care record contained a wide variety of care plans, risk assessments and information regarding a person's care needs. Most care plans were personalised and held information on people's individual needs and how staff should support them to meet these. For example, continence, mobility and nutrition assessments and supporting care plans were in place for people giving clear information on the support they required with this activity. However, care plans which reflected the challenging behaviours people may present with often lacked detail and information for staff on how to manage these. For example, care records for one person identified they may display behaviours which created a risk of danger or harm to themselves or others. There was no supporting information in their records to identify how these behaviours presented or the actions staff should take to support the person. Whilst staff knew people very well and understood their needs, care plans in place did not always reflect the person's needs. The manager told us, since their return from a long absence, they had identified care plans required full review and formatting. They were implementing a new format for all care records to provide some consistency to these and to ensure records were fully informed from pre admission assessments and other sources of regular information such as care plan reviews with people and their families. Whilst these care records required review, staff knew people very well and understood how to meet their needs.

The lack of clear, accurate and consistent care records which reflected the needs of people was a breach of Regulaton17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were fully informed and involved in making decisions and planning their care. The manager had a very close working relationship with families and actively encouraged their involvement in their relative's care. Two relatives told us they had planned to meet with the manager recently to discuss the plans of care in place for their relative, but unfortunately the manager had been unwell and this had had to be postponed. They told us they would be meeting with the manager soon to discuss the plans of care in place.

The provider had a complaints process in place which was visible in the hallway of the home. Records showed the provider had not received any formal complaints since they opened. The manager told us any minor concerns which were identified by people, staff or relatives were dealt with immediately. Relatives told us if they had any concerns they would speak directly to the manager who was always very responsive to their comments. They were aware of how to complain should this be required. A box for comments and

complaints was situated in the hallway of the home although the manager told us this had not been used.

The home did not have any activities which were planned or identified for certain times and days of the week. Most activities were impromptu and in line with requests from people who lived at the home. Staff told us they provided a wide range of activities for people with dementia including music, dancing, quizzes and chair exercise. These activities were led by staff throughout the day as people chose to participate in these. Staff read the daily paper with people and they also attended a mobile library to provide dementia friendly books and poems which people enjoyed. One person told us, "The staff are very good, they help us join in with things together and enjoy each other's company." This person told us they often chose to be in their room and enjoyed their own company. They told us, "they always tell me what is going on and see if I want to join in." Whilst a clear format of activities was not available, we saw staff supported people to enjoy activities they chose whilst encouraging their independence.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives spoke very highly of the manager and staff at the home. They knew who was responsible for the service and who they could speak to if they had any concerns or issues about the service.

The provider did not always have systems and processes in place to assess, monitor and improve the quality of the service they provided. Whilst they completed regular audits of medicines, safety equipment, gas, electric, water and fire equipment, they had failed to identify the concerns we found in relation to the infection prevention and control in the home.

The provider did not have in place a system of audits to review and monitor the effectiveness of care plans and records. Care records lacked order, consistency and clarity with many lacking a date of completion and had not been signed by staff as completed. Daily records for people were held in one bound book and this information had not always informed care records for the person. The lack of consistency in record keeping had not been identified by the provider. Staff knew how to access care plans and records available to them and had a good understanding of people's needs, however records were not consistently maintained.

Information which had been shared with staff was held in a communications folder however there was no order to this information and there was no information available to show staff had reviewed this information and acknowledged it. Whilst the staff worked very closely with the manager and met daily to discuss any concerns in the service, there was a lack of order to records in the service.

Incidents and accidents were recorded and reviewed by the manager. However, there was no analysis of these events to monitor for patterns in incidents and accidents and ensure the service identified any learning from these events.

The lack of systems and processes in place to assess, monitor and improve the quality and safety of the services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were motivated and supported by a manager who provided an open, honest and transparent culture in the work place. Staff were encouraged to inform the running of the home through daily discussions, supervision sessions and other feedback to the manager. Staff spoke highly of the support they received from the manager and the 'family environment' they had created for people to ensure they received safe, effective and responsive care in line with their needs. Staff felt confident if they had any concerns or issues they could raise them with the manager and they would be dealt with promptly. The manager was very visible in the service and understood the role and responsibilities they had undertaken to ensure the safety and welfare of people.

The provider had not requested formal written feedback from people and their relatives since the service opened in April 2015. The manager told us they would complete formal questionnaires for people and their families once the service was established but that they welcomed feedback from people and their relatives

at every opportunity.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person had not made suitable arrangements for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not taken all reasonable steps to identify and mitigate the risks associated with the control of infection in the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured appropriate systems were in place to effectively assess, monitor and improve the quality and safety of the service. Records in the service were not always accurate, complete and contemporaneous.