

Loven Spinney Limited

# The Spinney Nursing Home

## Inspection report

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Spinney Nursing Home (The Spinney) is a care home registered to provide accommodation for people who require assistance with personal or nursing care needs. It is registered for up to 35 people. At the time of the inspection 19 people were living in the service.

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

People told us they felt safe and staff were "kind" and "friendly." Our observations showed that people were treated with dignity and had their privacy preserved. Staff knew the people in the home well and supported them to be as independent as they could be.

People who lived at The Spinney and a relative who spoke with us told us they felt people living there were safe. Records showed that people received their medicines as prescribed and were detailed and person centred. Storage and disposal of medicines was appropriate and followed guidance. We have made a recommendation about recording and storage of powder to thicken drinks.

The provider had a staff training programme, competence assessments and supervision systems. Appropriate recruitment checks were followed to make sure staff recruited were safe to work with vulnerable people. Staffing levels were reviewed to make sure an adequate number of appropriately trained staff were available to meet people's changing needs. We have made a recommendation about the accuracy of rota records.

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 supported this practice. We have made a recommendation on individualising all capacity assessments.

The provider had worked hard to develop a governance system and management framework with clear lines of accountability in place. There were systems in place to ask for the views of people living in the home and involve them in decisions about their home. The management team was committed to driving improvement and continuing to learn when things went wrong. However, new systems implemented by the provider needed time to be firmly and consistently embedded.

The provider had systems to identify risks and risk assessments were being done for people's care and support. Safeguarding systems, policies and procedures were in place. Improvements had been made in decoration and maintenance and the provision of appropriate and properly maintained equipment.

The home was clean and hygienic and infection control procedures were in place. People told us the home environment was "greatly improved" and "more homely."

Records showed that people received their medicines as prescribed and were detailed and person centred.

Storage and disposal of medicines was appropriate and followed guidance.

We have made a recommendation about recording and storage of powder to thicken drinks.

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 supported this practice.

We have made a recommendation on individualising all capacity assessments.

The manager used recognised clinical tools and followed good practice.

The provider has systems in place for making referrals to other professionals and specialist services. Staff were aware of people's dietary needs, preferences and any cultural requirements. The menus in use were varied to provide a range of choices. We saw lunch was a sociable and unhurried occasion and people told us they enjoyed their meals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was inadequate (published 13 May 2020) and there were multiple breaches of regulation. This service has been in Special Measures since May 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned focused inspection based on the previous rating and was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an announced comprehensive inspection of this service on 3 and 4 December 2019. Breaches of legal requirements were found.

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 Safe, Effective, Caring 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 inadequate to requires improvement. This is based on the findings at this inspection.

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring 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** ●

# The Spinney Nursing 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 four inspectors, which included a member of the medicines team. Three inspectors visited the home and one made telephone calls to relatives and staff.

#### Service and service type

The Spinney Nursing Home 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 registered manager of the service had recently left. An acting manager had been appointed and was in the process of registering with CQC. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we had received about the service since the last inspection including their action plan. We looked at information from the provider about important events and incidents that had taken place at the service, which they are required to send us. We sought information from the local

authority. 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.

#### During the inspection

We spoke with three people who lived at the home. We looked around the premises, looked at the maintenance and cleanliness of the premises and reviewed a range of maintenance records. We looked at five people's care records in detail, six medicine administration records (MARs) and the related documentation. We looked at the recruitment records for six staff employed since the last inspection. We checked medicines storage and spoke to six staff including the registered nurse on duty and senior carer.

We also spoke with a visiting healthcare professional, the acting manager, the provider's regional manager and operations manager. We looked at accident and incident records and a variety of records relating to the management and quality monitoring of the service, including some policies and procedures. We observed the lunch time meal with people who lived at The Spinney.

#### After the inspection

We continued to seek clarification from the manager and the regional manager who sent us documentary evidence to help validate the evidence we had. This included safety certification, training information and survey responses. We contacted and spoke by telephone with a person who lived at The Spinney, four members of staff and a relative of a person living there.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant that outcomes for people had improved but some aspects of the service's systems needed to be fully embedded to ensure consistency in the long term.

At our last inspection the provider failed to ensure suitable arrangements were in place to identify and mitigate potential risks, to ensure medicines were managed safely and to ensure infection control practices were robust. This was a continued 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.

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

- At the last inspection the provider did not have systems to ensure oversight from senior management to learn lessons when things went wrong and make sure people were protected from harm. The provider had made improvements.
- The manager had identified clinical risks, were recording accidents and had relevant risk assessments in place for people's care and support. However, some risk assessments were not individualised, for example, about individual risks from Covid-19. Action was taken to begin to address this during the inspection.
- The provider was making sure environmental risk assessments were being completed and there had been great improvements in décor and the provision of appropriate and properly maintained equipment.
- Where the manager had found omissions on internal audits, action had been taken to prevent a reoccurrence. For example, the manager used daily 'flash meetings' to ensure more prompt action re issues such as wound reviews, blood glucose checks and changes in weights.

Using medicines safely

- At the last inspection there were issues with storage, records and administration of medicines, and people were exposed to risks of serious harm. The service had made improvements. We found that medicines were being managed safely.
- Records showed that people had received their medicines as prescribed and were person centred. Staff knew the people in the home well.
- Staff were competent and undertook audits to ensure medicines were ordered, stored and recorded properly. Storage and disposal of medicines was appropriate and followed guidance. However, one person required thickener powder to reduce the risk of choking. Some information had not been added to the MAR front sheet to guide staff, although staff knew the amount to give. We also noted thickening powder not stored securely following its use. Both these were addressed during the inspection.

We recommend the manager considers additional recording systems and prompt storage when managing

powder to thicken drinks.

### Preventing and controlling infection

- The home appeared very clean and hygienic. People living at The Spinney and visiting professionals told us the home was kept clean and there were "never" any unpleasant smells.
- 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 personal protective equipment (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.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were adequately safeguarded. This was a breach of regulation 13 (Safeguarding service users from abuse and improper 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 13.

- The provider had safeguarding systems, policies and procedures in place. Systems were in place for recording and referring on any allegations of abuse. Records of recent safeguarding referrals showed that appropriate actions had been taken in line with local safeguarding procedures.
- Staff had received safeguarding training and were aware of the procedures to follow. The staff we spoke with were able to tell us the signs of abuse to be aware of. They told us they would be confident reporting any concerns about people's safety to the management team and believed they would be dealt with correctly.
- People who lived at The Spinney and the relative who spoke with us told us they felt people living there were safe.

### Staffing and recruitment

At the last inspection a recommendation was made that the provider consider recruiting more permanent staff to provide a more stable workforce and support people to receive better continuity of care. The provider has made improvements.

- The manager kept staffing levels under review to make sure an adequate number of appropriately trained staff were available to meet people's changing needs and dependency. The use of agency staff had significantly reduced since the last inspection to provide a more stable and permanent staff team. The one agency staff member on the rota was block booked to work only night shifts.
- The rotas we looked at did not always provide a clear record of which staff were on duty and in what



capacity they worked.

We recommend the manager consider ways to ensure rota records were always an accurate record of who was on duty and in what capacity on all the shifts being worked.

- The provider had appropriate recruitment checks and followed good practices to try to make sure staff recruited were safe to work with vulnerable people. One person who lived at The Spinney told us they felt staffing had improved saying, "Staff changes have taken place, there's better staff now, each and every one in their own way is good."

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant that outcomes for people had improved but needed to be fully embedded to ensure consistency in the long term.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure the service was working within the principles of the MCA or adequately safeguarding people. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper 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.

- The provider had improved procedures for assessing a person's mental capacity in line with the MCA. Capacity assessments were being carried out with people before any DoLS applications were made with restrictions that might limit people's freedoms. However, further work was required to ensure the capacity assessments were completed to a consistently suitable standard. For example, one person had their consent noted for the use of bedrails when their assessment indicated they lacked capacity to make such decisions.

We recommend the provider take advice, from a reputable source, on ways to individualise all capacity assessments to accurately reflect individual situations.

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

At our last inspection the provider had failed to ensure people's nutritional needs were being met. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) 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 14.

- People's nutritional needs and any risks, such as choking and weight loss, were being assessed, monitored and reviewed.
- The manager involved relevant professionals in planning to meet people's individual needs. This included the speech and language team and dietician to make sure people's needs were fully assessed and planned for. However, we noted a care plan that had not been updated following a speech and language team (SALT) assessment and this was addressed, when raised, during the inspection.
- Staff were aware of people's dietary needs, preferences and any cultural requirements. The menus in use were varied and nutritious to provide a range of choices.
- People who lived in the home told us the meals were "lovely", that they enjoyed their meals and food was "good quality" and that they had "plenty of choice" in what they had. Recent surveys, within the home, noted that people felt the meals had improved. The manager regularly audited people's mealtime experience to make sure food was hot, well presented and how well staff were interacting and supporting people.

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

At our last inspection the provider had failed to ensure people's needs were appropriately assessed. This placed people at risk of avoidable harm. This was a breach of Regulation 9 (Person-centred care) 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 9.

- The provider had systems in place to plan people's care and support using recognised tools to help ensure assessments reflected best practice.
- The manager used recognised clinical tools and followed good practice in relation to areas such as skin and wound assessment, risks of malnutrition, oral hygiene and levels of dependency.
- Care plans and risk assessments showed that assessments were revisited when changes occurred. Care plans showed how staff reviewed and updated care planning for people, for example in response to a fall or changes in their weight.

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

At our last inspection the provider had failed to ensure people were always supported to access health care services. This placed people at risk of avoidable harm. 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.

- The provider had improved systems and processes in place for making referrals to other professionals and specialist services.
- Feedback from a visiting professional was positive. They noted the provider was open and responsive and followed their advice and guidance and kept them updated on any changes in people's conditions.
- We noted positive outcomes from the involvement of professionals working closely with staff. During the inspection we saw how staff support and explanation helped one person to have prompt changes to their medication to better suit their preferences and improve outcomes.
- People we spoke with felt they received the care they needed and wanted. We were told, "They [staff] Look after me properly" and they were "Happy with how I get my medicines and help."

Staff support: induction, training, skills and experience

At our last inspection a recommendation was made that the provider introduce more robust systems to support staff in developing their knowledge and skills. The provider had made improvements.

- The provider had a system in place to provide and monitor staff training, supervision and development. The training matrix showed what training had been done and monitored staff compliance with the programme. Staff we spoke with confirmed this.
- We noted some training was still overdue, the manager was aware and was addressing this with individual staff. Staff confirmed this was the case and that they could do their training online.

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

At our last inspection a recommendation was made that the provider conducts a full audit of the premises and makes improvements as needed to bring the environment up to an acceptable standard for people to live in. The provider had made improvements.

- The provider has a planned programme of maintenance and improvement for the home. This included redecoration and refurbishment of communal and clinical areas of the home. The communal lounge had been redecorated. A relative told us they had seen a positive change in the home environment.
- People had been asked for their ideas on decorating and their feedback sought on the results. One person had commented their room was "Really nice" and "It feels more homely" and another told us, "The building has been improved significantly, the whole home's been refurbished."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

### Respecting and promoting people's privacy, dignity and independence

At our last inspection a recommendation was made that the provider consider organising training for the staff team in relation to privacy and dignity. The provider had made improvements.

- The provider had made sure the nursing and care staff had received training on promoting people's privacy and dignity, maintaining confidentiality and on data protection. We saw staff spoke and interacted with people in a friendly and respectful way and called them by their preferred names.
- We saw that people's privacy and dignity were respected and people's comments supported this. People told us they felt staff were polite and told us, "No concerns" and "Happy in this home." A recent internal survey indicated people felt their dignity and privacy were being respected.
- A visiting healthcare professional commented positively on the end of life care they had seen in the home. They noted the compassion displayed by, family support and preservation of individual dignity at the end of life.

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

At our last inspection we made a recommendation the provider introduce more formal systems to ensure people are supported to express their views and be involved in the decision-making process. The provider had made improvements.

- The provider had systems in place to obtain people's views. This included satisfaction surveys and meetings for feedback and views. People had been involved in decisions about redecorating the home, the decoration of their rooms and their choice of colour to paint bedroom doors like their own front door.
- One person said, staff kept them updated and even though they had not been able to have so many meetings due to social distancing they still felt "able to contribute." We saw that staff routinely sought people's verbal agreement in daily interactions and asked what they preferred when assisting them with mobility and giving personal support.
- One person commented on the improved communication in the home from staff and management and had seen positive changes. They told us, "When I first came, I was a bit concerned about so little communication, but the manager has turned that around." They confirmed they were asked about care but noted they would like to go through their care plan more frequently.
- Feedback from a health care professional supporting people in the home commented positively on how

staff involved people "as much as possible" in deciding their care.

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

- The provider had made sure all staff who worked in the home had received training on understanding and upholding people's equality and diversity. The provider had systems to enable people to make a complaint and raise concerns.
- We observed staff giving gentle reassurance with a person who was anxious and explaining what was happening to people when using equipment. People who required extra help at mealtimes received this in a dignified way with staff giving them individual attention and encouragement and allowing them to do things at their own pace.
- People had shared positive comments during the recent satisfaction survey, including, "Staff treat me well" and "Everyone is nice to me." We noted that people were well dressed and groomed according to their choice and dressed in a way that reflected their preferred personal style. People were supported to maintain their personal, religious and cultural beliefs as they wanted.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant improvements had been made in the management oversight and leadership of the home and these needed to fully embed to ensure consistency in the long term.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection systems were either not in place or were not sufficiently robust to demonstrate the service was effectively managed. This placed people at risk of harm. This was a continued 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had implemented a governance system and management framework with clear lines of accountability. There was a well-supported management team in place, driving improvement and continuing to embed the improvements made and to monitor quality and risk. The registered manager had recently left but the deputy was applying to CQC for registration as manager.
  - The provider had quality monitoring systems to monitor the quality and effectiveness of the service being delivered. We noted the greater effectiveness of audits and improved communication in improving aspects of the service for example, medicines management to help make sure medicines were ordered, stored and recorded properly.
  - The provider had formal systems for monitoring risk and reviewing care planning. However, we noted some items had not been picked up in routine monitoring. For example, inconsistencies in a falls risk assessment and in some capacity assessments. Some safety documentation was not available on the day of the inspection, call bells had not been checked as required and some equipment had not been checked for cleanliness. The manager followed these things up, when raised, and used them to learn as they continue to embed their assurance systems.
  - The provider also had their own internal quality assurance audit system to check how new systems and improvements were working and being established. The most recent one found the home 91% compliant.

The management team had been effective in achieving their outstanding actions from the previous quality audit.

- One person living in home told us that there had been "Many good changes in the organisation of the home" and "much better management". Staff told us they had "Seen a big improvement in the home" and "The home is being managed better, we are seeing improvements, as we felt at the beginning we were being ignored, things do seem to be turning around." Another commented, "We are kept informed about what is happening in the home and the audits are still taking place."

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

At our last inspection a recommendation was made that the provider seek feedback from people with an interest in the home about the quality of the service provided. The provider had made improvements.

- The provider had systems in place to ask for the views of people living in the home. Records showed this was being done using surveys, meetings and individual discussions. The manager sent relatives regular updates on what was going on in the home during lockdown and the redecoration and ongoing improvements. Those we spoke with said the home kept them informed and in touch with their relative.
- The management team and staff were working with other agencies, the GP surgery and nursing services from the 'Care Home Scheme' to try to make sure people received joined up care, treatment and support. Records showed that people had access to all healthcare professionals as and when required, including mental health professionals and specialist nurses.
- The home held regular staff meetings and daily 'flash meetings' to make sure staff were up to date and any changes to care or practices were communicated and followed up. Staff told us the manager was "accessible" and "supportive" and they felt comfortable taking any concerns or ideas to her. A relative told us the home had a Facebook page and they used that to keep up to date and see the activities their relative was enjoying.

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 provider and manager understood their responsibilities under the duty of candour. The manager had informed us of significant events and notified us of incidents required by regulation.
- A relative told us the manager kept them informed on any concerns or incidents and if their relative was unwell.