

Loven Spinney Limited

The Spinney Nursing Home

Inspection report

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26 September 2018

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 and 26 September 2018. It was unannounced, which meant no-one knew we were going to inspect the home.

At our last inspection on the 9 June 2016 the location was rated 'good' overall, with all key questions being rated as 'good', except for 'safe', which was rated as, 'requires improvement.' At that time, we identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment. Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key question of safe to at least good.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and fit and proper persons employed.

We discussed our concerns with the registered manager at the time of our inspection and requested an action plan was submitted to the Care Quality Commission within 24 hours of the first day of our inspection, to show how improvements were going to be made in order to protect people's safety. The action plan was received within the time frame agreed and was found to be satisfactory. The registered manager provided us with an updated action plan on the second day of our inspection and we saw some improvements had been made. However, further improvements were still needed.

The Spinney Nursing Home (The Spinney) 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 Spinney is located in the village of Upholland. It provides accommodation for up to 35 people requiring help with nursing or personal care needs. The home is situated in its own grounds on a main road position with onsite car parking available. There are three floors served by a passenger lift. Most bedrooms are of single occupancy, although facilities are available for those who prefer to share. A variety of amenities are nearby and public transport is easily accessible.

At the time of our inspection there were 29 people who lived at The Spinney.

The service had a registered manager in post. A registered manager is a person who is 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 registered manager was on duty at the time of our inspection and she was co-operative and helpful throughout.

We found those who lived at The Spinney were not protected by the recruitment practices adopted by the home, as these were not sufficient to ensure all staff were fit to work with vulnerable people. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found concerns around fire safety and the general safety of some areas of the home. The management of risks within the environment was insufficient and therefore people were potentially at risk of harm. Some parts of the premises were dirty, which did not promote good infection control practices. The management of medicines was poor. These findings constituted a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that a system had been implemented for assessing and monitoring the quality of service provided. However, this was ineffective, as concerns identified during our inspection had not been recognised by the internal auditing system. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found a complaint made to the home should have been reported under safeguarding procedures and a statutory notification should have been submitted to CQC, in accordance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to do so. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made in relation to analysing trends and patterns for accidents and incidents, in order to minimise the risk of harm to people. However, further improvements could be made. We made a recommendation about this.

We looked at how the service provided person centred care. Records showed that people's needs had been properly assessed and the plans of care we saw were well written and person centred. The service demonstrated appropriate systems to assess health care risks for people who lived at The Spinney and robust systems were in place for the formulation of individuals care plans. However, records we saw did not demonstrate people had been involved in planning their own care and support. We made a recommendation about this.

Records showed staff had received supervision and appraisals. However, these were sporadic and were not always formally structured. The staff team had received training in safeguarding adults and whistle-blowing procedures. Personnel records showed that new employees had been guided through an induction programme when they first started to work at the home.

The lunch time meal service was a pleasant experience. However, menu planning could have been better to ensure people were provided with more choices, varied and nutritious options. We made a recommendation about this.

The service demonstrated appropriate use of the Mental Capacity Act and people were supported to make decisions about their care. Consent was obtained from people before any care intervention or treatment was delivered.

Complaints were being well managed and people who lived at The Spinney were being protected from discrimination. People told us staff were responsive to their needs and staff members were seen to be kind and caring. However, we made a recommendation about maintaining the privacy of two people in their bedrooms.

Records showed that a wide range of community professionals were involved in the care and treatment of those who lived at The Spinney. Records showed that surveys had been conducted for those who lived at the home, their relatives and staff members. This enabled any interested parties to provide some feedback about the quality of service provided.

There were sufficient staff on duty on the days of our inspection and we saw staff were always present in the communal areas of the home. We found that disciplinary procedures were followed in response to incidents of misconduct or bad practice.

You can see what action we have asked the provider to take at the end of this 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 consistently safe.

New employees had not always been recruited safely.

Staff were aware of the provider's safeguarding policy. However, safeguarding incidents had not always been reported correctly.

The environment needed a thorough clean in some areas and parts of the home were unsafe. Fire risks were evident and the management of medicines was poor.

Emergency plans were in place. People were protected from discrimination and their human rights were promoted.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Access to healthcare professionals was available when required.

Staff received an initial induction and on-going training courses, which enabled them to apply knowledge to support people.

Management and staff had good working knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff respected people's privacy and dignity in a caring and compassionate way.

Staff were kind and patient in their approach towards those who lived at The Spinney and interactions with people were noted to be caring.

However, this was not always supported by the registered provider, as the maintenance and suitability of the premises did not demonstrate a caring attitude and therefore improvements

in this area are needed.

Staff knew people well and responded to their needs appropriately.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and included detailed descriptions about people's care needs.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The auditing systems for assessing and monitoring the service were not effective. However, people were asked for their feedback about the service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Staff enjoyed their work and told us the management were always available for guidance and support.

The Spinney Nursing Home

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 inspection was carried out on 18 and 26 September 2018. On the first day of our inspection there was three Adult Social Care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two Adult Social Care inspectors visited the home on the second day of the inspection.

At the time of this inspection there were 29 people living at The Spinney. We spoke with six of them and three visiting relatives to discuss what life was like at the home. We received positive comments from those we spoke with. We also spoke with four staff members and the registered manager of the home.

Prior to this inspection we looked at all the information we held about the service. We reviewed notifications of incidents that the provider had sent us since our last inspection. We received feedback from social work professionals within Lancashire County Council. We also looked at the Provider Information Return (PIR) that the provider had sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We used a planning tool to collate all this evidence and information prior to visiting the home. We observed how staff interacted with people who used the service and we viewed three people's care records. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. We also looked at a wide range of records. These included; the personnel records of four staff members, a variety of policies and procedures, training records, medication records and quality monitoring systems. service

Is the service safe?

Our findings

People we spoke with told us they felt safe living at The Spinney. Comments we received included, "I feel very safe as there are always lots of people around to look after me"; "I feel safe because I can ring the bell and someone will come to see me" and "I am safe because carers [staff] pop into my room every hour to check I am ok."

One relative commented, "My mum is absolutely safe. I've been visiting every day for eight years at different times of the day and I have seen nothing that has worried me". Another told us, "I feel my mum is safe. She has French doors in her room but the doors are kept locked with a bolt. There are always staff on the corridor keeping her safe."

At our last inspection on 2 August 2016 we identified a breach of regulation 12 in relation to the management of accidents and incidents. At this inspection we reviewed the accident and incident records. We found some improvements had been made. However, there were still some shortfalls in the recording of information.

We recommend that a robust system be introduced to identify action needed and to allow trends and patterns to be highlighted within the accident and incident records. This would help to develop an effective monitoring system and potentially reduce the number of incidents occurring.

The aims and objectives within the plans of care highlighted the importance of maintaining people's safety. However, we found several areas of risks during our inspection, which did not ensure the safety of those who lived at the home. For example, we saw a fire risk assessment had been undertaken in January 2018 by an external contractor which identified a number of actions to be taken to address concerns. There was no evidence to show any actions had been taken in order to mitigate the levels of risk. We asked maintenance and management staff when actions may be completed, but neither were able to specify a timeframe. Therefore, this did not protect people from harm.

Records we looked at confirmed Lancashire Fire and Rescue Service had conducted an inspection of the premises in February 2018, which showed improvements to fire safety were needed. However, we could see no evidence to confirm the work had been undertaken. Therefore, people who lived at the home remained at risk.

We asked to see the home's fire policy, but this was not available within the home to provide staff and people with easily accessible information and guidance. Following our request, a copy of the policy was displayed within the home and retained within the fire file and fire box for easy reference. We also saw that staff members had not completed fire marshal training in line with this policy and the provider's fire procedures. This meant relevant staff were not trained to lead and guide staff in the event of a fire in the home.

During our inspection we toured the premises and found concerns around environmental and fire safety

risks, which we brought to the registered manager's attention immediately. For example, on the first day of our inspection we saw some fire exits were obstructed and the external fire escape routes were unsafe, due to trip and slip hazards. On the second day of our inspection we noted that the registered manager had taken some action to address these risks however clutter still obstructed one escape route. The registered manager told us this would be removed immediately.

At the time of our inspection the fire exits were not all wheelchair accessible and one fire exit was directly through the bedroom of a person who lived at the home. This person told us they felt safe because, "I have a fire exit in my room. Once someone ran in my room when they heard the fire bell and we were all told to stay in our rooms till someone comes to help us." The fire officer visited the premises following day one of our inspection and reported on necessary action to be taken in order to ensure escape routes could be safely used, whenever they were needed. The fire officer has since re-inspected the home and found action had been taken to mitigate fire safety risks in this area. We also saw one fire escape exit door had a keypad operated lock. This failed to release on activation of the fire alarm. We found some fire exit doors that had manual locks and could be difficult for people to reach in the event of an emergency.

There were combustible materials being stored in the plant room, despite this being identified as a fire risk by the Lancashire Fire and Rescue Service. We also saw one bathroom was being used to store boxes of incontinence products. There was no smoke or heat detector installed in this bathroom, despite the fire risk assessment identifying this need. And where people were smoking outside their bedrooms we saw no risk assessment or plan of care had been developed to ensure staff could protect people and reduce the risk. The maintenance records showed weekly tests of the fire doors. A fire alarm test was carried out during our inspection. There were seven fire doors which failed to operate correctly. We brought these concerns to the attention of the registered manager, who acted immediately to ensure risks were reduced.

The emergency evacuation plans we looked at had not been dated or reviewed and therefore it was not possible to determine if the information contained within it was still relevant.

During the first day of our inspection we informed Lancashire Fire and Rescue Service of our concerns about the environment in relation to fire safety. A fire officer visited the home on 19 September 2018, in order to conduct an inspection of the premises. The fire officer's report shows that improvements were needed and a schedule of work to be completed was agreed with the home.

During our tour of the building we noted some ground floor bedrooms had patio doors, which were open. Therefore, people were able to access these bedrooms from outside. We were told that visitors had in the past used these patio doors as a point of entry to the building and had therefore bypassed signing in and out of the home. This created a security and fire risk for people who lived at The Spinney and their visitors.

A general environmental risk assessment was in place, which covered a variety of areas, such as catering, administration, housekeeping, maintenance, care delivery, external activities, ladders, lawn mower, use of hoist and bedrails. There was a scoring system to rate the level of risk. However, this had not been reviewed and updated since May 2017 and maintenance requests were not being actioned in a timely manner.

We noted the maintenance room to be unlocked and therefore people had easy access to hazardous materials and equipment. We raised this concern with the registered manager, who acted immediately and ensured this room was locked.

There was a distinct lack of storage space within the home and therefore many areas of the environment were found to be cluttered. This created a safety risk for those who lived at the home, any visitors and staff

members.

On the second day of our inspection we noticed the environment to be cleaner and less cluttered. Some improvements were noted. However, work needing to be done was not always completed in a timely manner in order for the premises to be safe for people to live in. We found environmental risk assessments to be in place, but these had not been reviewed since May 2017 and therefore it was not clear if the information provided was current.

During our inspection we assessed the management of medicines and found practices in this area to be poor.

The clinical room was noted to be very cluttered, making storage of the medicine trolleys difficult. We were told this was because the clinical room was being relocated, in order to provide more space. The provider had identified an issue with storage space for medicines and was in the process of making improvements in this area. However, the door of the treatment room was unlocked with many medicines being left on display in the room and also medicines for return to the pharmacy were in open containers. Therefore, people who lived at the home and visitors had easy access to a range of medicines, which put people at risk of harm. There were no hand washing facilities in the treatment room, in order to promote good hand washing practices.

We also saw number of empty boxes and a range of domestic cleaning products to be on the shelves. Several bottles of liquid medicines and creams had not been dated on opening therefore, we could not establish if items had passed the shelf life. An open box in the clinical room contained a lot of creams in use for different people in the home. This system was not robust, to ensure their safe use. There were several open boxes of thickener on a kitchen trolley and several boxes of supplementary drinks stacked in the clinical room, but it was not clear if these were in use. Systems to ensure medicines were stored securely and safely required improvement. On the second day of our inspection we noted the clinic room had been tidied and medicines were stored safely and securely.

We observed a medicine round taking place. We staff failed to wear a 'Do not disturb' tabard that would reduce interruptions to staff whilst undertaking this important task. We also observed one staff member handling people's medicines from the container to medicine pot and another occasion where one person's medicines were left with a person for a short time unaccompanied. This posed an increased risk to people because staff failed to ensure they stayed with people at all times until medicines were taken by them.

We saw that one person had been without a medication for seven days, as the home were waiting for the prescription from the GP. We asked the registered manager to investigate this further. Following the inspection, the registered manager told us and provided evidence to show this had been followed up every two days, since it had been ordered. We noted a lot of refusals of medication to be evident by one person, which had not been reported to the GP.

The medication competency assessments we saw were not robust enough and failed to demonstrate that staff were competent and had the required skills to administer medicines in a safe way. We advised the registered manager to conduct medication competency assessments and supervision sessions with two named members of staff immediately, due to shortfalls identified during our inspection. Evidence was provided to show these had been completed following our advice and observations.

We saw the last three medication audits, which had been completed each month, the last one being August 2018. These were not effective, as they did not recognise the shortfalls we identified during our inspection.

Where anomalies had been identified there was no narrative about what action was taken to address these. Therefore, medication audits could not be relied upon to reflect accurately safe medicines management in the home.

Some areas of the home were not pleasant smelling and were in need of a thorough clean. We noted some easy chairs had an unpleasant odour. We observed uncovered pipes, which would be difficult to clean. We noted an ashtray outside the patio doors on the ground floor, which was overflowing and there was an abundance of cigarette ends on the floor around the ashtray. There were dirty and sticky toilet frames and stairgates. Strip lights and windowsills contained dead insects.

The above findings resulted in a breach of Regulation 12 (1)(2)(h) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked at how any allegations of abuse were handled in the home. We saw a complaint which had been received by the home and had been recorded in the complaints log should have been referred under safeguarding procedures, due to the nature of the complaint, but the home had failed to report this appropriately.

This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safeguarding people against abuse and improper treatment.

We looked at the personnel records of four people who worked at the home. We found that staff members had been appropriately disciplined for acts of misconduct and legal advice had been sought, as needed. Although relevant checks had been conducted, we identified some shortfalls in the recruitment practices adopted by the home. The processes we saw were not robust, as references were sometimes supplied by friends. The reference for another new employee identified some concerns from a previous employer. However, we saw that there was no risk assessment or record that this had been explored further by the management. There were no references available for another member of staff and interview records were not always fully completed.

This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Fit and proper persons employed.

We noted that Personal Emergency Evacuation Plans (PEEPs) had been developed for each person who lived at the home and these were easily accessible by emergency service personnel. PEEPS help to ensure people would be evacuated from the building in the safest and most suitable way, should the need arise.

Records showed that systems and equipment within the home had been serviced in accordance with the manufacturer's recommendations. This helped to ensure they were safe for use and fit for purpose. However, the internal checks of two wheelchairs showed them to be in poor condition with footrest straps having been removed, due to them being torn. Records showed that replacement wheelchairs had been requested eighteen months previously, but had not been received. The registered manager has since told us replacement wheelchairs have now been received and more are being obtained. We noted window restrictors had been installed, which helped to maintain people's safety.

All care plans we viewed contained clear information about the support people required to stay safe and well. Any risks to a person's health or safety were fully assessed and where necessary, community professionals were accessed to provide additional support. Where risks were identified, a care plan was in place to help staff provide safe and effective care and treatment.

The equipment for the storage of Controlled Drugs (CD's) was secure and the controlled drug register confirmed accurate recording of controlled medicines in the home. Drugs fridge temperature recordings had been taken and these were within acceptable ranges. This helped to ensure medicines were being kept at appropriate temperatures. We saw stock counts at each administration and staff had checked the amounts were correct. We discussed the procedure for changes in medication mid cycle, including short term meds with the registered manager at the time of our inspection.

A computerised system had been implemented for the management of medicines. However, a senior care assistant told us the home was considering reverting back to a manual system, as issues with the computerised system had been identified. We found the computerised system highlighted which medicines were due and when, including medicines which were given 'as and when necessary'. Records of any allergies were clear and photographs for identification purposes were in place.

We observed the staff responsible for administering medication approaching people in a nice manner, asking whether as required medicines was needed and explaining what medicines when giving them to people. Medication Administration Records (MAR's) were checked appropriately to ensure medicines were dispensed correctly. Plans of care were in place for covert administration of medicines (medicines given in food or drinks).

At the time of our inspection we found the service had sufficient numbers of staff on duty to keep people safe and to meet their needs. People we spoke with all felt there were enough staff on duty to meet their needs. One person who lived at the home told us, "There are just enough staff. They attend to me very quickly when I call them. There are three floors, so I think they deal with everyone well." A relative commented, "I would say there are enough staff from what I have seen when I visit. There always seems to be quite a few carers about. Mum doesn't have to wait long if I ring the buzzer in her room to get help and sometimes two carers arrive at the same time."

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We were told safeguarding champions had been appointed from the staff team and staff we spoke with demonstrated a satisfactory knowledge of safeguarding principles and referral systems.

We noted that the most recent guidance from the Local Safeguarding Adults Board was being followed. This helped to determine if a safeguarding referral needed to be made. We looked at training records and found that a good percentage of staff had received safeguarding training. However, the records we saw would have benefited from a more detailed account of action taken following safeguarding incidents, although it was clear that medical advice had been sought, as was required.

Is the service effective?

Our findings

Comments we received from people who lived at the home included, "They [staff] seem to be well trained"; "Looking after someone is like looking after your own family. It is all about common sense and the girls who care for me all demonstrate common sense" and "They [staff] always ask for my consent before they deal with me."

One relative told us, "The staff seem to be well trained and they understand my mum and how to deal with her dementia." Another commented, "They [staff] have definitely got the right training. I have heard staff chatting on the corridor about training they have received."

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. People had access to two lounge areas within the service and also a garden with seating areas and scenic views.

Staff told us they felt well supported by management of the home. We saw supervision and appraisal documentation was present on staff files. However, these were sporadic and were not always up to date. The registered manager supplied us with a staff supervision and appraisal matrix, which if adhered to would provide a more structured approach to the monitoring of staff performance. Staff members we spoke with told us they received supervision sessions and appraisals.

Records showed new staff were provided with a range of information on commencement of employment, such as job descriptions and important policies and procedures. They were also guided through an induction programme, which they were required to complete prior to working unsupervised. This programme covered important health and safety areas, such as moving and handling, working in a person-centred way and included learning, such as safeguarding.

Staff members discussed their induction programmes with us and told us this incorporated training in relation to moving and handling, safeguarding and fire awareness. They said most of the learning modules were completed on line, except those which required practical skills. One member of staff said, "I would prefer face to face training, rather than on line. It is easier to understand when someone is teaching you and you can ask questions." Another staff member commented, "We get plenty training. There is certainly enough, but the online training is sometimes a struggle, as we have to get 100% to pass, which can be difficult. We are well supported by the managers."

The registered manager provided us with a staff training matrix, which covered a wide range of learning modules. A good percentage of staff had completed each area, although more staff members could have received recent updates in topics, such as equality, diversity, MCA and DoLS.

Staff members provided us with some good examples of training they had completed. They told us that most of the learning modules were done on line, except those which required practical skills. One member of staff said, "I would prefer face to face training, rather than on line. It is easier to understand when

someone is teaching you and you can ask questions." Another care worker commented, "We get plenty training. There is certainly enough, but the online training is sometimes a struggle, as we have to get 100% to pass, which can be difficult. We are well supported by the managers."

We looked at the planned menus, which we found lacked a variety of homemade, healthy options. For example, there was a lack of fresh vegetables offered, and chips were the carbohydrate of choice several times each week, along with eggs and baked beans. A menu for the day was written on a whiteboard. There was only one meal option displayed, which consisted of a main course and a dessert. Choices were not routinely offered, although there were two choices on the menus available. However, several people did not want the dessert of the day and so were provided with an alternative.

We recommend the meal service be reviewed and dietetic advice be sought in order to provide a more nutritious diet for those who live at the home and to help with menu planning.

People's nutritional needs had been assessed on an individual basis and associated risk assessments were in place. We observed the lunchtime service. Tables were pleasantly set with napkins, cutlery and glasses. Age appropriate background music was playing. People were allowed time to eat at their own pace and independence was encouraged, although assistance was available if needed. Several people were offered garments to protect their clothing. Meals were delivered to bedrooms for those that wished to dine in the privacy of their own accommodation. Hot and cold beverages were provided with the meal. We observed specialised diets being provided for those who needed them.

We observed one person requesting toast following their meal, which was provided and it was evident people could have second helpings, if they wished. We noted that care staff followed infection control procedures whilst handling and serving meals.

People's needs were assessed before a placement at the home was arranged. This helped to ensure the staff team were confident they could meet the needs of everyone who went to live at The Spinney. The registered manager told us the home liaised with other health care professionals, in order to plan an effective and smooth transfer to the service. Care records we saw showed that a range of community health and social care professionals were involved in the care and treatment of those who lived at the home. This helped to ensure people were receiving the care support they required.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people who used the service. We saw that mental capacity assessments had been conducted and DoLS applications had been submitted, where necessary, to ensure people's freedom was not being inappropriately restricted. We noted a DoLS assessor was on site on the day of our inspection. Decision specific care plans had been developed for those whose liberty was being restricted and who did not have the capacity to make informed choices. Legal documentation was also

retained on people's records for those who had appointed a Lasting Power of Attorney to act on their behalf.

Care records we saw showed that where people lacked the capacity to make decisions, then these were made in their best interests. People were asked to participate in care reviews and consent was appropriately obtained for care and treatment, the taking of photographs and the administration of medicines.

Some bathrooms and bedrooms had been refurbished and these were pleasant and suitable for the needs of those who lived at the home. However, one bedroom window was facing a white wall, which was only feet away. This did not provide a pleasant outlook for the person who lived in this room.

Is the service caring?

Our findings

We received a number of positive comments from people who used the service about the attitude and approach of staff. Comments included, "The staff are good, they treat us like they would do their own mother"; "They [staff] are very kind, they can't do enough for me"; "I think they are very good. I haven't met one member of staff that hasn't been kind to me or my wife" and "They [staff] are very respectful. If I need to be covered up they will do that so that my dignity is intact."

One relative told us, "Little things, such as whenever the cleaner goes past [name] room she always stops and says hello. That makes all the difference." Another commented, "Whenever the staff enter mum's room they always explain what they are doing and they always knock on the door first." And a third said, "The staff are unbelievably kind. They spend time with mum even though they are very busy."

People's care plans were based on their individual needs and wishes. We saw their views and opinions were central to the process and the on-going support they received. However, people we spoke with and their relatives were not familiar with the care plans and there was no evidence of people being actively involved in this process.

We recommend that people be offered the opportunity to be involved in planning their own care or that of their loved one, as this was not always evident. Where people decline this offer, or are not able to participate, then this should be clearly recorded.

The notice boards within the home displayed a lot of information about dignity in care and the plans of care we saw highlighted the importance of promoting people's privacy, dignity and independence.

We observed staff approach people who used the service in a kind and caring manner and we saw staff knock on bedroom doors before entering. However, one person who was in bed was visible from the outside, as there were no curtains in her bedroom. We also saw one emergency escape route was through an occupied bedroom. This could have infringed on the individual's personal space and dignity. The registered manager told us the emergency escape route had been discussed with this individual before admission to the home. However, we could not see evidence that this had been discussed with them in their care file.

We recommend these areas be explored and clearly recorded, in order to promote the privacy and dignity of all people who live at the home.

We saw that staff interacted with people in a kind and caring way. We observed staff speaking with people in a respectful and dignified manner. Staff understood the needs of people they supported and allowed them time to complete activities. It was obvious that trusting relationships had been developed. One person who lived at the home told us, "They [staff] let me take my time. They never rush me." Another said, "They [staff] are patient with me and encourage me to do things for myself." A relative we spoke with told us, "The staff are very patient. They have hearts of gold."

The home had policies and procedures in place, which covered areas such as confidentiality, privacy and dignity. We saw that staff were aware of this guidance and were following it whilst supporting those who lived at the home.

There was information available about how to access local advocacy services, should people wish to use this facility. An advocate is an independent person who will provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helps to ensure their rights are promoted and decisions are made in their best interests.

One community professional who had visited the home earlier in the year wrote on their feedback to us, 'Overall the visit was positive and there were no real actions noted. There are no general concerns.' Another healthcare professional wrote, 'It is not an unsafe home. Staff appear caring. Residents (those who live at the home) without dementia appear happy with their care.'

We noted the staff team to be compassionate and helpful towards those who lived at the home. However, this was not always supported by the registered provider, as the maintenance and suitability of the premises did not demonstrate a caring attitude and therefore improvements in this area are needed.

Is the service responsive?

Our findings

One person who lived at the home told us, "The bell is always within reach and another said, "I have a bell which is always close to me in the room."

The care records we saw contained detailed information about people's lives. This helped staff to create a picture of their history and to generate discussions of interest. The plans of care were well written and person-centred documents. They had been reviewed at regular intervals and changes in people's needs had been reflected well. This provided the staff team with clear guidance about the support people required and how individual needs could be best met. People received care and support in a way they preferred and which was responsive to their needs. This was because staff had good knowledge of those who lived at the home.

We saw evidence in care files that the service was making necessary referrals to professionals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. End of life care for those who used the service had been considered and funeral plans had been recorded for those who wanted to make their last wishes known.

We noted a good selection of DVD's were available for those who wished to watch a film or concert. Photographs were displayed of various activities both in the local community and within the home. The activity programme for the day was also visible, for people to consult. The home had an activity coordinator, who was responsible for planning and organising leisure activities in the home and within the wider community. People we spoke with expressed their satisfaction with the activities provided.

Comments we received from those who lived at the home and their relatives included, "They have just started activities, but I can't go to them because I can't see and I can't hear very well. Last week I did enjoy the 100 questions activity though, as I could take part. I laughed so much"; "When mum first came here they [staff] tried to get her to do knitting and sewing, because she used to like doing these things. But she can't do them anymore. They do word searches with her which she enjoys. The home does provide activities for everyone and they had a summer fair this year" and "They [staff] put activities on like bowling with inflatable balls, jigsaws, bingo, cards and colouring. The activities happen in the afternoon. Sometimes the activity coordinator paints people's nails and reads the paper to people in the morning."

On the first day of our inspection we observed a baking activity taking place in the afternoon. Everyone was asked if they would like to join in. Those who participated seemed to enjoy what they were doing, as they chatted, laughed and joked with staff members.

A complaints policy was displayed in the home, which outlined timeframes for responses and contact details of external organisations, should someone wish to raise concerns outside the service itself. A system was in place for recording complaints received and it was evident these were responded to in an appropriate manner, although only one had been recorded this year. No-one we spoke with had ever needed to make a complaint. However, one person who lived at the home told us, "If I had a complaint I

wouldn't talk to the management."

Many positive comments had also been received from relatives of those who had lived at the home. Extracts from these included, 'A huge thank you for caring for my mum and my dad over his last few days'; 'Thank you so much for the love and care you provided to our mum over the last year of her life' and 'Thank you so much for looking after [name] and helping her as much as you could.'

Is the service well-led?

Our findings

Comments we received about the management in the home from those who lived at the home included, "The [registered] manager is very good"; "I see the manager around the home quite often."; "It is a very friendly and caring place. I am very happy here" and "It is a very friendly place and we have a good laugh with the staff." Several people said they would recommend the home to others.

Relatives commented, "The manager is very down to earth and she directs the staff very well. She will deal with staff if they need speaking too. I think she does over and above the hours she is paid to do" and "The manager is very approachable. I quite like her. She seems to help the staff out. She can be seen around the home and isn't just stuck in her office."

The registered manager had been in post for three years. She was on duty at the time of our inspection and was helpful and co-operative throughout. We noted the registered manager was visible around the home and was well liked by everyone we spoke with.

A lot of information and guidance was displayed in the entrance hall for people to read. This included, planning for future care, fire awareness, certificate of registration, a suggestions box, the complaints process, the quality policy and copy of last inspection report.

Although some audits had been conducted, these were not always robust and shortfalls in the monitoring system was identified. This was because areas we found which needed improvement had not been recognised by the internal management systems. The audits we saw were not always up to date, did not clearly record findings or the actions taken to improve the service. Evidence was not always available to demonstrate internal checks had been conducted and actions recorded, in accordance with the policies of the home.

The provider failed to ensure staff had been recruited safely and that effective systems and processes were in place to monitor the quality of service provided, with documentation of actions taken. The provider also failed to ensure medicines were managed safely and that protocols had been followed in relation to the reporting of notifiable and safeguarding incidents. Further improvements were required in relation to environmental and individual risks.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance.

The registered manager told us that staff meetings were held every day at 11am, so that any changes in people's needs could be discussed and any important details about the operation of the home could be disseminated to members of staff. This helped to ensure the staff team were kept up to date with current information and good practice guidelines. We were told the area manager was supportive and visited the home regularly.

Meetings for people who lived at The Spinney, their relatives and friends had been regularly held. This enabled people to discuss topics of interest in an open forum, should they wish to do so. It also enabled important information to be passed on, so that people were kept up to date with any relevant changes.

Surveys had been conducted regularly for those who lived at the home and their relatives. These covered a range of different areas. This helped to obtain feedback from people about the quality of service provided and to make improvements, where needed. Comments recorded in the surveys we saw included, 'I have enjoyed my time here'; 'I would recommend it to anyone' and 'I am very happy with the care. All the staff are excellent. The respect shown by staff has been wonderful'; '[Name] is happy in The Spinney and is very well looked after all the time'; 'We have been happy with the care [name] has had over the years she has been here' and 'We are very happy with the care. The staff do a great job and keep us updated.'

Staff surveys had also been conducted this year. These covered a wide range of areas and positive feedback was recorded on all those seen. The visions and values of the service were displayed within the home.

The Statement of Purpose and Service Users' guide were displayed within the home. These covered areas, such as the home's mission statement, the aims and objectives, details of the registered manager, the qualifications and experience of the staff team, the organisational structure, details of the home's registration, the admission criteria, the procedure for an emergency admission, services and facilities available, privacy and dignity, fire procedures and the complaints procedure.

We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the registered manager showed good knowledge about the people in her care. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a person-centred way.

People told us they found the management team approachable and supportive and confirmed there was always a member of the management team available to contact, should the need arise.

There were a wide range of policies and procedures in place at the home, which had been periodically reviewed and updated. These provided the staff team with current information about any changes in legislation or good practice guidelines. Staff members were made fully aware of the policies and procedures of the home at the time of their induction and had easy access to this information.

Staff we spoke with told us that staff morale at The Spinney was good and that all staff got on well together, providing support for each other. One member of staff commented, "I'm very happy with my job."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not have suitable arrangements in place to identify and mitigate risks to those who lived at the home.</p> <p>Risks in relation to fire safety were evident and therefore this placed people at the risk of harm.</p> <p>The management of medicines did not promote people's safety.</p> <p>Infection control practices adopted by the home were not robust and therefore did not protect people from cross infection.</p> <p>Areas of the home were unsafe and therefore did not protect people from harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider had failed to report a safeguarding incident under the correct procedures.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have suitable arrangements in place to assess and monitor the quality of service delivered.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Recruitment practices adopted by the home did not ensure all staff were suitable to work with vulnerable people.