

Mrs W A and Mr P Marucci

Spring Cottage

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 responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Spring Cottage is a residential care home providing personal care for up to 16 older people. 16 people were living at the service at the time of our inspection. The care home consists of one adapted building and a bungalow, providing accommodation for two people.

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

The provider had not always made improvements and applied learning following the last inspection to address previous breaches in regulation. The provider's systems and policies were not always followed to identify areas for improvement and take action accordingly. There was a risk of people being put at risk of avoidable harm due to shortfalls in the governance arrangements.

The provider had not always followed its own policy and procedure to ensure staff were always recruited safely and to ensure health and safety checks were robustly completed to keep the service safe.

Staff were aware of risks to people. People felt safe living at the service.

People received effective care following a period of assessment at the service. They were supported by consistent members of staff who knew their wishes, needs and preferences. People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt at home at the service. Relatives felt welcome when they visited. People shared bonds with staff who were kind and respectful towards them and respected their privacy.

Care was person-centred and focused on the needs and wishes of each person. People continued to remain part of their local communities.

People and their relatives felt able to speak openly with the registered manager about any issues and that these would be addressed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staffing, fit and proper persons employed and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 responsive?

The service was responsive.

Details are in our responsive 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 ●

Spring Cottage

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was also a partner in the provider for the service, this means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on day one. We told the provider we would be visiting on day two.

What we did before the inspection

We reviewed information we had received about the service, including notifications for events the provider is required to tell us about. We sought feedback from the local authority and commissioners who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who use the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, manager, deputy manager and three care workers. We spoke with a healthcare professional visiting the service.

We reviewed a range of records. This included three people's care and medicine records. We looked at three staff files in relation to recruitment and two staff supervision and appraisal records. We reviewed a range of records relating to the management of the service, including health and safety records and quality assurance checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a sample of the provider's policies and procedures. We spoke with the fire service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At the last inspection the provider had failed to follow safe recruitment procedures. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- People had been placed at risk due to staff starting work without all appropriate checks being completed to consider their suitability.
- Three staff members had started work without a current Disclosure and Barring Service (DBS) check to reduce the risk of unsuitable staff working with vulnerable adults. The manager advised precautions had been taken to reduce the risk to people. Risk assessments had not been recorded to reflect the measures taken.
- There were sufficient staff to support people and respond to their needs.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection the provider had failed to have systems in place to monitor quality and safety across the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulations 17.

- Health and safety checks were not always recorded to show how the environment and equipment was checked for safety. This included emergency lighting checks, bath hoist checks and the electrical wiring certificate.
- The provider failed to follow best practice guidance and their own medicines policy and procedure to manage medicines stock effectively. Medicines were not always returned or disposed of in a timely way when they were no-longer required or for people that were no-longer living at the service.

The manager took action to address these issues and identified improvements needed to health and safety check documentation with the maintenance worker during the inspection.

- Staff managed risks to people effectively. For example, elevating a person's legs to prevent them swelling.
- Protocols were in place to support the use of 'as and when required' medicines.
- People felt safe and had confidence in the staff supporting them. One person said, "I get looked after, I feel safe."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were aware of their safeguarding responsibilities and changes in people's behaviours that may indicate possible safeguarding concerns.
- When accidents and incidents occurred they were reviewed to prevent future re-occurrences.
- Risk assessments were not always reviewed or updated following falls to consider any additional measures that could be put in place to keep people safe.
- Accidents and incidents had not been analysed to identify any trends or patterns with incidents affecting people or across the service.

Preventing and controlling infection

- At the last inspection issues the provider did not have clinical waste facilities in place. Work had been done to improve the management of clinical waste and appropriate facilities were now available.
- Regular infection control audits were used to monitor cleanliness throughout the service.

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 requires improvement. At this inspection this key question has remained the same. This meant people achieved their outcomes, although there were inconsistencies in staff support and development.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to check the suitability of new staff for their roles and support staff knowledge and development. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The provider failed to ensure all staff received appropriate supervisions, appraisals and professional development to carry out their role. There were significant gaps in staff supervisions, with 50% of staff not having received supervisions over an eight-month period.
- The manager and deputy manager had not received supervisions and appraisals relevant to their duties and professional development.

The manager had arranged a group supervision to support staff development and share learning and was going to review their supervision plans.

- Despite the lack of formal staff supervision, staff felt supported and were able to access this from the management team when needed.
- Care staff were supported with appropriate training to carry out their roles. The manager had planned for staff to refresh their training with the introduction of a new training system.
- Work had been done to ensure new staff completed a probation period, including reviews to check their suitability for their roles.

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

- People received effective support according to their assessed needs. They received support from regular members of staff who they were familiar with and understood the needs. One person said, "The staff know me alright."
- People's assessments were used to develop their care plans, considering their routines and preferences.

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

- People enjoyed nutritious meals and had access to snacks and drinks throughout the day. One person said, "The food is like what you get at home."

- Staff were knowledgeable about people's food and drink preferences and prepared meals to support these.
- Meal times were a positive, relaxed experience which people shared with others living at the service.

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

- People were supported to access healthcare services when required. Example's included, GPs, hospital and dental appointments. One relative told us, "They are on top of [person's] appointments and take them to the hospital, doctors etc. if needed."
- The provider had formed strong links with local healthcare services. One healthcare professional said, "Staff are very good at contacting us if needed, they take onboard any recommendations straightaway."
- Information was shared effectively amongst the staff team to ensure they were up to date with people's current care and support needs.

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

- The environment was appropriate for the needs of the people living at the service.
- The service was designed to provide a homely experience. There were photos of people enjoying days out which provided a sense of belonging. One person said, "It's like a home from home."
- People were encouraged to personalise their bedrooms. Some people had brought in their own furniture, ornaments and pictures. A relative told us, "Mum's room has her bits and bobs in to make it her own, we were encouraged to bring anything from home she wanted."

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.

- Consent was obtained from people before staff provided their care.
- People's capacity was assessed when it was unclear if they could make decisions relating to their care.
- Best interest decisions were made with relevant parties, including family members or people with the legal authority to make decisions on the behalf of people living at the service.
- DoLS were applied for when people had been assessed as not having capacity to agree to any restrictions needed in the person's best interests.

Is the service caring?

Our findings

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

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

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

- People and their relatives consistently praised the excellent care they received. One relative said, "I can't speak highly enough of staff." Another relative told us, "The staff here are absolutely lovely, they are extremely kind, caring and thoughtful."
- The service had a warm, welcoming and homely feel, which the staff and provider took pride in. One relative told us, "As soon as you walk in everyone smiles and says hello, everyone is welcoming."
- People felt they were treated equally and staff were respectful towards them. One person said, "We couldn't have it much better, they treat us well."
- People enjoyed laughing and sharing jokes with staff whom they formed bonds with.
- Care was provided at a calm and relaxed pace for each person. One person said, "The staff seem to be very kind, I'm happy with how they help me."
- Staff made sure people were comfortable and were responsive if people appeared to be in discomfort or pain.

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

- People were supported by staff to make informed decisions for themselves about their care and support. For example, one person was considering returning to their own home and was assisted by staff to consider their needs and how these could be met in their own home.
- People received kind, compassionate care when they were distressed, which supported their emotional wellbeing. One relative described how staff sat with their family member and comforted them when they were anxious and unwell.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. We observed staff knocking on people's bedroom doors and waiting for their response before entering.
- Staff respected people's preferences when they chose to spend time in quiet spaces or in their own rooms.
- People were encouraged to retain their independence and skills where possible. This included using a cycling machine or writing down information to support their memory needs.

Is the service responsive?

Our findings

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

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

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

- Staff were knowledgeable about people's life histories and used this information to personalise people's care and help them retain their sense of identity.
- People's care was evaluated and updated in response to any changing needs.

Meeting people's communication needs

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

- Staff ensured people had access to their communication aids, including hearing aids to help them understand information and be involved in their care planning.
- Staff explained information about people's medicines and visits from health professionals in an accessible way.

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

- Staff spent time with people on a one to one basis or in small groups reminiscing or discussing topics of interest to them.
- People benefited from family and friends visiting regularly. They formed links with other people's visitors, creating a family atmosphere.
- The service was well connected to the surrounding area. Religious services were held with members of the church that people had attended when they lived in their own homes. This enabled people to continue to be connected to their local community.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns or complaints.
- The registered manager spent time with people and their relatives and addressed any minor issues promptly. This prevented issues escalating to complaints. One person said, "The registered manager takes care of things and sees to things alright. I would tell them if I wasn't happy."

End of life care and support

- People were supported to have comfortable, dignified deaths, remaining at the service where possible.

- Relatives praised the end of life care staff had given to their family members and the support they had received. One relative told us, "The registered manager was absolutely wonderful, they were with [person] when they died and sat with her."
- Staff had received training in end of life care and used this knowledge to inform their care.
- Staff were aware of people's end of life wishes. However, care records would benefit from further information for staff to follow to ensure peoples wishes and preferences were met.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were put at risk of harm as the registered manager did not always have a clear understanding of regulatory requirements.
- The registered manager did not always understand the principles of good quality assurance or systems for driving improvement. They had not completed any recorded audits or reviews to monitor quality and safety within the service and identify areas for development.
- Roles and responsibilities were not clearly defined amongst the management team to ensure accountability.
- Breaches identified at the last inspection had not been fully addressed. We found continued breaches with health and safety checks, staff recruitment and shortfalls with staff supervisions and appraisals. The action plan the provider had developed had not always been followed to support improvements.
- The provider's systems were not always effective in monitoring quality and safety across the service. The provider had received extensive support from the local authority to review and improve quality assurance. This had not been fully embedded to drive improvement. Audits were not always reliable and had not identified the shortfalls we found.
- The provider did not always keep up to date with best practice and changes with legislation and guidance and recognise when their policies and procedure required updating. Therefore, management did not always have appropriate guidance on how to deliver safe care. For example, in areas such as medicines and staff recruitment.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- It was not always clear how people and relatives were involved in the running of the service, provided with updates or included in decision-making about the service.
- Staff were able to suggest changes to the service, which were listened to. One staff member told us, "We can say if things aren't working and tell management, things are then changed. The management are all approachable."
- Staff worked closely with other professionals for their advice, guidance and support on how to meet

people's needs.

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

- The provider was committed to providing care in a homely environment and supported people to live in the communities they had lived in throughout their lives.
- Staff shared the provider's values and identified the service as somewhere they would want their own family members to live.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager notified CQC of significant events that had happened in the service.
- When accidents and incidents occurred, family members were informed and provided with an explanation of what had happened.

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 17 HSCA RA Regulations 2014 Good governance (1)(2)(a)(b)(f) The provider did not have robust systems in place to assess, monitor and improve the quality and safety of the service and mitigate risks to service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed (3)(a) The provider had failed to implement and operate robust recruitment procedures to ensure staff were safe to work with vulnerable adults.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing (2)(a) The provider had failed to ensure staff had appropriate supervision and appraisal to enable them to carry out the duties they were employed to perform.