

Shaw Healthcare (Group) Limited

Spinneyfields Specialist Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Spinneyfields Specialist Care Centre is an intermediate and respite care service providing personal and nursing care for up to 51 people aged 65 and over.

The service provides short stay, intermediate and respite care services. To enable people recovering from surgery or illness to return to their own home or await a move to live at a more appropriate community setting, or to provide a break for carers. At the time of the inspection 29 people were using the service.

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

Staff supported people to maintain and regain their independence. To enable people to achieve the best possible outcomes.

People's needs were assessed to ensure they received safe care. Staff knew how to raise any concerns regarding people's safety. The registered manager ensured any safeguarding concerns were raised with the local authority safeguarding body and the Care Quality Commission (CQC).

People were supported by staff that were safely recruited and had the right skills and knowledge to provide care to meet their assessed needs. Staff were alert and responsive to changes in people's needs. They liaised with relatives and health professionals in a timely manner.

Staff supported people to take their prescribed medicines safely. They followed good practice infection control guidelines to help prevent the spread of infection.

People's health care and nutritional needs were carefully considered, and the relevant health care professionals were involved as required.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. Information about the service was made available to people in formats that met their communication needs.

Systems were followed to monitor the quality of care and support people experienced. The registered manager and the staff team acted on people's feedback to drive continual improvement in the service.

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

Rating at last inspection

The last rating for this service was Good (published 28/02/2017).

Why we inspected This was a planned inspection based on the previous rating.

Follow up We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Spinneyfields Specialist Care Centre

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 two inspectors and an assistant inspector.

Service and service type

Spinneyfields Specialist Care Centre is a short stay, assessment, rehabilitation and respite facility. People using the service receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was 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 seven people who used the service and two relatives about their experience of the care provided. We spoke with three health care professionals including a district nurse, a physiotherapist and the clinical facilitator. We also spoke with seven members of staff including care workers, a senior care worker, a registered nurse, the registered manager and the area manager.

We reviewed a range of records. These included four people's care records and five staff files in relation to staff recruitment. We reviewed records relating to staff training, supervision, safeguarding, complaints, accident and incidents and medicines management. We also looked at records relating to the management of the service, which included policies and procedures and quality assurance audits.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to recognise and report any concerns of abuse.
- Safeguarding concerns were referred to the local authority and to the Care Quality Commission (CQC).
- Safeguarding records confirmed that comprehensive investigations were completed, and appropriate action was taken to ensure people's safety.

Assessing risk, safety monitoring and management

- People had personal risk assessments in place for example, risk associated with poor nutrition, pressure area care and falls. The assessments and associated care plans detailed how the risks were to be effectively managed.
- Accidents and incidents were recorded and analysed, and action was taken in response to reduce the risk of repeat incidents.
- Fire system tests were routinely carried out. People had personal emergency evacuation plans (PEEPS) in place.
- Equipment used to move and support people to mobilise were routinely serviced by approved engineers.

Staffing and recruitment

- The staff recruitment files evidenced the provider carried out thorough background checks with previous employers and checks through the Disclosure and Barring Service (DBS). This ensured people were protected from being supported by unsuitable staff
- Staff were deployed in sufficient numbers. We observed staff responded timely to call bells.
- Staffing levels were regularly reviewed and responsive to the changing needs of the service. Agency nursing staff were used to infill nurse vacancies. The registered manager confirmed the skills and knowledge of agency nurses were checked. Any concerns regarding competency were brought to the immediate attention of the registered manager.

Using medicines safely

- Medicines were administered by trained staff.
- Procedures were in place and followed by staff regarding the ordering, receipt, storage and administration of medicines.
- Routine medicines audits took place to check staff continually followed the medicines policy and procedures.

Preventing and controlling infection

- All staff completed training on infection controls, including food handling and hygiene training. They followed good hygiene practice, and used personal protective equipment (PPE), such as disposable aprons and gloves.
- Hand sanitizer gels were available throughout the building for people, staff and visitors to use.
- Nursing staff closely monitored any changes in people's health conditions, this included monitoring people at risk of acquiring infectious illness, for example, detecting the early signs of sepsis.

Learning lessons when things go wrong

- A 'top to toe' assessment procedure had been introduced in response to falls. The falls policy had been updated to include that staff contact the emergency services in response to all unwitnessed falls.
- Accidents and incidents were regularly reviewed to identify causes, trends and themes, and strategies were put in place to reduce the likelihood of repeat incidents.

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

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

- The care assessments included people's choices and preferences in relation to all aspects of their care and treatment.
- The care plans were reviewed and updated when people's needs had changed.

Staff support: induction, training, skills and experience

- All staff completed mandatory induction training before they could provide care for people using the service.
- Staff spoken with confirmed the training provided equipped them with the knowledge they needed to fulfil their roles and responsibilities and to keep up to date with best practice guidelines. One staff member said, "I really enjoy working here, there is good communication, support and training, the team meetings are very in depth."
- Staff told us, and records showed staff received supervision regularly to discuss their work, further learning and development needs.

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

- People had their nutritional needs assessed. They told us they had a choice of hot and cold cooked food and their dietary requirements and individual preferences were met.
- Staff were knowledgeable of people's food and drink preferences and supported people to follow healthy diets. They monitored people's food and drink intakes and when required sought support and advice from the dietician or speech and language therapist.
- People were encouraged to eat their main meals in the dining areas, to reduce social isolation. However, staff respected people's choices as to whether they wanted to join others at mealtimes or preferred their meals brought to them in their rooms.

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

- People received advice and support from a team of healthcare professionals, such as the GP, physiotherapists, occupational therapists, speech and language therapist, and dietician. A healthcare professional said, "The manager is great, very supportive and open, they know the needs of the residents."
- Staff followed the advice of the healthcare professionals to ensure people received safe co-ordinated care and support.
- People received timely, coordinated, person-centred care and support when being discharged or moved between, different services.

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

- The service was purpose built and spacious, all areas were accessible for all people to use.
- The service facilitated rehabilitation, to promote independence. Some apartments had small kitchen areas, where people could prepare meals with staff support.
- Communal areas were used by people, visitors and family members.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- All staff received training on the MCA and DoLS principles.
- Mental capacity assessments identified people's capacity to make informed decisions about their care and treatment. The assessments were reviewed as part of people's ongoing care and support.
- Staff followed the MCA principles of seeking consent before they undertook any care or support and people were encouraged to do as much for themselves as possible.
- When required the provider followed the process for applying for DoLS authorisations.

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 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; equality and diversity

- People told us staff protected their privacy and dignity when providing their care. One person said, "I have been coming here on respite care for years and like it very much."
- The service accommodated people's preferences as to the gender of carers when attending to their personal care.

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

- People and their relatives all confirmed they felt fully involved in making decisions about their care.
- Staff knew about people's needs and preferences and supported people to make decisions about how they wanted their care and support provided.
- We heard staff speak to people in a kind and respectful way, and observed they gave people time to effectively communicate with them.

Respecting and promoting people's privacy, dignity and independence

- One person said, "The staff are lovely they can't do enough to help me." Another person said, "The staff are very friendly they come in and have a chat, they are like one of the family popping in."
- Staff understood their responsibility to ensure people's personal information remained confidential. Information was only shared with people involved in people's care and support.

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

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

- People's care plans gave sufficient detail on the care they required. They were reviewed regularly and updated to reflect people's changing needs. Changes to the care plan were communicated at staff handovers, to ensure daily that staff had up to date information regarding the level of care and support people needed.
- Staff were aware of the diverse needs of people using the service, and endeavoured to meet their cultural, and spiritual needs. For example, one care plan stated '[Name] likes to dress smart including wearing their jacket to dinner.'
- Support was provided for people to maintain and regain as much independence as possible. One relative said, "[Name] had a fall at home, before he goes home, the staff are doing exercises with him, they take him up and down stairs to strengthen his legs."

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.

- People's communication needs were assessed and information was provided in formats suitable to their needs.

Improving care quality in response to complaints or concerns

- The providers complaint procedure was given to people informing them how they could make a complaint. It was also on display within the service. People told us they would feel confident speaking with the registered manager if they had any concerns.
- Staff told us they could talk to the registered manager about any issues or concerns they had.
- Records showed that complaints were appropriately investigated.

End of life care and support

- This type of service did not provide end of life care. We spoke with the registered manager about exploring people's preferences and choices in relation to end of life care because a sudden death may occur. For example, ensuring people's records including information on their protected characteristics, culture and spiritual needs.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us they were happy with the care received at the service and felt they were kept informed about their care.
- There was a commitment to providing person centred care, based on the information received from people using the service and their relatives.

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

- Supervision systems were followed to ensure all staff were clear about their roles and responsibilities and understood the expectations of the service.
- Staff said they felt very supported by the registered manager and the senior team.
- The registered manager understood their responsibilities to meet regulatory requirements. Statutory notifications of deaths, other events and incidents at the service had been submitted to the Care Quality Commission (CQC) and the local authority, as required. The rating from the last inspection was displayed on the provider website and within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged in the service and how it was run. A relative commented, "The management were very helpful and informative."

We saw feedback was gathered about the people's experience of using the service and action was taken when required to further improve the service. Comments included: "Every member of staff that I have had contact with has been brilliant, I thank all of them for their care of my mother." And, "Everyone has been brilliant and so polite despite my frequent phone calls, thank you." And "This is a superb facility, which I would have no hesitation in recommending to others."

Continuous learning and improving care

- Comprehensive audits were undertaken in all areas of the service to assess the quality and identify where any further improvements could be made. These were overseen by a senior representative from within the organisation and action plans were put in place with timeframes for completion.
- Staff team meetings were used as a forum for staff to openly discuss any issues or areas for further improvement.

Working in partnership with others

- The registered manager and staff team worked in partnership with other professionals such as district nurses, GP's, social workers and commissioners to maintain and improve people's quality of life.
- The registered manager was realistic and assertive regarding the abilities of the service to meet individual's needs prior to admission.