

Longhurst Group Limited

The Spinney

Inspection report

Neath Court
Eye
Peterborough
PE6 7GH

Tel: 01733223950

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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

The Spinney is a domiciliary care agency and extra care scheme registered to provide personal care to people living in their own homes. The service supports older people some of whom were living with dementia, people with a sensory impairment, people with a physical disability, and people with mental health support needs. At the time of the inspection, 46 people were using the service of which 40 people received personal care.

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

Staff knew how to safeguard and how to support people to keep them safe. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practise. Enough skilled and suitable staff had been safely recruited. The service and the staff team took on board learning when things went wrong.

People were supported as much as practicable by a consistent staff team who they felt comfortable with. Staff knew people's assessed and current needs well and care plans were reviewed as soon as changes occurred. Staff had received the required training and ongoing support to help them maintain and improve their skills to fulfil their role and responsibilities. People said staff had the skills necessary to care for them well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said staff were caring and knew their needs and preferences well. Staff gave people privacy, treated them with dignity and respect, and helped promote people's independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs.

Monitoring and oversight of the service was effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. People came first and foremost, and they had a say in how the service was provided. The provider worked well with other organisations, to provide people with joined up care.

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 the service under the previous provider was Good, published on 01 December 2018. This service under its current provider was registered with us on 01 July 2019 and this is the first inspection.

Why we inspected.

This inspection was based on the service being unrated under its current provider's registration.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

The Spinney

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

This inspection was undertaken by one inspector.

Extra Care Housing:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The service is also registered to provide personal care to people living in their own home in the community

Registered Manager

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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 28 April 2022 and ended on 9 May 2022. We visited the office location on 4 May 2022.

What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We received feedback from one health professional and a member of the local authority safeguarding team. We spoke with 11 members of staff including the registered manager, the deputy manager, senior care staff and care staff. The deputy manager was responsible for the day to day running of the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, compliments, quality assurance processes and various policies and procedures.

After the inspection

We continued to seek clarity about incident reporting and actions taken.

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 under the previous provider this key question was rated as Good. At this inspection under the current provider 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 they understood how to keep people safe, identify and report any potential concerns. Staff took action when needed to help keep people safe.
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required and this helped keep people safe.
- Staff knew what signs, symptoms, or risks, of abuse to look out for and to whom they could report these to, such as the registered manager or the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management.

- Risks were identified and we found they were managed well such as, choking, malnutrition and people's home environment. One relative said, "The staff make sure they put everything in exactly the right place. My [family member] has (an impairment) and needs to know exactly where everything is."
- Staff understood how to provide care and support to people to reduce the potential of risks. Information in care plans about managing risk gave staff information based on people's needs, staff's training and guidance from health professionals.
- Staff worked safely by using equipment correctly and this helped reduce risks including choking, malnutrition or pressure sores had these prevented.

Staffing and recruitment

- A robust process was in place to help ensure there were enough staff who were suitable and safely recruited. However, people and relatives told us that some staff were less skilled than others and did not always stay for the time people's care was planned. One relative told us, "The regular staff team are amazing but when they are not there the care is hit and miss and they don't stay for the time we pay for." The registered manager and the deputy manager were aware of this and had introduced additional unannounced spot checks as well as regular reviews of care visit records.
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they had to provide previous employment references, photographic identity, proof of a right to work in the UK and evidence of good character. Records viewed confirmed these had been checked.

Using medicines safely

- Staff knew how to manage and administer medicines safely whilst promoting people's independence to

take their own medicines

- Staff received training and support to help ensure they were competent to safely administer medicines including liquid medication and the application of topical skin creams.
- Where staff had omitted to record when they had administered people's medicines or when they had been opened, audits and corrective actions were in place to help drive improvements. One person said, "[Staff] could not be kinder and gentler. They apply my [medicines] gently and exactly as required."
- Staff recorded the application of skin creams using a body map. The provider's medicines administration policy was in line with national guidance, such as for homely remedies and over the counter medicines. This meant staff only administered medicines where they had the prescription and guidance for doing this.

Preventing and controlling infection

- Staff were trained and supported to promote good standards of infection prevention and control (IPC). One person told us, "Staff are always wearing personal protective equipment (PPE). They don't leave it hanging around but put it in the bin or take it away with them."
- Staff followed government guidance about COVID-19 testing, supported the vaccinations available and wore personal protective equipment (PPE). They undertook effective handwashing and used PPE effectively. This helped prevent the risk of infection and cross contamination.
- The provider's IPC policy was up-to-date, and staff adhered to this, to minimise the risks of infections.

Learning lessons when things go wrong

- The registered manager supported staff to learn when things went wrong. For example, wearing the right PPE and recording medicines administration correctly. This helped reduce the risk of reoccurrences.
- Staff were reminded of their responsibilities and other actions were taken if there was a repeat of any incidents. One staff member told us, "Staff are good at telling us if they forget tasks such as to empty the leg catheter bag. We then act on this straight away so we can make sure people have their care but I then remind those staff of their responsibilities."
- The registered manager used a positive approach to improving staff performance and shared more general learning through a staff phone text messaging service group, staff meetings or supervisions. They told us that if any trends were identified, such as any person requiring out of hours support, this would result in a review of the person's care and sharing the changes with staff.

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 under the previous provider this key question was rated as Good. At this inspection under the current provider 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 registered manager in association with the scheme's manager assessed people's needs prior to providing care and support. The registered manager told us, "I only accept those people who need personal care where we can meet their needs. With the [scheme's manager] we undertake a full assessment including the suitability of the accommodation, accessibility and if we need to train staff with any new skills." This helped inform people's care planning and the delivery of it.
- The registered manager kept up to date with current guidance and ensured that this was shared with the staff team. Guidance was implemented into policies and staff training. For example, medicines administration in the community and the use of equipment for people's repositioning.
- The registered manager supported staff with guidance and knowledge based on people's needs. One staff member told us of their skills at caring for people with dementia. The staff member said, "I help people to dress by offering a few different items and ask them what do you think about it? If they don't respond favourably I pick and show another one."

Staff support: induction, training, skills and experience

- Staff received support and training in areas relevant to their roles, such as medicines administration, food hygiene, dementia awareness, moving and handling and how to communicate with people who have a sensory impairment.
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff received an induction to the service. This involved working with more experienced staff to get to know people before they worked alone. One staff member told us, "I have supervisions face to face, and they are done by the [Extra care] deputy manager or a senior staff member. I get to say what support I need."
- One relative said, "Some [staff] don't seem to know what to do. I either tell them or do (the care) myself. The regular staff team though are amazing. They know how to communicate with my [family member]. This means I know their views are considered and acted on." The deputy manager told us those staff involved would be given further support.

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice around their meals.
- Relatives were positive about the way that people were supported to eat healthily. One relative said, "My [family member] likes to use the scheme's (externally run) restaurant at lunch but has a sandwich made by

staff in the evening."

- Records were in place for people at an increased risk of malnutrition including adhering to health care professionals guidance about food and fluid intake. One person praised their regular staff team for making them their favourite drink in a way the person preferred.

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

- People were supported to see health professionals, such as community nurses and GP's when needed. All people and relatives we spoke with felt confident that staff knew when to request emergency or other healthcare support.
- Incident records showed how staff had responded to people falling or concerns about pressure sores. A relative said, "[The staff] have made a difference to our [family member's] wellbeing and health. They aren't losing any more weight and seem very settled."
- The registered manager worked closely with various health professionals. Guidance from them including community nurses and speech and language therapists had been effectively adhered to.
- Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care. A relative told us how good staff were at responding to a situation where they had to involve a GP. The relative said, "[Family member] ended up having to have a specialist chair after the incident and this helped them to be more independent."

Ensuring consent to care and treatment in line with law and guidance

The MCA provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways, so their choices were respected.
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests. A relative said their family member did not have an oven in their flat as it would not be safe and this was in the person's best interests.
- Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people. One staff member told us, "I always assume people can answer me and allow them to make choices. I can help give choices by showing people, or I could explain what to eat, such as toast, a variety of cereals or eggs and bacon."

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 under the previous provider this key question was rated as Good. At this inspection under the current provider 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

- The registered manager and staff team ensured as far as practicable that people had a consistent staff team or regular care staff for their care visits.
- Most people and relatives were positive about the care and support provided. However, some people either refused care from non-permanent staff or found that they did not know how to support people. In addition, care plans did not always contain sufficient details about how staff could communicate with people or how to support people.
- One person told us their regular care staff team were good but not all other staff had learned to communicate effectively unless they were assisted. The person said, "[Staff] try their best and I am always there to offer a few pointers." Another person told us they had got tired of telling non-permanent staff what care was needed. This meant there was a risk of some people being excluded from conversations or their care not being respectful. The registered manager told us they would add more details to care plans and provide staff with additional training.
- People and relatives described the compassion permanent staff showed when providing care and being respectful. One relative said staff tried different strategies to provide compassionate care but also respected people's choices if they refused care. A relative told us how good staff were at encouraging conversations with their family member and frequently having a laugh with them or responding in a respectful way.
- Staff in the main treated people with kindness and respected their choices. One relative told us their family member was cared for with compassion and respect and how they responded well to staff. Staff told us they would speak with people at eye level, provide appropriate care and support and always listening to what people said.

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

- People were offered choices in their day to day support. For instance, with regard to the gender or age range of care staff. One relative said, "I was involved in determining my [family member's] care and support needs and am happy with the care plan."
- People felt involved in decisions about their care. One person said, "I have been involved in planning my care. It was increased after [operation]. Staff do the nice little things and they have managed to get me walking again with a walking aid. I couldn't have done it with their help encouraging me to do my exercises."
- People and their relatives said in the main that care was being provided as agreed, and changes in people's needs resulted in care plans being amended. Staff told us they were made aware of these changes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives, enabled them to do things at their own pace and at a time they chose to. Staff did this politely, respectfully and gave people time in private when people wanted this.
- Staff supported people to retain, or gain further, independence. One person said, "Staff do promote my independence and they do they do what I ask." A relative praised the service for enabling access to an advocacy specifically for [disability]. This meant the person could live a more independent life and enjoy shopping or their favourite TV programme.
- Staff respected people's privacy and dignity, closed curtains and doors and kept people's information confidential. One staff member said, "I am always on hand to pass items. I help in a way people feel they matter and do as much as they can for independence. I help with the areas people can't reach."

Is the service responsive?

Our findings

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

At the last inspection under the previous provider this key question was rated as Good. At this inspection under the current provider 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 knew how to respond to the finer points of people's lives based on individual preferences. For example, people's favourite drink, preferred toiletries and being respectful about people's sense of humour. Some staff's daily notes did not always include information about the care provided and this limited the potential to highlight what worked well. For example, 'had a chat', but with no further detail about what this was about. The registered manager told us they would remind all staff to be more detailed.
- People and relatives were positive about the support provided. One relative told us they were very pleased their family member had settled in so well, made several friends and how polite and kind staff were. Staff were respectful of people including having general conversations about similar interests, such as pets.
- People's care plans included appropriate information and regular care staff were knowledgeable about them, including people's favourite meal and the time people needed repositioning to prevent pressure sores.
- A health professional praised staff for adhering to their guidance and ensuring eating and drinking was safe. One staff member told us, "Care plans do tell you enough about the person, such as mental capacity, if people can eat on their own or with added thickeners in their drinks. There was one person who wouldn't take their medicines so I said they might feel poorly they didn't take them. This helped them understand why they needed to take them which they did." This meant people's needs were met in a person-centred way.

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 were supported to communicate in various ways, such as using a relative's or advocate's support if necessary. This also included staff giving people as much time as needed to be understood. People who were not able to communicate verbally had support in their best interests. A staff member told us how they knew if a person wanted support with a mobility aid or if they chose to be independent.
- Staff in the main knew how to communicate with people and training was being organised to support staff to improve further in this area. One relative praised the consistent staff team but felt non-permanent staff needed to be shown the ropes. A staff member told us, "People tell you things in different ways. It can be verbal, body language or facial expressions, e-mails or whatever works best for the person."

- Policies and procedures, such as those for complaints and compliments were available in accessible formats as required. The registered manager was aware of when to provide information to people or staff in an alternative format such as larger print if needed.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable to raise any concerns, and compliments were used to identify what worked well. One person's compliment had praised the provider for resolving a complaint to their satisfaction.
- There was a complaints procedure in place, and the provider had adhered to this when resolving and acting on concerns. A relative told us they had never had to complain but when minor concerns had been raised, these were addressed effectively.
- Complaints were analysed for any potential trends. If needed, lessons were learnt to prevent recurrences.

End of life care and support

- People were supported, where needed, to make end of life decisions such as to stay at home, have support for pain and anxiety and to maintain dignity.
- The deputy manager liaised with the registered manager when people were in need or identified as needing end of life care. The management team and staff ensured people's choices, religious beliefs and values were respected. One relative's compliment praised staff for all the comfort they had given the family knowing the person was being cared at a difficult time.
- The registered manager involved health professionals as soon as the need arose and supported relatives with bereavement. Staff adhered to end of life decisions about resuscitation or emergency healthcare and people's nutrition. One relative said they had discussed this, but their family member wanted to be resuscitated. Records reflected this decision.

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 under the previous provider this key question was rated as require improvement. At this inspection under the current provider this key question had improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood when to notify us about incidents occurring and also when to report these to the local safeguarding team. They took action to keep people safe. They said, "I oversee incidents, and these are passed through the team leader. Once submitted I get to see these as I have to sign them off." They also checked records to make sure incidents were reported to the CQC.
- The registered manager was supported by a deputy manager who was responsible for the day to day running of the service. The registered manager provided oversight of the service by reviewing various records as well as observing staff and other monitoring including unannounced spot checks on the staff team. This was to ensure staff were upholding the provider's values.
- Areas monitored included feedback from people, complaints and reviews of various records. The registered manager acted promptly about improvements when needed. For instance, by only providing personal care to people where there was enough staff.
- The registered manager understood the need to be open and honest when things went wrong. For example, if people's care visits were shorter than planned or if staff had not recorded when medicines were first opened. Action taken included reminding staff of their responsibilities. One person said, "I did complain about a staff member and they haven't been back since. Everything is good now though." A relative told us, "There has been medicines errors several weeks ago but have not occurred since."
- Staff were clear about their roles and explained these to us in detail. One staff for instance, was able to describe a person's mobility, with two staff members and safe use of all equipment involved.

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

- The registered manager and staff team were passionate about supporting people to have as meaningful life as much as possible. Staff spoke with enthusiasm about how they supported people now and their plans for the future. One staff member was proud to have helped people regain independence as well as how they used strategies to prevent people making unwise choices.
- A consistent theme throughout our inspection was that all people and relatives would recommend the service. Staff also felt very supported to be open and would recommend the service as a good place to work. One staff member said, "I generally get support from the deputy manager but I have the [registered] manager's contact details."

- Relatives spoke about the caring attitude of the permanent staff and management team and how effective their responses had been. One relative told us their family member had regular care staff and that agency care staff had been good too. The relative said, "We mostly have one permanent staff to help with [equipment]. The staff encourage [family member] to stand to help keep some independence."

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

- People were involved in aspects of their support including day to day discussions with staff. Relatives feedback about the service was sought through daily care visits and contact with the management team.
- Staff felt well supported and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board.
- One person told us how the service responded to ensure they had their favourite drink. The person said, "The staff are mostly very good. I am happy and trust regular care staff and appreciate what they do for me they know how I like my tea."

Continuous learning and improving care

- The registered manager recognised when they needed support. They were in the process of mentoring the deputy manager to take over as registered manager. This would enable better oversight and issues being acted on quicker. They used feedback from various sources to identify what worked well and what needed improving.
- People's views were sought in a way they could best be listened to such as in writing, by telephone, e-mail, text messaging, or a visit in person. One feedback stated how satisfied a relative was that their family member had care that was kind, professional and reliable.
- The registered manager took action to improve the service based on the findings of their monitoring processes. For example, they had an action plan of what improvements were needed and where actions had been effective. They had plans to introduce an electronic care planning system to improve monitoring.

Working in partnership with others

- The registered manager and staff team worked well with health professionals and other organisations such as safeguarding authorities to support good outcomes for people. A proactive approach helped ensure better outcomes for people. One contractor responsible for the maintenance of people's homes had complemented management staff for support to access people's homes to resolve issues.
- A health professional had praised the registered manager for ensuring guidance to keep people safe was adhered to and reviewed when needed.
- One relative told us the involvement of a health professional and occupational therapist had enabled their family member to regain lost independence and have the right equipment to continue with this.