

Mrs Carol Mary Leggett

Spring Cottage

Inspection report

Stone Moor Bottom
St John's Road
Padiham
Lancashire
BB12 7BS

Website: www.springcottagescare.co.uk

Date of inspection visit:
26 September 2016
27 September 2016
14 October 2016

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13 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We carried out a comprehensive inspection of Spring Cottage on 26 and 27 September and 14 October 2016. The first day of the inspection was unannounced.

Spring Cottage provides care and accommodation for up to 24 older people. Accommodation is provided over two floors and there is an outside accessible enclosed garden. The home is located in Hapton near Burnley in East Lancashire. At the time of this inspection there were 20 people living at the home.

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission (CQC) since 2010. A registered manager is a person who has 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 service was last inspected on 24 April 2014 and was found compliant in all areas inspected.

Some people we spoke with were happy with staffing levels at the service. However, others told us there were sometimes delays in staff responding to them. Many people living at the home felt that staff were often busy and did not have time to speak with them.

People living at the home felt that they received safe care. Relatives also felt that people were kept safe at the home.

There were appropriate policies and procedures in place for managing medicines and we observed staff administering people's medicines safely.

Records showed that staff had been recruited safely. The staff we spoke with understood how to safeguard vulnerable adults from abusive practice and what action to take if they suspected abuse was taking place.

People told us they felt staff were able to meet their needs. We found that staff received an appropriate induction and effective training when they joined the service.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had taken appropriate action where people needed to be deprived of their liberty to keep them safe. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People living at the home and their relatives were happy with quality of the food provided. They told us they had lots of choice.

We received positive feedback about standards of care at the home from community healthcare

professionals who were involved with the service.

People told us their care needs had been discussed with them and they were involved in decisions about their care.

We observed staff communicating with people in a kind and caring way. People told us staff respected their privacy and dignity and encouraged them to be as independent as possible.

We received mixed feedback about activities at the home. Not everyone living at the home was aware of the activities available and some staff felt that activities could be improved.

We saw evidence that the registered manager requested annual feedback about the service from people living at the home and their relatives. A high level of satisfaction was expressed about standards of care at the home. The registered manager planned to introduce more regular ways of gathering people's opinions about their care and any suggestions for improvement.

People told us they thought the home was well managed and organised. They felt that the registered manager was approachable.

The registered manager carried out regular checks to ensure that appropriate standards of care and safety were maintained at the home.

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.

The registered manager followed safe recruitment practices when employing new staff.

We received varied feedback about staffing levels at the service. Some people and relatives were happy with staffing levels. However, some people told us there were sometimes delays in staff responding to them when they needed support.

Appropriate medicines policies and procedures were in place and we observed staff giving people their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received an appropriate induction and effective training. People felt that the staff who supported them were well trained and were able to meet their needs.

People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications were submitted to the local authority.

People were supported appropriately with nutrition and hydration and their healthcare needs were met. We received positive feedback from community healthcare professionals about standards of care at the home.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were caring. We observed staff supporting people with respect and compassion.

People told us staff respected their privacy and dignity and we saw examples of this during our inspection.

People told us they were encouraged to be as independent as possible and staff provided support to them when they needed it. Equipment was available which supported people to be independent.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and their needs were reviewed regularly.

There was a policy in place for the management of complaints. We found evidence that complaints were being managed appropriately. People told us they would raise concerns if they had any.

Some activities were provided at the home. However, not everyone was clear about what activities were available and some staff felt they could be improved.

The service provider sought feedback from people living at the home and their relatives through annual satisfaction questionnaires. A high level of satisfaction was expressed about standards of care at the home.

Is the service well-led?

Good ●

The service was well-led.

People living at the home and their relatives felt the home was well managed and organised.

Staff found the registered manager approachable and supportive and felt able to raise any concerns.

We found evidence that the registered manager completed regular checks to ensure that appropriate levels of care and safety were maintained.

Spring Cottage

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 was 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.

The inspection took place on 26 and 27 September and 14 October 2016. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector 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.

Prior to the inspection we reviewed information we held about the service including complaints, concerns, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports. We spoke with one visiting community health professional during our inspection and contacted a further four community health agencies who were involved with the service for their comments following our inspection, including a district nursing team, dieticians and speech and language therapy service. We also contacted Lancashire County Council contracts team for information.

During the inspection we spoke with eight people who lived at the service and three visitors. We also spoke with three care staff, the deputy manager and the registered manager. We observed staff providing care and support to people over the three days of the inspection and reviewed the care records of three people who lived at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits of quality and safety completed and fire safety and environmental health records.

Is the service safe?

Our findings

The people we spoke with told us they felt the staff at the home kept them safe. One person commented, "There is always someone to help. I can get to my buzzer and someone comes". However, three people told us that staff did not always come as quickly as they would like. The relatives we spoke with felt that people were kept safe at the home.

We looked at the staffing arrangements at the home. The registered manager informed us that from 7.30am to 10pm daily there were two care staff and one senior carer on duty. At night from 10pm to 8.30am there were two staff on duty. The registered manager told us that agency staff were not used at the home, as any periods of staff leave or sickness were covered by other staff.

We spoke with four people living at the about the staffing levels. Two people were happy with staffing levels at the home. However, two people we spoke with felt there were not enough staff on duty at the home and three people commented that there were sometimes delays in staff responding when they needed support. Seven people living at the home felt that staff worked hard, were very busy and did not have time to talk with people for long. The three relatives we spoke with were happy with staffing levels at the home.

One member of staff we spoke with felt that staffing levels at the home were appropriate. However, two staff felt that an extra member of staff was needed during the day to meet people's needs in a timely way and to give staff time to speak with people without feeling rushed. During our inspection visits we observed that staff responded to people's needs quickly. However, we noted little interaction between staff and people living at the home other than when specific support was being provided, such as support with meals or moving around the home.

We looked at whether people's medicines were managed safely. The home had a detailed medicines policy which included information for staff about ordering, storage, administration, errors, disposal and recording. There were effective processes in place for the ordering, receipt and storage of medicines. We found evidence that the temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised.

We watched some people being given their medicines and saw that people received their medicines safely and were not rushed. Staff who administered medicines had completed up to date medicines administration training. We looked at the medicines administration records (MARs) for three people living in the home and found they had been completed appropriately by staff. MARs documented people's allergies and their GP and included prescribed creams and inhalers and 'as required' medicines. Records showed that the registered manager reviewed MARs weekly to ensure that they had been completed appropriately by staff.

The people we spoke with told us they received their medicines when they should.

We looked at how the service safeguarded people living at the home from abuse. Records showed that that

86% of staff at the home had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. The contact details for the local authority safeguarding vulnerable adults' team, CQC and Lancashire police were included.

We looked at how risks to people's health and wellbeing were managed. We found detailed risk assessments in place including those relating to falls, moving and handling, nutrition and pressure sores. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were reviewed monthly or sooner if there was a change in the level of risk.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. The records were completed appropriately and were signed and dated by staff. Information included the action taken by staff at the time of the accident. We noted that accidents forms were not signed by the registered manager. The registered manager advised that she reviewed accident records regularly and would ensure that she signed them in future to demonstrate this.

Records showed that 95% of staff had completed up to date moving and handling training. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two written references had been obtained. These checks helped to ensure the service provider made safe recruitment decisions.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty during our inspection visits and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We found the home generally clean. However, during one of our visits we noticed a strong odour in one person's room and raised this with the registered manager, who took immediate action. Infection control policies and procedures were available, including those related to personal protective equipment and effective hand washing. Protective clothing, including gloves and aprons were available and were used by staff appropriately. Records showed that 91% of staff had completed up to date infection control training.

During our initial visits on 26 and 27 September 2016, we found that paper towels were not available in communal toilets and bathrooms or in people's rooms and liquid soap was not always available. We discussed this with the registered manager who agreed to have paper towel dispensers installed. We visited again on 14 October 2016 and found that paper towels and liquid soap were available in all communal bathrooms and toilets and in people's rooms. This ensured that people living at the home had access to appropriate facilities and that staff were able to wash their hands before and after delivering care to help prevent the spread of infection.

Records showed that 91% of staff had received training in food hygiene and we noted that in July 2016 the Food Standards Agency had awarded the service a food hygiene rating of 5 (very good). This meant that processes were in place to ensure that people's meals were prepared safely.

Environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. Records showed that equipment at the service was safe and had been serviced and portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. This helped to ensure that people received care in a safe environment.

We noted that 95% of staff had completed up to date fire safety training. Fire risk assessments had been completed and there were personal emergency evacuation plans in place for people living at the home. There was evidence that the fire alarm and emergency lighting, which would be activated if the normal service failed, were tested regularly. Records showed that 45% of staff had completed first aid training. This helped to ensure that people living at the service would be kept safe in an emergency.

Is the service effective?

Our findings

Everyone we spoke with who lived at the home told us they liked the staff and felt that the staff were able to meet their needs. Relatives were also happy with staff at the home and told us they were competent and well trained.

Records showed that when staff joined the service they completed an induction programme which included training in safeguarding adults from abuse, moving and handling, infection control and health and safety. The staff we spoke with told us that as part of their induction, they had been given the opportunity to observe staff and become familiar with people's needs before becoming responsible for providing their care. This helped to ensure staff provided safe care and were able to meet people's needs.

There was a training plan in place which identified training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, most staff had completed training in confidentiality and dementia awareness.

Records showed that staff received regular supervision. The staff we spoke with confirmed this to be the case and told us they felt able to raise any concerns during supervision sessions.

Staff told us that verbal and written information was handed over between staff prior to shift changes. We reviewed handover records and noted they included information about people's personal care, pain levels, meals, mood, refusals of care and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded. This helped to ensure all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was good.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

MCA and DoLS policies, procedures and guidance were in place. The staff we spoke with understood the main principles of the legislation, including the importance of gaining people's consent when providing

support and respecting people's decisions to refuse care. During our inspection we observed staff supporting people sensitively when they were upset or confused.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with moving from one place to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We looked at how people living at the service were supported with eating and drinking. The people we spoke with were happy with the meals provided at the home and told us there was plenty of choice. One person told us, "They always check you've got something to drink".

We observed lunch and saw that dining tables were set with table cloths, place mats and condiments. The meals looked appetising and hot and the portions were ample. Adapted crockery and cutlery was available to enable people to eat their meals independently. We saw that people were given the time they needed to eat their meal and noted that people were able to have their meal in their room if they preferred to. We noted that there was a radio on in the kitchen and could hear staff chatting with each other. By contrast, there was no background music in the dining room and people did not converse with each other.

We noted during lunch that there was little interaction between staff and people living at the home, other than when serving meals or drinks or clearing the tables. We observed two staff members supporting two people individually with their meals and saw that due to the seating arrangements, the staff had to stand when providing support. We discussed this with the registered manager who acknowledged that this practice did not respect people's dignity and she assured us that seating would be arranged in a way in future which ensured that staff were able to sit with people when supporting them with their meals.

People's care plans included any dietary requirements, including when people needed soft or pureed meals or finger food. Records showed that appropriate professional advice and support, such as referral to a dietician, had been sought when there were concerns about people's weight loss or nutrition.

We looked at how people were supported with their health. People living at the service told us their health needs were met and that a doctor visited the home regularly. One person told us, "The nurse comes if needed". The registered manager told us that a specialist nurse practitioner visited the home twice a week and we were able to speak with the nurse during our inspection. We found that care plans and risk assessments included detailed information about people's health needs.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses and community mental health teams. We found healthcare appointments and visits were documented. This helped to ensure people were supported appropriately with their health.

We did not receive any concerns from the community healthcare agencies we contacted for feedback about the service. One agency told us, "It is a relaxed, calm and organised home. The staff know the residents' risks and needs well and follow any instructions about care that they're given".

Is the service caring?

Our findings

Everyone we spoke felt that the staff at the home were caring. Comments we received from people living at the home included, "The staff are nice" and "The staff are very kind to me". The relatives we spoke with felt that staff were caring towards their family members.

During the inspection we observed staff supporting people at various times and in various places around the home. We saw that staff communicated with people in a kind and caring way and were patient and respectful. Where people had mobility issues, staff ensured they were given the time they needed to move around the home safely and were not rushed. Where people needed prompts or encouragement, for example with their meals, staff provided this sensitively.

The atmosphere in the home was generally relaxed and conversation between staff and the people living there was often light hearted and friendly. It was clear that staff knew people's needs, preferences and personalities well.

People told us they were involved in decisions about their care and could make choices about their everyday lives. They told us they could get up in the morning and go to bed at night at a time that suited them and had plenty of choice at mealtimes. We noted that two people living at the home had their dogs living with them. One dog was seen to have free access around the home and its owner told us, "She knows her way around. I wouldn't have come to the home if I hadn't been allowed to bring her".

Most people we spoke with told us they had been involved in their care plan. However, two people could not remember whether their care plan had been discussed with them. One person told us, "I've signed several care plans, I've been here many years".

People told us they were supported to be as independent as possible. One person explained that they needed a straw to drink independently and staff made sure this was always available. We noted that appropriate equipment was available to support people to maintain their mobility and independence.

People living at the home told us staff respected their dignity and privacy. We observed staff knocking on bedroom doors before entering and explaining what they were doing when they were providing care or support, such as administering medicines, supporting people with their meals or helping people to move around the home.

People told us they received support with personal care when they needed it. The staff we spoke with told us that people received regular support with personal care and we noted during our inspection that people looked clean and comfortable in what they were wearing.

We saw that information about local advocacy services was included on the notice board in the downstairs corridor. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

The people we spoke with felt that their needs were being met at the home. However, three people told us there was sometimes a delay in staff responding to people's needs.

Records showed that pre-admission assessments had been completed prior to people coming to live at the home, to ensure that the service could meet their needs.

The care plans and risk assessments we reviewed were individual to the person. They explained people's likes and dislikes as well as their needs and how they should be met. Information about people's interests and hobbies was included. People told us their care needs were discussed with them, which helped to ensure staff were aware of how people liked to be supported. They told us their care needs were reviewed regularly and we found evidence of this. We noted that relatives had been consulted where people lacked the capacity to make decisions about their care.

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment; they could move around the home freely and choose where they sat in the lounges and at mealtimes.

During our inspection we saw that staff were able to communicate effectively with the people living at the home. People were given the time they needed to make decisions and respond to questions from staff. Staff spoke clearly and repeated information when necessary. When people were upset or confused staff reassured them sensitively and gave them the information they needed to make decisions. Conversation between staff and people living at the home was often light hearted and friendly.

We looked at the availability of activities at the service. Six out of eight people that we asked told us they were not aware of activities taking place in the home. One person told us they participated in some of the activities and another person told us that activities took place but they were unable to participate in some of them. The staff we spoke with told us that activities including bingo, crafts, cards and dominoes took place three or four times a week. However, some of the staff we spoke with felt that activities could be more varied and felt that there was a lack of suitable activities for some of the people at the home, including people living with dementia. We observed some people participating in Christmas decoration making during our inspection.

We discussed the feedback we received about activities with the registered manager. She told us she would ensure that everyone living at the home was made aware of what activities were available and would speak with staff about improving the range of activities on offer at the home.

A complaints policy was available and included timescales for investigation and providing a response. Information about how to make a complaint was included in the service user guide. Contact details for CQC and the Local Government Ombudsman were also included.

We reviewed the complaints received in 2016 and saw evidence that they had been addressed and responded to within the timescales of the policy. We noted that the home did not have a process in place for the management of minor concerns. We discussed this with the registered manager who informed us that this would be introduced following our inspection.

The people we spoke with told us knew how to make a complaint and would feel able to raise concerns if they had any. They told us they would speak to the senior staff or the registered manager if they were unhappy about anything. None of the people living at the home that we spoke with had made a complaint. Relatives were also clear about how to make a complaint about the service.

The registered manager showed us a collection of thank you cards that had been received by the service. Comments included, "To all the wonderful carers, just wanted to say thank you so much for looking after my mum with such care and compassion" and "To all the staff, many thanks for the excellent care given to my dad".

We looked at how the service encouraged feedback about the care being provided. The registered manager informed us that satisfaction questionnaires were given to people and their relatives yearly to gain their views about the care being provided. We reviewed the results of the questionnaires issued to people living at the home in September 2015 and saw that 19 people had responded. We noted that a high level of satisfaction had been expressed about most issues including the standard of the accommodation, staff's ability to meet people's needs, meals at the home and people's choices around personal care. Few suggestions for improvement were made but these included one person commenting that 'more entertainment' was needed at the home and another person that they wanted 'longer to talk to staff'.

We reviewed the results of the relatives questionnaire issued in 2015 and again noted a high level of satisfaction with standards of care at the home. No concerns were expressed or suggestions made for improvement. The registered manager told us that this year's satisfaction questionnaires had just been issued to people and their relatives.

We asked people living at the home if they were encouraged to provide feedback about their care. Comments included, "They don't know what you think about anything" and "There are no meetings. Staff ask if you're alright".

People told us that residents meetings did not take place at the home. We discussed this with the manager who told us that the last residents meeting was held over two years ago. She advised that it had proved difficult to engage people in the meetings and a decision had been made to stop holding them. However, she acknowledged the importance of gaining regular feedback from people living at the home and advised that she would introduce regular documented one to one meetings with people living at the home to find out how they felt about their care and gather any suggestions for improvement.

Is the service well-led?

Our findings

All of the people we spoke with who lived at the home felt the home was well managed. They told us, "Staff follow routines and know what they're doing" and "Staff give people time when they're supporting them". Relatives were also happy with the management of the home.

During our visits we found the home to be calm and organised. Staff seemed to be clear about their roles and responsibilities and people were supported by staff in a professional and patient way.

The registered manager informed us that staff meetings usually took place every six months but due to staffing issues, the last staff meeting had taken place in June 2015. The staff that we spoke with confirmed that it had been over a year since the last meeting. The registered manager told us that a staff meeting would be held following our inspection to share the outcome with staff and to discuss future actions and staff meetings would then take place quarterly. We reviewed the notes from previous staff meeting and noted that issues addressed included standards of care, infection control, using people's preferred names, medicines and the importance of reading people's care plans to ensure staff remain up to date with people's risks and needs.

All of the staff we spoke with felt that the service was well managed and organised. They told us that the registered manager and the deputy manager were approachable and supportive and they felt able to raise any concerns. One staff member told us, "I can go to the manager if I need anything. Another said, "I can raise concerns at any time. I feel well supported".

The registered manager informed us that satisfaction questionnaires had been issued to staff in the past. However, she was unable to find them or the outcome of them at the time of our inspection. She advised that questionnaires would be issued shortly after our inspection to ensure that staff were given the opportunity to feedback about standards of care at the home and make any suggestions for improvement.

A whistleblowing (reporting poor practice) policy was in place and included the contact details for CQC. Staff told us they felt confident about using the policy if they had concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring the standard of care provided at the service remained high.

During our inspection we observed that people and their visitors felt able to approach the registered manager directly and she communicated with them in a friendly and caring way. We observed staff approaching the registered manager for advice or assistance and noted that she was supportive and professional towards them.

We noted that the registered manager audited medicines administration records (MARs) weekly to ensure that they were completed appropriately by staff. Records of people's baths and showers were also kept and we saw evidence that the registered manager checked these regularly to ensure that people received appropriate support with personal care.

A business continuity management plan was in place which documented the action to be taken if the service experienced a loss of such as gas, electricity or water or disruption due to severe weather conditions. This helped to ensure people were kept safe if the service experienced difficulties.

We noted that the service had achieved Investors in People accreditation in 2013. Investors in People provide a best practice people management standard, offering accreditation to organisations which adhere to the Investors in People framework.

Our records showed that the registered manager had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. A notification is information about important events which the service is required to send us by law.