Hicare Limited

Spencefield Grange

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

We carried out an unannounced inspection of Spencefield Grange on 1 September 2015. We found people's care needs and risks were not always assessed or reviewed regularly. The care plans we looked at were not up to date and lacked sufficient information for staff to support people safely. The management, administration and recording of medicines were not always safe. The provider did not always follow the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards where people were unable to give their consent. The provider could not effectively monitor the quality of care provided consistently because some audits and quality checks we looked at were not always carried out to improve the service provided. The service did not have a registered manager in post although a manager had been appointed. We issued requirement notices as the provider was in breach of legal requirements. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

This inspection took place on 10 August 2016 and was unannounced. At the time of our inspection there were 50 people in residence.

This report covers our findings in relation to the breach and other areas that required improvements at our last inspection visit. It also covers related information gathered as part of this inspection visit. You can read the report from our last comprehensive inspection visit, by selecting the 'all reports' link for Spencefield Grange, House on our website at www.cqc.org.uk

A registered manager was in post. 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.

People's care needs were assessed including risks to their health and safety. Plans had been put into place where potential risks were identified along with clear guidance for staff as to their role in promoting people's safety. Care plans were updated and centred on people's needs, which included the measures to help promote their safety and independence. Care plans provided staff with clear guidance about people's needs which were monitored and reviewed regularly.

People received their medicines at the right times. We found there was clear guidance for staff to follow and the systems to store, manage and administer medicines safely were safe.

People felt safe at the service. Staff were trained in the safeguarding procedure and understood their responsibility in protecting people from the risk of harm.

People lived in an environment that was safe, which people could use safely and promoted the lives of people living with dementia. The premises and equipment were routinely serviced and maintained.

People told us they were provided with a choice of meals that met their dietary needs and preferences. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

People's consent had been appropriately obtained and recorded. Staff understood the principles of the Mental Capacity Act and made appropriate referrals to the local authority when people had been assessed as being deprived of their liberty.

Staff were recruited in accordance with the provider's recruitment procedures. People's needs were taken into account to ensure there were sufficient numbers of staff to promote their safety and wellbeing. Staff were supported through regular supervisions and meeting to ensure they had the knowledge and skills to support people.

Staff received support and guidance from the registered manager, through supervision and meetings. Staff confidence and knowledge has increased through the provision of further training, which has increased their confidence and knowledge in the support of people.

People told us staff were kind and caring towards them. Staff knew how to support people living with dementia and recognised when people used non-verbal communication to express how they could be feeling. People had developed positive relationships with staff and were confident that they would address any concerns or complaint they might have.

People were involved and made decisions about their care and support needs. Care plans were focused on the person and incorporated advice from health and social care professionals. People's care records were organised and easily accessible to review people's care needs. People were supported to maintain their independence and take part in hobbies, activities that were of interest to them and observe their faith.

The views and opinions of people who used the service, their relatives and staff were sought in a number of ways including meetings and surveys. Staff felt supported by the management team and understood their role and what was expected of them in providing quality care to people who used the service.

People were confident in how the service was managed and the abilities of the management team to ensure the service provided was effective. The provider monitored the quality of care effectively. That helped to assure people who used the service, their relatives and the provider that the quality of care provided at Spencefield Grange was monitored and people's views influenced the development of the service.

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.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely to promote their independence. People received their medicines at the right time, and medicines were stored and managed safely.

Safe staff recruitment procedures were followed. Sufficient numbers of staff were available to keep people safe.

Is the service effective?

Good

The service was effective.

People were supported by staff that were trained and supported to provide the care and support people required.

People's consent to care and treatment was sought and their care plans showed the principles of the Mental Capacity Act were used. People were encouraged and supported to make decisions which affected their day to day lives.

People's nutritional needs were met and were supported to access healthcare as required.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who respected their privacy and dignity. People were involved in making decisions about their daily care needs and staff respected their choices and lifestyle.

Is the service responsive?

Good

The service was responsive.

People's assessed needs were met. People were involved in the review of their care to ensure they received care tailored to their needs and ensured their lifestyle choices and preferences were respected. People maintained contact with family and friends, and took part in a range of activities of interest to them.

Information about how to make a complaint was available in format that people could understand. People knew how to complain and were confident that their concerns would be addressed.

Is the service well-led?

Good

The service was well led.

The service had a registered manager who provided good support and leadership. Staff had clear roles and responsibilities to provide people with quality care.

People and their relatives expressed confidence in the management team in delivering a quality care service. The quality of service provided was monitored consistently to ensure people received safe and quality care.

Spencefield Grange

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.

This inspection took place on 10 August 2016 and was unannounced. The inspection was carried out by an 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. Our expert by experience for this inspection had experience of using health and social care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a set of information about the service and the support people can expect to receive. We looked at the action plan following our last inspection of 1 September 2015. We looked at the notifications sent to us. Notifications are changes, events of incidents that affect people's health and safety that provider's must tell us about. We contacted commissioners for health and social care responsible for the funding of some people's care that use the service and asked them for their views.

We spoke with three people who used the service, seven visiting relatives, and two visitors from the local church and a person from local Alzheimer's support group. We spoke with the hairdresser who attends every Wednesday. We also used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in the lounge during the morning and at the lunch time meal service.

We spoke with the registered manager, two senior carers and nine care staff involved in the care provided to people. We spoke with the cook, two kitchen assistants, and the handy person. We also spoke with the operations manager, acting on behalf of the provider and a health care professional visiting the service at

the time of our inspection visit. We looked at the records of four people, which included their risk assessments, care plans and medicine records. We also looked at the recruitment files of four members of staff, training records and a range of policies and procedures, maintenance records for the equipment and the building, audits, complaints and the minutes of meetings.

Good

Is the service safe?

Our findings

At our previous inspection of 1 September 2015 we found risks to people's health and wellbeing were not always monitored or reviewed after they started to the use the service. Care plans lacked guidance for staff to follow, which meant measures to manage people's safety were not always adequate to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining that they would review and update all the risk assessments and care plans.

At this inspection we found the provider had made improvements. People's care records showed risks to people's individual health were assessed. These were centred on people's individual needs and covered risks such as falling when moving around or out of bed, risk of developing pressure sores and choking. Care plans provided staff with clear information about how to support people safely whilst promotion their rights and independence. Care plans for someone living with dementia described how they expressed themselves using non-verbal signs and gestures to show they were unhappy and how staff should support them to keep them and others safe.

Equipment to be used to manage risks were also detailed in people's care plans, such as hoists, walking frame and floor sensor to alert staff when someone who is at risk of falling moves around. Staff told us that they informed the senior carer when they had concerns about people's safety and wellbeing. Care records showed that further risk assessments were carried out when people's health changed. This supported our observations and meant risks to people's health; safety and wellbeing were managed effectively.

We saw people were supported to move around independently, with staff or using a walking frame. Staff were vigilant and assisted people by walking with them to wherever they wanted to go or reminding them to use the walking frame for support and safety.

A relative told us risks associated to their family member's physical health and safety had been assessed before they moved to the service and reviewed within a month. They said, "The manager told us that staff would need to walk with [person's name] to make sure she uses the frame when she walks. She forgets because of her dementia." They confirmed this was the case and that staff made sure the frame was always with their family member. Another relative told us that they were involved in the development of the care plan for their family member living with dementia, which helped to ensure they were supported to stay safe.

At our previous inspection of 1 September 2015 we found people's medicines were not always managed, administered, or stored safely, which meant people's health could be at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which outlined that the staff were to be re-trained in the management of medicines, and that the medicine procedures would be updated to ensure staff had clear guidance to follow.

At this inspection we found the provider had made improvements. The medicines policy and procedure was updated and available in the treatment room where the medicines were stored securely. People's

medication administration records were included a photograph, GP contact details and any known allergies. Protocols were in place for medicines administered as and when required such as pain relief. Senior carer found the people's information and the protocol about when medicines should be given helped to ensure people received their medicines when needed.
People told us they received their medicine at the right times. One person said, "They [staff] are good, they encourage and say 'come on a quick swallow and a drink." Relatives told us that they had no concerns about their family members' medicines. One relative said, "When the doctor's been in and changed [person's name] medicine, I'm told about it."

Senior carers were trained to administer medicines and training records showed their competency had been assessed. We saw a senior carer administered people's medicines safely and signed the medication records to confirm medicines were taken. Staff had followed the correct procedure for medicines administered when required, otherwise known as 'PRN' and knew when those medicines were to be given and recorded the amount administered. The sample of medication administration records we checked were completed correctly. We saw the registered manager had taken action when a record was not completed correctly. For instance, staff were asked to check the medicine and speak with the person to check that the medicines had been taken. That helped to ensure people's health was maintained.

Staff told us that one person had their medicines disguised in food and drink. Records showed a best interest decision was made by the person's family member and health care professionals. The GP authorisation was in place with a care plan and the review process to help maintain the person's health. Staff knew how to administer the medicines. Advice had been sought from the pharmacist about the type of food and drink the medicines could be mixed with. That meant people were assured they received their medicines as prescribed.

People said they felt safe at the service and with the care staff who looked after them. One person said, "Yes I feel safe." A relative said, "I know [person's name] is safe here. Some people here have dementia and it's not easy for staff sometimes but they're always patient with them."

The provider information return stated that staff had safeguarding training. Staff had a good understanding of what abuse was and the process for reporting abuse or concerns. A member of care staff said, "If I've got any concerns about people no matter how small it may seem, I'd tell my senior." A senior carer told us, "Any concerns staff tell me about I let the manager know and it's dealt with."

Staff were confident to use the whistleblowing procedure if they felt their concerns were not taken seriously. They knew how to report concerns about people's safety to the provider and external agencies such as the local authority, police and the Care Quality Commission. This showed staff understood the process to protect people and keep them safe.

The provider ensured that accidents and incidents were well managed and action taken ensuring peoples safety. Records showed people received appropriate emergency medical treatment. Where required people's care plans were updated to ensure people were safe.

Staff knew to report faults if they had any concerns about unsafe equipment or premises. Records showed that fire safety checks were carried out routinely and equipment such as hoists, slings and wheelchairs used to support people were regularly serviced. All the bathrooms and shower rooms were accessible and safe for people to use independently or with support from staff. This helped to ensure people lived in a safe place. The registered manager reviewed all incidents, accidents and ensured repairs were carried out promptly, which helped to assure the provider that people were safe.

People's individual personal emergency evacuation plans (PEEP) had information for staff or the emergency services personnel should there be a need to evacuate people in an emergency. The PEEPS identified the level of risk and the support required to evacuate each person safely.

People's safety was protected by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant pre-employment checks had been completed to ensure they were safe to work with people before commencing work at Spencefield Grange.

People and relatives told us that staff were available when they needed help. One person said, "Sometimes I have to wait for staff, but not for too long." A relative said, "There's always staff about and they make you feel welcome." We saw staff were visible and responded to meet people's needs or request for assistance in a timely manner. Staff prioritised and communicated well with each other to ensure people's needs were met.

Staff told us that there were enough staff most of the time and acknowledged there were busy times usually around mealtimes when people needed assistance to use the washroom. The registered manager told us they had responsibility to manage and monitor the staffing. They took account of people's needs and the numbers of staff required to support people to stay safe. The staff rota was consistent with the staff on duty. The registered manager told us that staff absences were managed using the existing staff, which helped to assure people's safety was maintained and needs met.

Good

Is the service effective?

Our findings

At our inspection of 1 September 2015 we found the provider had not followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) where people were unable to give their consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The provider sent us an action plan that stated everyone's mental capacity assessments would be reviewed in accordance with the MCA requirements and assured us that people's capacity and best interest decisions made would be reviewed regularly.

The 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.

At this inspection we found improvements were made. The registered manager and staff had an awareness and understanding of the MCA, and when this should be applied. Staff training records confirmed staff had received training in this area.

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 procedure for this in care homes is called DoLS. We checked people's care records and found conditions on the authorisation to deprive a person of their liberty were being met. Health decision-specific capacity assessment had been completed, when required. For example, where someone had their medicines given to them disguised in a drink. That showed the principles of the MCA were followed.

Relatives whose family members' were living with dementia told us that they were involved in the best decisions made about their family member's care. We found care plans were signed by the person or their nominated representative to evidence their consent for the care to be provided.

We saw people were supported by trained staff. Staff wore gloves and aprons before they supported people with their personal hygiene needs. We saw staff supported people safely using the correct techniques when using equipment and guided people for instance with clear instructions to return to the dining room for lunch.

A relative said, "Staff are lovely and I am made to feel welcome and involved." We saw staff supported people safely, sought consent before helping people and explained what they were about to do. For example we saw staff used a hoist correctly to assist a person to move into the wheelchair. Staff constantly assured the person and checked they were comfortable. This was done in a sensitive and dignified manner. Staff recognised how dementia affected people. For instance, when a staff member saw someone could not remember how to get to the lounge, they offered to help by walking with them. The person recognised the pictures on the corridor wall when they got to the lounge.

A new member of staff told us the induction training was comprehensive and informative which they found helpful because they had no previous experience of working in a care setting. Staff training records covered health and safety, including using equipment such as a hoist, person centred care and record keeping. Awareness training provided staff with an insight into people's health conditions and enabled staff to support the people living with dementia, mental health and other health conditions to ensure people's needs were met effectively. Staff told us they received regular training updates and were supported to complete nationally recognised qualifications in health and social care, which helped them to maintain their knowledge and skills to support people.

Staff told us they felt supported by the registered manager and the senior carers on a daily basis. A staff member said, "I feel we have a good team of seniors who you can talk to and ask for help without feeling silly." Senior carers felt they received the support and were guided by the registered manager to fulfil their roles and responsibility in order to manage and support staff. Staff were supervised and had meetings where they had the opportunity to talk about the people they supported and their personal development.

People said they liked the meals. One person said, "Meal times are great. The tomato soup on Friday are mine and [person's name] favourites." Another person told us they were provided with three meals a day and said, "I have cornflakes and toast. Sometime an egg if they [staff] ask."

The menu choices with pictures were displayed in the dining room. A relative said, "Mum is happy here and is eating and drinking so much better." Another said, "The food is normally good. [Person's name] is on a soft diet because he can choke sometimes."

Lunch was the main meal of the day. A choice of fruit cordials or water was offered to everyone. People were offered a choice of meals. However, staff did not always provide an explanation or shown what the plated meals looked like as some people may not understand what Quorn chicken, a vegetarian option, was. We shared our observation with the registered manager who assured us they would address the issues. Following our inspection visit the registered manager confirmed they had observed the meal times and found that staff explained what the meals were and if required, showed people the plated meals.

We saw staff supported people by cutting the food into smaller pieces and used adapted cutlery so they could to eat independently. We saw a member of staff spoke in a calm and encouraging manner to someone living with dementia, to eat their meal, which they did successfully. There was a choice of deserts to meet people's dietary needs. These included deserts suitable for people with diabetes and a soft desert for people with swallowing difficulty. We saw everyone enjoyed the choice of deserts and some choosing to have a second helping.

People's care records showed that an assessment of people's dietary needs. Staff worked closely with health care professionals such as the GP, specialist nurses, speech and language therapist (SALT) and the dietician to help to maintain people's health. The kitchen staff were provided with information about people's dietary needs to ensure meals provided were suitable.

People had access to a range of health care professionals, who worked with staff to provide ongoing health care support. A relative said, "They [staff] phone me if [person's name] is not well and tell me if they are having the doctor and then I come up to." We saw staff sought medical advice when people's health was of concern and we observed this to be the case during our inspection visit. We saw staff managed the situation well. Whilst the person was being treated, other staff supported everyone else to prevent causing any undue distress.

Records showed that health care professionals such as the specialist nurse were involved to help maintain people's health. Records showed people had visited opticians, chiropody and had attended specialist health care appointments and undergone tests within a hospital setting. The outcome and actions required to be implemented by staff, from the health care appointments were recorded. For example, specific instructions to monitor people's appetite and weight. That meant people's ongoing health was monitored.

The home environment promoted the wellbeing of people living with dementia. The themed corridors took people's interest. We saw people played with the tactile wall puzzle and looked at the pictures of sporting events, the history of Leicester city, which promoted people's memories of bygone years. There was a choice of lounges people could use including the conservatory. Because it was a hot day, the blinds were partially closed to protect people from the glare of the sun. The garden was easily accessible. There was seating under the shade of the parasols provided for people to use. The activity staff told us some people enjoyed gardening as they found planting bulbs easier in the raised flower beds. This showed how the environment had a positive impact on people's wellbeing.

Good

Is the service caring?

Our findings

People told us that they liked the staff who supported them. One person said, "All the staff are brilliant, I get on with them all. They're kind and very patient. I let them know when I'm going out, in case of a fire, so they don't go looking for me." This was further supported by our observations of staff's caring approach towards people, allowing them time to respond and offering assurance when someone was becoming anxious.

People and their visitors had developed positive relationships with all the staff. Relatives were complimentary about the staff, their attitude and approach to looking after their family members. A relative said, "I'm happy with the home. [Person's name] is very settled. It was hard at first but staff are very patient with her, she can be hard work at times."

The provider's newsletter had information about local services, including places of worship, community events and the advocacy service was available to people. A visitor from the local Alzheimer's support group visited people at the service. They said, "I have visited mornings and afternoons and have always found staff to be caring."

We saw people being supported by staff in a caring manner. We observed a staff member assisted someone to move into the wheelchair. Care was taken as the staff member gave clear instructions and encouragement to help the person to move safely. On another occasion when a staff noticed someone was not wearing their glasses, they offered to clean the glasses and asked if they would like to wear them, which they did. People were appreciative of the support given and staff were heard saying "It's my pleasure" and "I'm here to help you."

We saw staff understood how to support people living with dementia. We saw someone living with dementia appeared to be unsure what they were looking for and a short while later joined by another person. A staff member seeing this approached them and took time to answer their questions. When someone else became more agitated by a visitor at the main entrance, the staff member offered their arm and said, "Shall we go together and have a look and make sure it's all ok." The person's demeanour changed. They looked visibly calmer and assured that everything was fine. Those were some examples of the staff's caring approach and the techniques to reduce the anxiety and confusion experienced by some people living with dementia.

We saw several people were having their hair done by the visiting hairdresser. We saw people looked clean and dressed in clothing of their choice. This meant people could be assured that staff would act to ensure their wishes were respected.

People were supported to observe their faith. One person told us that their faith was important to them and that staff were respectful of their prayer times by not disturbing them. They had influenced the service as different festivals were celebrated in recognition of people's diversity, which also reflects the local community where the service is situated. This showed the management and staff team understood and responded to people's diverse cultural and spiritual needs in a caring and compassionate way.

People's care records showed they made decisions about their care and support. Where the person was unable to make certain decisions about their care needs, records showed the person's relative or health care professionals had been involved. This supported the comments received from people and their relatives who told us they were encouraged and involved in the decisions made about their care. A relative we spoke with said they were involved in the development of the care plan for their family member who was living with dementia. That meant people could be assured that their needs would be met and daily lifestyle and wishes would be respected.

People told us staff supported them in a way that maintained their privacy and protected their dignity. One person told us staff supported them with their personal hygiene needs as and when requested. When a relative told a staff member to assist their family member with personal care needs the staff member knelt down so they were at the same eye level as the person seated and discreetly asked if they would like help to return to their room.

We saw staff communicate effectively with everyone using the service. Staff recognised how best to support people living with dementia or those who used alternative method to express their views and choices. For example, people used non-verbal communication or their behaviours indicated they were unhappy or anxious about something. Staff spoke in a respectful way to people and addressed them in the way their care plan said they preferred. Staff described ways in which they preserved people's privacy and dignity. For example, a staff member said, "[Person's name] would you like me to help you to freshen up." That showed people could be assured that their privacy and dignity was maintained.

We saw staff treated people's bedroom as their own space, which promoted people's privacy and dignity. We saw staff always knocked and did not enter until asked to do so. The bedrooms we saw looked comfortable and were personalised to reflect individual taste and interests.

Good

Is the service responsive?

Our findings

At the last inspection of 1 September 2015 we found people were not always at the centre of their care. There was no formal record that people's care was reviewed and where changes were identified the care plans were not always updated to ensure staff knew how to support the person. Information was held in a number of places which could have increase the risk of important information not being taken into account when reviewing people's care needs, which could have increased the risk of people receiving inconsistent care or not receiving the care and support they needed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014The provider had sent us an action plan outlining their plan to review and update people's care plans and ensure documentation was accessible when reviewing people's care needs.

At this inspection we found the provider had made improvements. People and their relatives we spoke with confirmed that they were involved in decisions made about their care. People felt staff understood their needs and supported them appropriately, which helped to ensure their individual needs were met.

A relative said, "[Person's name] told them [staff] what help she needed. I've read the care plan and been involved in the reviews, which is pretty much what she wants. I think it's good that they [staff] ask her directly what she thinks she needs help with." Another relative confirmed that they were involved in the review of their family member's care to make sure any decisions that were made was in the person's best interest.

We saw staff showed care towards people and understood how dementia affects people. Staff were caring and took time to support people living with dementia who needed to be assured if they became upset or their behaviour challenged staff and others people. Staff member supporting one person living with told us that the person's care plan had helped them to recognise when the person was upset and used a topic of conversation that made the distraction positive. This was an example of a person centred approach to the care and support provided.

People's care records were organised and information was readily available. Guidance from the health care professional was included in people's care plans to help ensure their health could be managed. For example, by providing a cutlery to enable to the person to eat independently and a soft fork mashable diet as instructed by the dietician where the person had swallowing difficulties.

Daily records showed that people received the support they needed and their health was monitored. For example, records showed people were re-positioned at regular intervals to prevent the risk of them developing pressure sores. That meant people could be sure that the support they received was individual and tailored to them covering all aspects of their life.

Records showed people were involved in the development and review of their care plans. Where appropriate people's relative and health care professionals were involved in the reviews. Care plans were amended when people's needs changed. Staff told us that they received updates about people's wellbeing and any changes to their needs at the daily handover meetings. One staff member said, "It means that we're

given important information especially when there are any changes to people's care needs. Care plans are updated every time something changes." That showed people could be assured that they received care that was centred on their needs and rights and choices were respected.

Records had information about people's life histories, family life, hobbies and interests. Staff were able to describe how they supported people and what was important to people. For instance, one person their appearance was important to them and they liked to have their hair done. Their care plans reflected this and records showed they had their hair done regularly which the relatives we spoke also confirmed this to be the case.

We asked people about the opportunities to take part in activities. One person said "Yes, I do enjoy skittles. They [staff] organise it all. Or hangman is good. We have exercises upstairs sometimes too." Some people enjoyed listening to the music and some sang along. A staff member took the opportunity to dance with someone, for a couple of minutes and said, "We do like to have a dance, don't we [person's name]? The staff member made sure the person was seated comfortably and thanked them for the dance, which made the person smile.

Relatives told us about the range of activities organised along with movies and films and the newsletter which also had information about planned events and activities. A relative said, "Every time someone from the family visits [person's name] other residents take an interest and join in. The other week, we were all sat in the dining room and had a jolly good sing song. I think because it was spontaneous it was great. Everyone enjoyed it."

People and relatives we spoke with knew how to make a complaint should they need to. One person said, "My room was a bit too noisy when I first came, so I was able to move rooms. Staff were very helpful." A relative said, "When [person's name] moved in there were a few difficulties settling in but they [management] sorted everything straight away. I would speak with [registered manager] or one of the seniors if there was anything." Staff told us where possible they would try to resolve people's concerns and inform the senior carer or the registered manager.

The complaint procedure was displayed in the foyer of the service. The contact details for the local authority and advocacy service were included should someone need support to make a complaint. In addition, the TV screen in the lobby had a rolling presentation of information about the service, events and members of the management team people could speak to about their care.

The provider information returned stated the service had received seven complaints and all were addressed. We looked at the record of complaints and found that the complaint procedure had been followed. Correspondence showed that the complainant was made aware of the outcome of their complaint including any actions taken, where appropriate. That showed complaints were taken seriously and used to drive improvements.

The service had received over 30 compliments and positive testimonial about the service, the staff and the care provided to people. The registered manager looked at all the compliments as part of the quality audits to help monitor the quality of service. They told us that the positive feedback was shared with the named. That showed staff were a valued member of staff team.

Good

Is the service well-led?

Our findings

At our last inspection of 1 September 2015 we found the provider did have systems to assess and monitor the quality of service. Audits and checks were not always used effectively to develop the service and people had limited opportunities to influence their care and the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no registered manager in post although the provider had appointed a manager to manage the service. The provider had sent us an action plan outlining their plan to address the shortfalls identified at the last inspection and to use the quality assurance system more effectively to monitor the quality of care. People's views about the service and results of the quality audits would be further monitored by the operations manager acting on behalf of the provider and used to develop the service and the quality of care provided.

The service had a registered manager since June 2016 to manage Spencefield Grange. That meant the provider's condition of their registration has been met. The provider's system to monitor the quality of care was implemented and audits carried out were monitored by the provider's representatives to ensure action was taken to make the required improvements.

At this inspection we found the provider had made improvements. We found risks associated to people's individual needs were assessed and reviewed regularly. Care plans were up to date and reflected people's current care and support needs. The provider had followed requirements of the Mental Capacity Act when people lack mental capacity to take particular decisions. Records showed any best interest decisions made involved the person's relative and health care professionals to help ensure the measures were the least restrictive.

We found people's care needs and risks associate to their health and safety was reviewed regularly. The reviews took account of the information in the daily wellbeing reports and any treatment provided by the health care professionals such as specialist nurse or the dietician. The care plans were kept up to date and had clear information for staff to support people. This helped to assure people that their needs would be met and monitored to ensure any changes to their wellbeing would be supported. The registered manager told us they used this information to ensure the service had sufficient numbers of staff to meet people's needs.

We found the provider had made improvements to the management and administration of medicines. Regular checks were carried out by the senior carers and the registered manager to ensure medicines were stored, managed and administered safely. Audits we looked at confirmed people's medicines were checked against the medication records to ensure they had their medicines at the right times. We saw the registered manager had addressed issues found from the audits. That helped to ensure people's wellbeing and health was maintained.

The registered manager audited people's care records to ensure their needs were reviewed and monitored by staff. They checked the content and the quality of the care plans to ensure staff had clear information to meet people's needs. That meant people's safety; health and wellbeing could be assured.

The registered manager told us that they were supported by the provider representatives and found their visits encouraged discussions about how the service could be developed. The provider representatives monitored the service to ensure the provider's expectation of what good quality care looked like was provided. Records confirmed that the operations manager monitored the action plans to ensure improvements identified were addressed in a timely manner.

We found the registered manager evaluated compliments, complaints and incidents and accidents to establish any trends or pattern. For example, they analysed the number of falls people had had and assessed the effectiveness of the measures put in place to reduce the risk of falls occurring. Records showed that one person had been referred to the falls clinic and another had their medicines reviewed by the GP, which showed the number of falls had reduced. This was another example of the provider's governance and monitoring system being used effectively to improve people's quality of life and wellbeing.

A sample of the provider's policies and procedures we looked at had been updated and provided staff with clear guidance as to their responsibilities in relation to their role. The business continuity plan was updated to ensure arrangements were in place and staff were aware of the plans in place in the event of an emergency.

People's views about the quality of care and service provided was sought in a number of ways. People's care records showed review of people's care meetings were used to gather people's views about the care they received and where appropriate their relative and any relevant health care professionals. Relatives said they could approach the registered manager to discuss any concerns about their family member's care and were confident action would be taken.

A relative told us they helped their family member to complete a satisfaction survey in the summer. We looked at a sample of the completed surveys, which had been analysed by the registered manager. Positive comments and high scores were awarded to questions asked about how staff treated and supported people, the cleanliness at the service and meals. As a result of the survey new staff name badges were ordered.

Meetings were held with people using the service to discuss the quality of food, plans to decorate and develop the service. As a result of the meeting people and their relatives were involved in food tasting to develop the new menus. A relative told us that they had taken part in the food tasting and said "I think it's good that people have a say in what is on the menu." The cook said they planned to meet with people and their relatives to prepare the winter menus in the near future.

Staff told us that they felt valued by the registered manager and the provider representatives. They felt confident to raise issues and make suggestions to influence the quality of care provided.
A staff member said, "Whenever [Registered manager] see's you leaving at the end of your shift, she'll always thanks' you for the help. That for me goes a long way."

We found there to be effective systems in place to support staff in the delivery of care. Records showed staff were supervised by the registered manager, following a consistent approach. Supervision focused on training, relationships with people using the service and colleagues. There were discussions as to the provider's expectations of providing good quality care and aims of their role, the management of risk and any individual issues.

The staff meeting minutes showed that staff had updated on actions from the last meeting, matters relating to people's care and health and safety along with reminder for staff, which for one meeting they discussed

the whistle-blowing procedure. That showed the registered manager was assured that staff knew and understood how to report concerns.

Staff we spoke with were motivated and understood what was expected of them by the provider. They had a clear and consistent view of what good care looked like, which was consistent with the provider's expectation. Staff described the aim was to provide people with a good quality of life that promoted people's dignity and care whilst respecting their diversity. That meant staff worked together to achieve the shared goal to improve and maintain people's quality of lifestyle.

The registered manager and operations manager kept their knowledge up to date in relation to health and social care. They had accessed information and updates from the Care Quality Commission website and the local authority. They had links with the care consortiums and attended conferences to ensure the quality of care provided at Spencefield Grange was good.

Feedback from the commissioners who fund and monitors some people's care provided us with positive feedback as to the improvements made to the management of people's care and the service. Therefore from our discussion with the registered manager, review of people's care records and information received from health and social care professionals, it was evident that the service worked in partnership with other organisations. For instance we received positive feedback from the local authority that funds and monitors the care of some people who used the service.