

# Country House Care Limited

# Spetisbury Manor

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Spetisbury Manor is a residential care home providing personal care to 14 older people at the time of the inspection. The service can support up to 25 people. Accommodation is over three floors and includes specialised bathing facilities, in house laundry and catering.

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

People were supported by staff who understood their role in recognising and reporting concerns about suspected abuse or poor practice. People had their risks assessed and staff understood the actions needed to minimise avoidable harm. Staff practices protected people from preventable infections. Medicines were administered safely as prescribed. Staffing levels met the needs of people. Staff had been recruited safely, ensuring they were suitable to work with older people.

Staff received an induction, support and on-going training that enabled them to carry out their roles effectively. People had their eating and drinking needs understood and met. Working with other professionals such as district nurses, dentists, audiologists and physiotherapists supported people to live healthier lives and have good healthcare outcomes. The design of the building enabled people to have access to both private and social space and level access to a garden.

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 described staff as caring and told us they had their dignity, privacy and independence was respected. People felt involved in decisions about their care and day to day lives. Staff understood people's individual communication needs and were knowledgeable about their life histories and the family and friends important to them.

Care plans gave clear guidance on people's care needs and choices and were understood and followed by the care team. People were involved in end of life planning which reflected their cultural and spiritual needs. Activities were specific to people's interests and included daily newspapers, quizzes, exercise classes, church visits and music. A complaints procedure was in place that people were aware of and felt, if they needed to use it, they would be listened to and actions taken.

The service was being managed by an acting manager whilst a registered manager was being recruited. Staff spoke positively about the management of the home describing an open culture that enabled them to share ideas and promote person centred care. Quality monitoring processes were effective in ensuring regulatory standards were being met and capturing and acting upon feedback from people, their families and the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last

The last rating for this service was good (published 29 March 2019)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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.

# Spetisbury Manor

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided and one relative. We spoke with six members of staff including the acting manager, senior care worker, care workers, agency care worker and the chef.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating the management of the service including audits, accident and incident reporting and equipment service records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with a relative and district nurse who had experience of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care from staff that had been trained and understood their role in recognising and acting on concerns of abuse or poor practice. Staff were aware of external agencies they could contact as well as understanding Spetisbury Manor's safeguarding reporting protocols.
- People described their care as safe. One person told us, "I'm good, I feel very safe, they (staff) look after me very well". A relative said, "(Relative) feels safe; feels at home".
- People were protected from discrimination. Staff were observed respecting people's individuality and lifestyle choices.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and reviewed. Staff understood the actions needed to minimise the risk of avoidable harm and we observed these being followed. Examples included the use of pressure relieving equipment to protect a person's skin integrity and people receiving the correct textured diet to aid safe swallowing.
- Records showed us that equipment was serviced regularly including fire equipment, boiler and hoists used for moving and transferring people.
- Personal evacuation plans were in place which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Staffing and recruitment

- People told us there were enough staff to meet their care needs and that call bells were answered quickly. We observed staff popping in and out of people's room throughout the day checking their well-being and offering help where needed.
- Some staff carried out dual roles, such as housekeeping and caring, which meant they were able to be responsive to the needs of people. A care worker told us, "It's really good teamwork and the more you know the more helpful you are in an emergency".
- People were supported by staff that had been recruited safely including criminal record and employment checks to ensure they were suitable to work with older adults.

Using medicines safely

- People had their medicines ordered, stored, administered and disposed of safely. One person told us, "I have one tablet first thing in the morning and it's always on time".
- Protocols were in place for medicines prescribed for as and when needed, ensuring they were administered consistently and appropriately. When people were unable to verbalise pain, a nationally

recognised pain assessment tool was used to determine if the person needed pain relief medicines.

- When people had been prescribed a topical cream, body maps had been completed with clear instructions of when and where they needed to be applied.
- When a person chose to self-administer their medicines, a risk assessment was in place and regularly reviewed to ensure safe administration.
- Staff understood the actions needed should a medicine error occur, this included seeking medical advice and reviewing staff competencies if needed.

#### Preventing and controlling infection

- People were protected from avoidable risks of infection as staff had completed infection control training and were following safe protocols. Care staff confirmed that personal protective equipment such as disposable gloves and aprons were always available.
- All areas of the home were clean and there were no malodours.
- A poster in the foyer provided information to visitors on safe infection prevention practices.

#### Learning lessons when things go wrong

- Incidents and accidents were seen as a way to improve practice. Audits were carried out monthly which successfully identified risks and trends and any actions needed to improve people's safety.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People, their families, and where necessary, health and social care professionals, had been involved in pre-admission assessments that gathered information about care needs, lifestyle and spiritual choices.
- Assessments had been completed in line with current legislation, standards and good practice guidance.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support which enabled them to carry out their roles effectively.
- A recent training session had been about oral hygiene. A care worker told us, "(Trainer) made us understand how important it is. It's changed practice; an example is how we now clean false teeth". They went on to say, "It's so important as it can affect diet, eating, confidence".
- Staff had opportunities for professional development which included diplomas in health and social care.

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

- People had their eating and drinking needs understood and met. This included special textured meals for people with swallowing difficulties and diets to support health conditions such as diabetes.
- People spoke positively about the food. One person told us, "The food is very good, and you get a sherry as well". Meals were freshly made, home cooked and well balanced. Menu's were seasonal, discussed with people for feedback, and provided variety and choice.
- Drinks were made available to people throughout the day.

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

- Records showed us that people had received support from other agencies when needed including GP's, district nurses and physiotherapists.
- When people were transferred to another agency such as hospital, key information about their care and communication needs, medicines and key contacts was provided to ensure consistent care.
- Records showed us people had access to a range of healthcare services including chiropodists, dentists, opticians and audiologists for both planned and emergency situations.

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

- The building met the needs of people. Areas around the building were accessible as corridors were wide and a passenger lift serviced the first and second floor. People had access to specialist bathrooms if needed.

- A variety of communal areas provided places to meet and socialise with other people, including a lounge, dining room and orangery.
- People's rooms were individualised and contained personal items that reflected their lives and interests.
- People had access to garden terraces that provided sitting areas. Not all areas of the garden were wheelchair friendly. We spoke with the interim manager who told us this had been raised at a residents meeting and there were plans to improve the paths this year.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records and observations demonstrated that people were involved, wherever possible, in decisions about their care. Records included consent to care, photographs and sharing personal information with other professionals.
- When people had been assessed as lacking capacity to make a decision, records showed us best interest decisions had been made on their behalf and included input from both staff and families. Examples included leaving the building unaccompanied, personal care and receiving medicines.
- Records showed us that DoLS applications had been made to the local authority but at the time of our inspection there were no authorised DoLS in place.

# Is the service caring?

## Our findings

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

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

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

- People and their families spoke positively about the level of care. One person told us, "I'm very comfortable and the staff are very good, which is essential". A relative told us, "(Staff) have time for people; never an urgent voice".
- We observed warm, friendly relationships between people and the staff team.
- Staff were knowledgeable about people's history and the people important to them, and respectful of people's lifestyle choices and daily routines. The atmosphere was calm and relaxed with people chatting together, relaxing with a newspaper or enjoying their favourite music.

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

- People had their individual communication needs understood. A care worker explained how one person was not always able to express their needs, "We use prompts, perhaps offer a drink or close the curtains".
- People felt involved in decisions about their day to day lives. One person told us, "I decide on the help I need". Another explained, "I decide whether I get up or not; one day I might the next day no".
- One person's records noted they would prefer a female carer, and this had been respected.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity and privacy respected. Staff had completed training in dignity and respect and we observed good practice throughout our inspection. People were called by their preferred names, staff knocked and waited to be invited into a person's room and interactions with people were at their pace.
- People were supported to be independent. One person told us, "It's really important I try and do things for myself, but they (staff) will help me as well".
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care plans which reflected their personal care needs and lifestyle choices, were understood by staff and reviewed regularly. Care was responsive to people's changing needs, an example was providing specialist equipment to assist a person independently manage personal care.
- People had opportunities to be involved in activities tailored specifically to their interests such as music, quizzes and exercises classes. One person told us, "Yesterday we had an accordion player, really enjoyed that".
- Links to the community included visits from a local place of worship and visits from children at the village school. A care worker told us, "They (children) came and sang carols and we got them a pressie. They love to interact and say hello to everybody". Photographs were on display of people enjoying a trip to a local beauty spot.

### Meeting people's communication needs

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

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses or hearing aids. Additional support such as information provided in large print or picture form could be made available if needed.

### Improving care quality in response to complaints or concerns

- No formal complaints had been made since our last inspection. However, people were aware of the complaints process and felt if they raised a concern appropriate actions would be taken.
- The complaints policy included details of how to appeal against a complaints decision, including external agency details such as the health and social care ombudsman.

### End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.
- Close working relationships with health professionals ensured people's changing needs were anticipated, maintaining a person's comfort and dignity. A district nurse told us, "With palliative care if somebody is

unsettled they contact us straight away; they liaise well with the surgery".

- Staff had completed training in death, dying and bereavement. Spetisbury had achieved a nationally accredited award to reflect good practice in the care of people at the end of their life.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now 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; Continuous learning and improving care

- Improvements had been made to auditing systems and processes that meant they were effective at monitoring service delivery and regulatory requirements. Each audit included any identified actions, the person accountable, timescales and outcomes.
- The home did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- Management and governance responsibilities were being met by an acting manager who had good knowledge of the service and was a registered manager for another care home in the organisation. They told us interviews were planned with potential candidates for the registered manager post later in the week. Staff spoke positively about the management of the home. A care worker told us, "(Acting manager) is very efficient and acts on things straight away".
- The service had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Staff told us they felt clear about their roles. A care worker told us, "The shift is organised, you know what your doing. Staff are properly trained and know what to do".
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- Staff were able to provide examples of how sharing ideas had ensured positive, person centred outcomes for people. A care worker told us, "I feel I have a voice, (management) respect your experience. They listen".
- Staff consistently spoke positively about the home, teamwork and inclusive culture of the home.

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 service understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families.

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

#### characteristics

- People, their families and the staff team had opportunities to feedback comments both informally, at planned group meetings and through quality assurance surveys. Feedback had been listened to and included menu and activity ideas being implemented.
- A seasonal newsletter was produced and shared with people and visitors, providing details of staff news, achievements and upcoming events.

#### Working in partnership with others

- The manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This had included attending events with the local authority and accessing information from Skills for Care and CQC websites.