Avery Homes SH Limited

Spencer House Care Home

Inspection report

Cliftonville Road
Northampton
NN1 5BU

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17 May 2016

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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

This unannounced inspection took place on the 7 May 2016. Spencer House Care Home provides accommodation for up to 65 people who require nursing or residential care for a range of personal care needs.There were 59 people in residence during this inspection. The home had three distinct units over three floors. Benheim Unit provided short term care for people on discharge from hospital. The Churchill Unit provided care for people living with dementia and Althorpe Unit provided residential care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During our previous inspection in May 2015 we found that the systems to manage medicines on the Blenheim Unit were not robust enough to ensure that people received their prescribed medicines. During this inspection we found that the medicines management on the Blenheim Unit was safe. There were appropriate arrangements for the management of medicines in all areas of the home.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

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 felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Good

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Spencer House Care Home

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 is 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 unannounced inspection was carried out by an inspector 17 May 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service; three relatives, ten members of staff including three nursing staff, the area manager and the registered manager. We spoke with three health professionals including one doctor. We reviewed the care records of six people who used the service and five staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

During our previous inspection in May 2015 we found that the systems to manage medicines on the Blenheim Unit were not robust enough to ensure that people received their prescribed medicines. During this inspection we found that the medicines management on the Blenheim Unit was safe. The provider had employed a nurse to clinically oversee the management of the medicines on the Blenheim Unit. Due the high number of admissions and discharges to the unit the medicines management was complex but the systems and processes that had been implemented were effective in managing people's prescribed medicines safely.

Throughout the home we found that there were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed appropriate guidelines for medicines that were only given when they were needed; for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice.

Everyone we spoke with told us that staff at Spencer House Care Home provided safe care. One person told us, "I feel safe here; staff answer the bell when I need help, even in the night they come quickly." A relative told us, "I am confident that [name] is being looked after well and [name] is safe." Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would not hesitate to report anything, people come first." Staff had received training and were supported by up to date guidance and procedures, including guidance on how to report concerns and the contact details for relevant authorities. Staff provided examples where they had identified concerns and records showed that staff had made timely referrals to the safeguarding authorities. Staff knew how to access information about whistle blowing and all staff told us they felt confident enough to report any concerns.

People were assessed for their potential risks such a falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to ensure staff carried out more frequent position changes to relieve people's pressure areas.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. There was a business continuity plan in place which explained the actions that staff would take in the event of anything disrupting the service, such as a failure of the power supplies. Staff were mindful of the need to ensure that the premises were kept well maintained to keep people safe. People had personal emergency evacuation plans in place in case of an emergency; fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests

and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. Nursing staff were registered through their professional body and there were systems in place to ensure that their registration was updated.

People told us there was always enough staff on duty to meet their needs and we saw that staff were nearby to support people when needed. One person said, "Staff are always around to help me." Staff told us there were sufficient staffing levels to meet people's needs. Staffing levels were set according to people's dependency and care needs. People's assessed needs were safely met by sufficient numbers of experienced staff on duty. On the day of our inspection we saw that there were enough staff to meet people's needs.

Good

Is the service effective?

Our findings

All of the staff told us they had undertaken an induction training course that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. The staff induction training included subjects such as personal care, moving and handling and fire safety. New staff worked alongside senior staff to provide care to people during their induction training and before being allowed to work unsupervised. One senior member of staff told us "New staff have a lot of support; they have regular supervision and have time to get to know people's needs."

All staff continued to receive updates of their training in subjects such as safeguarding, infection control and health and safety. Staff had also undertaken training specific to people's needs; for example supporting people who were living with dementia and other health conditions.

All staff had regular supervision to discuss their performance and development. Staff also received supervision that was themed around specific care neds such as oral care, falls and nutrition assessments. Staff told us that they set goals during their supervision so that they could develop their skills.

People told us that staff always asked for their consent before providing any support and that they respected their personal needs and preferences. Relatives also said they had observed that staff sought consent before providing care. Staff told us they always sought consent before providing any personal care or support and this was confirmed during our observations. Individual plans of care also contained information about people's decisions about future care, such as a living will, or details about their lasting power of attorney for a time when people may not have the mental capacity to make decisions themselves.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

Catering staff took an active part in ensuring people were provided with special diets to meet their nutritional and cultural needs. We saw that they helped care staff to serve meals to people prompting staff and referring to diet sheets to ensure that people had the correct meal. Staff were aware of who needed

assistance and encouragement to eat; they explained how they regularly returned to people to offer food at different times if they declined to eat at the usual meal times. Staff also routinely offered people alternatives if they had not eaten the food that had been served. One member of staff said "You can never tell how people feel on the day, today [name] wanted two servings of soup and we gave them what they wanted."

Staff assessed people's risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely. For example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed or thickened their drinks to help prevent choking. Where it was necessary, staff monitored the amount that people drank to ensure that they had enough fluids.

Information about people's nutritional well-being was gathered during their pre-admission assessment and staff continued to monitor this on a regular basis; when any risks were identified people were referred to their GP and the dietitian for further guidance. Staff encouraged people to eat and drink by offering snacks to people throughout the day. One person told us "There's plenty of tea here." Records showed that people were encouraged to maintain an adequate food and fluid intake.

People based on the Blenheim unit were cared for at Spencer House Care Home, but remained under the care of the local general hospital. The doctor based on the unit told us that the nurses were alert to people's health needs and were prompt in referring any concerns to them. There were systems in place to monitor people's health and well-being and ensure that people's healthcare needs were addressed. Staff liaised closely with organisations to discharge people to appropriate care settings or home.

People in the residential units were supported to access appropriate healthcare services including hospital services, their GP, podiatrist, optician, dietitian and speech and language therapists. One person said "Staff keep an eye on me and call the doctor if I need one." People with limited mobility had been referred to the district nursing team and had received aids and equipment to promote their well-being and their independence.

Good

Is the service caring?

Our findings

People told us that they were treated very well and they had no complaints about the care they received. One person said "The staff are angels, they are so lovely."

People told us that the staff were friendly, one person said "Everybody gets on so well, that's important." One relative told us "The staff always seem to be smiling." All the interactions between staff and people using the service were respectful. We saw staff acknowledged every one when they were in the same room or when they passed by.

The care and support took into account people's individuality and their diverse needs. Some people were in transition between hospital and home; others were waiting for more long term placements where they could continue to be supported. Staff were sensitive to people's emotions and took time to listen to their fears and anxieties; for example staff were compassionate towards people following a recent bereavement.

People's privacy and dignity were respected. One person told us "Staff are polite and respect when I want time alone." We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. All conversations pertaining to people's care was carried out in private so that people's privacy was maintained.

People were helped to maintain family relationships. Families could keep up to date with their relative's activities in the home by visiting the home's Facebook page and were able to provide feedback about the content. People told us that their relatives were always made to feel welcome which created a homely atmosphere.

People were supported to make choices about their care and staff respected people's preferences. For example, some people chose to have their meal served in their room or chose where they sat in the dining room.

Records showed that staff had collated information about people's life history and their current likes and dislikes. Staff demonstrated that they knew people; For example they spoke with people about their interests and hobbies. Staff also knew and conversed with family members by name, they knew about people's individual personal preferences such as how they liked their drinks served. Staff were aware of what was important to people and arranged for people to have the opportunity to do activities that had meaning to them such as eating fruit native to their country, or arranging for a favourite film for their birthday.

Good

Is the service responsive?

Our findings

People admitted to the Blenheim Unit were assessed by a senior nurse prior to admission to ensure the staff could meet their needs. People's risk assessments and care plans were commenced prior to their admission and were continually assessed and updated to inform health professionals of their care needs and for their planned discharge.

People admitted to the residential areas of the home were assessed for their care needs prior to living at Spencer House Care Home. People visited the home to see if they liked it and familiarise themselves with the surroundings. Records indicated that staff initially updated assessments within 24 hours of admission and regularly thereafter as people needs changed.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff as people's needs changed. People received care that corresponded to their detailed care plans. For example people's pressure relieving mattresses were set to the correct pressure according to their weight and people were helped to change their position to relieve their pressure areas regularly as specified in their care plans.

People continued to be independent with their care needs wherever possible. For example one person continued to give their own insulin, but relied on staff to monitor their blood sugar levels and provide appropriate care when their blood sugar levels were too high or low. We saw that staff followed the care plan and were knowledgeable about how to treat their symptoms.

People had been involved in planning and reviewing their care when they wanted to be. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example the time they wished to get up in the morning. People's care and treatment was planned and delivered in line with their individual preferences and choices.

People's care plans were individualised and contained information that was relevant to them including their life histories, interests and activities. One person told us "I like watching sport, the rugby is on later in the week, I'll get to watch that." One member of staff particularly enjoyed getting to know people, they told us "I love talking to people about their life stories." We observed that people who were living with dementia were supported to join a group making decorations in preparation for the Queen's birthday party. This helped prompted discussions relating to people's memories about the royal family and street parties.

People had their comments and complaints listened to and acted on. People were confident that any concerns raised would be addressed by the staff and management. People had the option to complain in person at care reviews or at residents meetings, or in writing. One relative told us that when they had raised questions or concerns they felt they were responded to effectively and they were happy with the action that had been taken, they said "I told the manager that I was concerned about the lack of staff and she changed the staffing levels and made it better." The manager demonstrated how actions had been taken to rectify situations to prevent them happening again. A complaints procedure was available for people who used the

service and people told us they were provided with the information they needed about what do if they had a complaint.

Good

Is the service well-led?

Our findings

There was a registered manager who was overall responsible for the running of Spencer House Care Home. However, in the last six months the area manager had been the primary manager in daily charge of the home, she had been instrumental in making the changes that had improved the service and maintained standards. Both managers had the knowledge and experience to motivate staff to do a good job and were supported by the provider.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. Staff told us that the manager was very supportive, one member of care staff said "It's a great place to work, we are a good team, the manager is always approachable." Staff told us they were proud to work at the home as they believed they were providing good care.

People who lived at the home told us they were very happy with the way it was run. One person said "The home has really improved over the last few months, the staff are friendly, and there are good senior staff that control the team well." Another person said "The staff get on ever so well together."

The management promoted a positive culture that was open and inclusive. Staff were encouraged and enabled to reflect on what constituted good practice and identify and act upon making improvements. Staff said that the manager respected them and valued their efforts to provide people with a safe, comfortable living environment.

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by staff, the manager and by the provider. The manager used the audits to improve the service and feedback to staff where improvements were required. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.