

Tracs Limited

Spinney Hill

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 25 and 29 September 2015. Spinney Hill provides accommodation and personal care for up to three people some of whom may have learning disabilities or a mental health diagnosis. There were three people living at the home during this inspection

The service had a registered manager 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 were not always protected from risks to their safety as people had not benefited from assessments by healthcare professionals.

The manager was aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals to the local authority.

Summary of findings

For those people that were unable to manage aspects of their daily lives the provider had acted in their best interests. However the procedure for best interests meetings could be strengthened.

Staff supported people to attend healthcare appointments and liaised with their GP as required to meet people's needs.

The management of medicines required strengthening as some staff were not fully aware of the medicine recording and disposal processes that were in place for staff to follow.

There were systems in place to monitor the quality of the service such as audits and we saw that progress had been made to address some of the areas identified. However not all of the actions had been completed as there were areas that were still in progress. Therefore we were unable to determine if the actions taken to improve the quality of the service would be sustained.

People felt safe. Staff could identify what constituted abuse and were knowledgeable about the safeguarding adult's procedures they would need to follow if they suspected that someone was being harmed.

Care plans were in place detailing how people wished to be supported and wherever possible people were involved in making decisions about their care.

There were effective recruitment processes in place so that people were supported by staff of a suitable character. Staffing numbers were sufficient to meet the needs of the people who used the service and staff received relevant induction, training and support.

Staff were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs.

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

People who used the service said they had no complaints about the home and knew who to see if they had any concerns. Staff gathered information from people informally if they had any concerns and responded to these promptly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

People were not always protected from risks as some people had not benefited from assessments from healthcare professionals.

The procedure to safely manage the recording, administration and disposal of medicines requires strengthening.

Staff could identify what constituted abuse and were knowledgeable about the procedures to follow to keep people safe.

Requires improvement



Is the service effective?

The service was not always effective.

Best interest meetings had not always been held with relevant professionals, for people that were unable to manage aspects of their daily life.

Staff had been provided with induction and training so that they had the necessary knowledge and skills to support people.

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

Requires improvement



Is the service caring?

The service was caring

People were supported by a team of staff that approached people in a kind and caring way and respected their privacy dignity and upheld people's individual needs.

The staff team knew people very well and were able to respond to people with compassion and encouragement.

Good



Is the service responsive?

The service was responsive

People were encouraged to discuss their views about how they wanted to be supported, and what they would like to achieve. Staff worked with people so that their views were upheld and supported and hobbies and interests were encouraged.

People were very complimentary about the staff and they told us that staff responded to their needs in a timely manner. There was a complaints policy available should people want to raise concerns about the service.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

While there were systems in place to monitor the quality of the service there were areas that had been identified as requiring action and some of these were still in progress. Therefore we were unable to determine if the action taken to improve the quality of the service had been sustained.

Staff knew the vision and values of the service and the part they played in delivering support to people.

Spinney Hill

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 inspection took place on 25 and 29 September 2015 and was unannounced and was undertaken by one inspector.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke to three people who used the service and one of their relatives; we also spoke with eight members of staff including the registered manager. We spoke with people from the local authority who commissions the service. We looked at records and charts relating to three people and three staff recruitment records.

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

Is the service safe?

Our findings

People were not always protected from risks as risk assessments had not always been reviewed in a timely way. While we found that the risks to some people's health had been addressed for example, people with epilepsy had a 'bed sensor' so that night staff would be alerted and provide support and medicine if required. When we spoke with staff they were familiar with the sensor and the support they needed to provide to the person should they have a seizure.

However staff had said that one person's mobility had changed and they were more unsteady on their feet, a falls risk assessment had been completed in April 2015; this indicted a need for a referral to an occupational therapist for advice and guidance. The manager had contacted the occupational therapy team but in the meantime there were no records in place to monitor any changes to the person's mobility.

We also noted that most people's risk assessments were recorded as 'still relevant' having been reviewed at two monthly intervals. However the information to support this was detailed in a separate area of people's notes rather than on the risk assessment. This meant that staff referring to people's risk assessments would not have access to this supporting information.

The risk assessments and care plans for another person had not been updated promptly when they came to live at the home. The manager said that this was because the person was initially on 'respite' from another home. Risk assessments and care records require review when circumstances such as a change to a new environment occurs to maintain people's safety and staff knowledge of how to keep people safe.

A member of staff said that one person had fallen out of bed, we did not find that risk assessments had been updated following the fall from the bed. There was no record of the fall in the accident records and we were not sure if this person had been followed up for signs of injury.

Two people who lived at the home shared a bathroom, and this contained a bath and a shower cubicle. One person required the constant support of staff while showering and a shower chair had been placed in the cubicle. There was limited space for the person to safely get into and out of the shower and there was a risk that people could slip. Staff

said that they helped the person to get out safely but thought a wet room would be more suitable for people's needs and this had been discussed previously with the provider.

The procedure to safely manage the recording, administration and disposal of medicines requires strengthening. The medicines were stored at the correct temperature and we observed staff administer medicines to people ensuring they knew what they were taking and if they had sufficient water to take their tablets. However some of the medicines for topical use such as creams or eye drops did not have the date they were opened so that staff would not know when to discard them as required by the manufacturer's recommendations. Some staff were also not familiar with the correct procedure to dispose of 'spoilt' medicines. The procedure to dispose of medicine safely was clearly displayed within the medicine cabinet and disposal envelopes and a disposal book were available for staff to use when it was necessary to dispose of medicines.

The arrangements to monitor tablets which are stored under the same conditions as controlled drugs also required strengthening as the number of tablets recorded did not tally with the number of tablets within the pack. While staff had recorded the reason for not administering this medicine in one person's notes the controlled drugs book did not contain this information. The manager was not aware of this and took action to prevent this occurring again.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. People said "The support workers here make me feel safe." Staff we spoke with demonstrated that they knew who to contact should they have any concerns. One member of staff said "If I had any concerns I would go to the manager or the Care Quality Commission." We concluded that staff were aware of their responsibilities to keep people safe.

One person said that they liked to go out with staff and they were looking forward to the trips that had been arranged. We noted that when there was an opportunity for people to accompany staff for example to go to the pharmacy or local shops people were invited to accompany them. There were enough staff available to support people and where vacancies arose these were filled with 'bank' staff that were

Is the service safe?

familiar with the people that lived at the home. We noted that two new staff members had recently joined the service which would reduce the requirement for bank staff in the future. We noted that the new members of staff were shadowing more experienced staff so that they knew how to keep people safe in the home and out in the community.

There were robust recruitment processes in place to protect people from the risks relating to the appointment of new staff and which ensured that staff were of good character before they were appointed to work with people. People had been involved in the interviewing of staff and they said they had enjoyed this very much.

People said that they knew what to do in the event of an emergency. One person showed us the place to go to if there was a need to evacuate the home; they also said that they sometimes helped with the weekly fire test. There were arrangements in place to manage emergencies such as a fire as fire drills had taken place and people and staff were involved together in these. Staff said that the manager had arranged a fire 'quiz' following fire training for people and staff to test their knowledge of the procedures to follow.

Is the service effective?

Our findings

Where necessary the manager had applied for authorisation to restrict or deprive people of their liberty via the appropriate channels. We noted that while people were free to leave the building, they were accompanied by staff to maintain their safety for example their road safety. However not all of the people had the capacity to retain the information given to them in order to make decisions. While we noted that the manager had acted in people's best interests we noted that formal 'best interest meetings' had not been held with relevant people such as their GP.

People's health related conditions such as epilepsy were recorded on the front sheet in their records to alert staff of this. However we noted that the medical condition for one person was not recorded within their care records. The manager took swift action to remedy this and contacted the GP and provided staff with information about the condition, the care records were also updated.

Staff had the skills and knowledge to meet people's needs as relevant training had been provided. One member of staff said that they had received training in epilepsy and were confident and knew how to look after people should they have a seizure when they were out with them in the community. There was also a risk assessment and management plan in place to guide staff as to how to support people who had epilepsy.

The provider had appropriate arrangements in place to ensure that staff received a good induction to the service. We spoke to a member of staff that was new to the home. They said that they had completed training in fire, first aid and management of behaviours before they started to

work at the home. We noted that they were shadowing more experienced members of staff so that people could gradually get to know them and staff could become familiar with how to support them. One member of staff said "I have already seen how staff talks to [name] and I can see how they help [name] to calm down."

Staff said that they received supervisions with the manager on a planned and 'ad hoc' basis and that they were able to discuss training needs and receive feedback on their performance. The manager confirmed that they also received a supervision meeting every six to eight weeks.

People had access to healthcare professionals such as chiropody and dentistry. One person was in the process of obtaining some dentures which would help them to eat their meals with more ease. People had also been taken to see the GP when they had required medicine and we noted that this had been sourced promptly.

People said that they liked the food and that they were able to plan what they wanted to eat. One person said that they liked to help cook the Sunday roast. We noted that people had their preferences for meals and that these were on the menu. One person had a preference for soya milk and we noted that this had been made available for them. Hot and cold drinks were readily available for people to make. For those people that required some support we heard staff ask them if they wanted to have drinks throughout the day. We noted that people had their weights checked on a monthly basis to identify if there were any fluctuations in weight which would need addressing. The manager said there were no concerns about people's food and fluid intake.

Is the service caring?

Our findings

People were supported by a team of staff that approached them in a kind and caring way. There was laughter in the house and staff were able to respond to people in a firm but kind way when they required prompting to complete a task. People said “The staff here are really good, they let me help with household tasks, I like to be helpful.”

Staff said that they loved working at the home and it was clear from their interactions with people that they knew them very well and they had developed a good relationship with people living at the home. We saw that staff were skilled in their interactions and were able to calm people when they became unsettled and distract them with items that interested them.

Staff treated people with dignity and respect. We noted that a visiting maintenance man asked permission of one person to go into their bedroom and do some repairs. Staff knocked on people’s doors and waited for permission before entering. Families and friends had been welcomed to the home one family member said that “The staff are absolutely fantastic they really care for [name].”

People were able to talk to us and tell us what they liked to do and how they chose to spend their day. There was a

variety of activities and people were able to go to day centres, outings and places of interest to them. One person loved listening to music and had been supported to attend an event which had played the music they were familiar with and loved. We saw staff interacting with people and discussing topics that were of interest to them such as football and their life history. People’s spiritual needs were known and staff supported people to attend the church services of their choice.

We heard people expressing their view about how they wanted to spend their time, and we heard staff making plans for people to attend a disco or to go to an allotment where they loved to grow vegetables. When one person had got upset as they thought the planned activity had been cancelled we saw staff respond in a kind and caring way and sorted out the misunderstanding to people’s delight. One person said that the manager “Really listens to me and we sort out what I want to do.” There was an advocacy service available for people to use should they need some independent guidance and support and we noted that advocacy had been used for one person in the past.

The manager said that they had involved people in recent interviews for staff and people had enjoyed this very much and had given their opinion and had asked questions about things that were important to them.

Is the service responsive?

Our findings

One person that had come to live at the home had been accompanied by staff from their previous placement. This meant that they had familiar staff with them who could guide and advise the staff as to how the person liked to be supported; such as regular phone calls to people that were important to them.

People were encouraged to discuss their views about how they wanted to be supported, and what they would like to achieve, this included opportunities to increase their skills by attending supported work placements. People told us that they had talked to staff about what they wanted to do and staff had supported them to achieve this. For example one person had wanted to lose weight and give up smoking and staff had supported this and they were now smoking fewer cigarettes and taking more exercise. Another person had wanted to walk to the local shops and collect a newspaper every morning and we were told by the manager that staff supported this.

People's likes dislikes and hobbies were known by staff and we were told that one person was teaching a member of staff to play chess as this was one of their interests. People were able to have pets to care for and staff that supported them to look after them. One person said "I am good with animals; I have a guinea pig that I look after." Another person had a rabbit to care for. We concluded that the staff team knew what was important to people and ensured that their needs were met.

People told us that staff responded to their needs in a timely manner. Relatives also said that they felt that staff had "worked miracles" as their family member was now in a much better state of health. The manager also said that some of the staff had a very good knowledge of people as they had known them for many years, this enabled staff to recognise and respond to people's needs.

Staff had a good understanding of what situations may cause people to become anxious and were able to describe how they would talk to people so that they became more settled. We observed staff respond swiftly when people became unsettled and they were able to talk to them and allay their anxieties.

One person had a sensory impairment which meant that they were not able to sign their name; we saw that they had been provided with a 'rubber stamp' so that they could 'stamp' their name on records that required a signature. They said "I can put my name on things now." We noted that there were other items available for people to use to help with independence when walking in the community and we were told by one person that they were looking forward to getting a talking watch to help them know the time of the day.

People we spoke to said they would talk to staff if they had a complaint. One person said "I don't have any complaints, I'm happy." The provider had a system in place to manage complaints and concerns about the service. This included questions such as "Are you satisfied with our service." And if people had raised a complaint "What would you like us to do about it." We saw that one complaint had been raised and then later withdrawn. The manager said that if people had any concerns they usually came and spoke to them about it and it was resolved. However these concerns were not recorded so we were unable to determine what people were concerned about and how these had been resolved. An advocacy service was available for people to access if they needed independent support to raise concerns but this had not been accessed by people living at the home. However the advocacy service had been used for situations other than complaints.

Is the service well-led?

Our findings

The service was not always well led as actions to improve the quality of the service had not always been taken in a timely way. Audits undertaken by senior staff had identified areas for the manager to act on to make improvement within the home, such as staff training. We also saw that the local authority had completed a quality monitoring report which had also identified actions to be taken. While the manager had focussed on addressing the areas identified by audits and monitoring visits continued action was still required to complete and to sustain the improvements and therefore maintain the quality of the service.

Feedback from people and their families was gathered in an informal way regarding their satisfaction of the service. However we did speak with one relative and they said that they were very happy with the care and support their family member was receiving. We discussed with the manager how they made changes to the service as a result of feedback from people. They said there had not been any complaint investigations and people's concerns had been addressed before they became formal complaints. Therefore we were not able to determine if any of the concerns raised had resulted in changes to practice at the home.

In general people had an opportunity to be involved in the running of the home as systems and processes were in place such as residents meeting's. The minutes of residents meeting had included people's requests for changes in some of the foods and requests for holidays and days out. We noted that staff had researched the availability of holidays and days out for people following the residents meetings.

People said they liked the manager and they were good at their job. Staff also said the manager was approachable and supportive. Staff had been empowered to develop ideas to benefit people living at the home. These had included ideas to increase people's fitness levels. One member of staff said that they had taken their ideas to the manager and they had been supported to carry these through.

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people such as a good quality of life with activities they enjoyed. Staff told us that they liked working at the home, and were pleased that two new members of staff had joined the service. We spoke with one member of staff that had just started their induction and they were able to tell us the key values of the service and the part they played in delivering them.

Staff knew what to do if they wished to raise concerns outside of the service. We noted that the provider had a whistleblowing policy in place for staff to follow if they wanted to raise concerns. Staff told us they knew about the whistle blowing policy and how to access it. One member of staff said "If I had concerns I would ring the Care Quality Commission."

The manager was supported in the running of the home by a senior manager who provided supervision and conducted visits to the service. We spoke with the senior manager and they said that they had regular contact with the manager and that the manager had also received support from other senior staff that had conducted audits and provided the manager with action plans.