

## Spindrift Care Home Limited

# Spindrift Care Home Limited

### Inspection report

36-39 Cleveland Rd,  
Lytham St. Annes  
FY8 5JH

Tel: 01253 737014

Website: [www.spindriftcarehome.co.uk](http://www.spindriftcarehome.co.uk)

Date of inspection visit: To Be Confirmed

Date of publication: 16/09/2015

### 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



### Overall summary

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.

The systems for monitoring the quality of the service were consistent. Staff followed identified aims and objectives. Feedback received from people, their representatives and visiting professionals through the inspection process was positive about the care, the approach of the staff and

atmosphere in the home. Some general comments included, "I would recommend the home to anyone it is so homely," and "This is a good home we were lucky to find it. People are well looked after and staff are so friendly."

People told us they felt they were safe and well cared for by the staff working at the home. Staff undertook safeguarding training and knew the correct procedures for reporting any suspicion of abuse. Recruitment records

# Summary of findings

showed there were systems in place to ensure staff were suitable to work at the home. Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Relevant guidelines were available within the home for all staff to reference. Staff at all levels had an understanding of consent and caring for people without imposing any restrictions.

People were very complementary about the food and the choices available. One person said the food was always “excellent.” Mealtimes were unrushed and people were assisted according to their need. Staff monitored people’s nutritional needs and responded to them. The availability of snacks and beverages allowed for a homelike environment and a flexibility that promoted regular eating and drinking.

People had access to health care professionals when needed. Staff supported people and their relatives to ensure this access was well used and appropriate. A healthcare professional told us staff referred people to them appropriately and followed their advice and guidance to promote good health. There was a variety of activities and opportunities for interaction inside and outside of the home which met individual need. This took account of people’s physical and mental needs. All visitors felt they were welcome to come whenever they wanted to.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. A complaints procedure was available for people to use.

Staff were provided with a training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills so that people’s needs could be met in a timely and safe fashion. Staff felt well supported and on call arrangements ensured suitable management cover.

Staff knew and understood people’s care needs well and there were systems in place for all staff to share information. The care documentation supported staff with clear guidelines and reference to people’s choices and preferences. This ensured staff responded to people on an individual basis.

The home was clean and maintained. However, some areas of the home need attention after a new boiler system had been installed. The registered provider gave us assurances that these matters would be dealt with as a matter of priority. .

Individual risk assessments were undertaken and reflected those associated with people living with dementia and a person centred response to individual risk. Procedures were in place to ensure emergency situations were responded to quickly and safely. Feedback was sought from people, relatives and staff. Staff meetings were being held on a regular basis and staff handover meetings enabled staff to be involved in people’s care and the running of the home. People were encouraged to share their views on a daily basis and satisfaction surveys were being used.

# 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 safe.

People were protected from abuse and avoidable harm.

Medicines were stored appropriately and there were systems in place to manage medicines safely.

People had individual assessments of potential risks to their health and welfare. These had been regularly reviewed and ensured risks were reduced and managed effectively.

There were sufficient staff numbers to meet people's personal care needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the necessary skills and knowledge. Staff had up-to-date training and regular supervision.

People's nutritional needs were assessed and recorded. People were consulted with about their food preferences and were given choices to select from.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff had a good understanding of people's care and support needs. Communication systems worked well and ensured staff were made aware of people's current care and support needs.

Good



### Is the service caring?

The service was caring.

Everyone was very positive about the care provided by staff to them, and to other people in the home.

People were encouraged to make their own choices and had their privacy and dignity respected.

People were supported by kind and caring staff who knew them well.

Good



### Is the service responsive?

The service was responsive.

People had the opportunity to engage in a variety of activities inside and outside of the home, these met their individual interests.

People were made aware of how to make a complaint and these were responded to proactively. People were asked about their views on the service and these were taken into account.

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The registered manager had a high profile in the home. They were readily available to people, staff and visitors and responded to what people told them.

The systems for monitoring the quality and safety of the service were consistent.

Staff followed identified aims and objectives.

Good



# Spindrift Care Home Limited

## 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 21 and 22 April 2015 and was unannounced. Our visit was unannounced and the inspection team consisted of the lead adult social care inspector for the service, a specialist nurse advisor in the care and support of older people, and an expert by experience. An expert by experience is person who has personal experience of using or caring for someone who uses this type of service.

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 records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection nine people told us about the care they received. We spoke with seven members of staff which included the registered manager, a cleaner, chef, care staff and the registered provider. During the inspection we also spoke to three relatives. We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining area.

Some people who lived in the home were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore we spent time observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. This was a way of observing the care provided to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included four people's care plans, four staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the home.

We 'pathway tracked' four people living at the home. This is when we look at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

People told us they felt safe at the service and with the staff that looked after them. When we asked one person about their safety they said, "I wouldn't stay here if I didn't feel safe." They described what staff did on a daily basis to help keep them safe and well.

People's care records were held electronically and paper copies of the care were available for staff to refer to. Risks assessments in relation to people's health such as nutrition, pressure ulcers and falls had been completed. The care plans provided staff with the guidance in managing risks safely, which had been discussed with the person and their representatives where appropriate.

People said they always got their medicines when they needed them. Staff were professional in their approach checking that each person wanted to receive their medicine and that they took it. Staff also asked people if they had any pain or discomfort and responded to the feedback received. The medicine storage arrangements were appropriate. These included a drugs trolley and suitable medicines storage cupboards and fridge. Checks were maintained on what medicines were received into the home and what was returned to the pharmacy. Medicine administration was undertaken in a safe and person centred way. Staff had undertaken training in the administration of medicines. They completed the medicines administration records (MAR) chart once the medicine had been administered safely.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis and this gave staff the opportunity to discuss abuse and how it can be recognised. Staff were able to describe different types of abuse that they may come across and referred to people's individual rights. Staff gave us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by any of the staff team. Staff knew where the home's policies and procedures were and senior staff knew how to raise concerns with the police or the social services directly as necessary. All staff knew to raise

concerns with senior staff and to seek further advice from the local authority if needed. Senior staff gave us examples of when they had raised a safeguarding alert and how this had been processed in the past.

The home was clean and was well decorated and maintained internally. However, some areas of the home needed attention after a new boiler system had been installed. A treatment room had been requested by the local district nursing team, in order for them to provide treatment in private. The allocated room was found to be unsuitable in its current state with various items of clothing and other items stored under the couch, and open brickwork on the wall where an old heating boiler had been located. We did note that there were plastic open topped bins in various parts of the home, and we pointed out these would be more appropriate if they were pedal-operated bins. The registered provider gave us assurances that these matters would be dealt with as a matter of priority.

The provider had systems to deal with foreseeable emergencies. Contingency and emergency procedures were available and covered what to do in the event of a gas leak, electrical failure and flood. Staff had access to relevant contact numbers in the event of an emergency. Staff knew what to do in the event of a fire. Fire procedures and fire risk assessments were in place. There was an emergency on call rota of senior staff available for help and support. The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation.

Systems were in place for staff to assess risks for people and to respond to them. Records confirmed people were routinely assessed regarding risks associated with their care and health needs. These included risk of falls, skin damage, nutritional risks and moving and handling and going out in the community. People's risks were reflected within individual care plans and ensured staff had guidelines to follow to keep people safe.

People were protected, as far as possible, by a safe recruitment practice. The registered manager was responsible for staff recruitment and followed the organisations recruitment policy. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

## Is the service safe?

One staff file demonstrated the management took appropriate action to deal with poor staff performance following a medicines error and the not following of the procedure.

Staff told us how staffing was managed to make sure people were kept safe. Staff knew people well and monitored people's individual needs responding to any increasing need. For example, when one person had very

high needs due to emotional distress additional staff were provided. Staff and people told us there was adequate staff on duty to meet people's care and support needs. One person said, "There is always someone around to help if needed." The staffing arrangements took account of the people's individual needs and ensured staff were available to attend to people when they needed support.

# Is the service effective?

## Our findings

People told us they found staff to be appropriately skilled and experienced in meeting their needs. A relative spoke positively about staff's knowledge and understanding of their family member who was living with dementia and how staff helped to promote their wellbeing. People told us that the care they received was good for them. People felt that they made choices and their preferences were responded to. People said they could do what they wanted to when they wanted to with no restricted routines. Visiting relatives told us the home had a relaxed and friendly atmosphere.

People said they enjoyed the food and that there were always seconds available. One person said, "We always have plenty of food, fruit and sweets." The chef had a detailed knowledge of people's preferences and needs. This included health needs and personal preferences. The registered provider explained that the chef and catering team were soon to start using food supplied by a company that manufactures and delivers ready meals. The chef explained that meals were pre-ordered and based on people's preferences, and that these were then stored in the freezer at the home, and reheated. We asked about how people were supported to make choices about these meals, and he explained daily menus were to be produced and that these would be also in picture form, and that if people didn't want what was on the menu, the catering staff would still be able to cook an additional meal.

Staff monitored and responded to people's nutritional needs and preferences. Most people ate their midday meal in the dining room. However, other areas were available if people preferred, including the lounge. Staff spent time encouraging and supporting people when needed in an unrushed and discreet way. Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. A system was in place to record and monitor what people had eaten and in what quantity. These records were accurate and used by staff on a daily basis to identify any changes and trends in people's eating and drinking.

Equipment to promote independent eating and drinking were used and included plate guards and mugs with two

handles. There were menus on display to inform or remind people what was available for meals during the week. Throughout the day people were offered regular drinks and snacks and asked freely when they fancied an extra cup of tea. People were encouraged and supported to eat what they fancied when they wanted and to drink regularly. This ensured people with dementia were able to maintain their nutrition and hydration as they were not limited to specific time scales.

People received care from staff who had appropriate knowledge and skills. People told us staff were well trained and understood their care needs and they felt well supported. One person said "The girls are so well trained aren't they, we're well looked after." A relative, said, "The staff all seem very informed with the skills to look after the people living in the home." Staff told us they received training and support which provided them with the necessary skills and knowledge to meet the needs of people living in the home. One new staff member told us the induction training they received was suitable and included a period of shadowing and working with senior staff. The shadowing had allowed them to understand people's individuality and the different approaches that suited people. Staff had a sensitive approach to people that responded to the reaction they received back from people. For example, when talking to one person, when they became a little bit distressed staff knew to stop and restart the conversation after a short break.

Records confirmed a programme of training was in place. This included essential training which gave staff additional skills to work in the home. This included dementia and challenging behaviour. Staff told us they enjoyed their work and felt well supported by the management of the home and the organisation. Staff felt they could speak to the registered manager and more senior staff in the organisation if they needed to. Staff had regular contact with the registered manager and individual supervisions were undertaken on a periodic basis based on the staff's training needs and work. These included reflection on practice and discussion around professional development. Staff told us these sessions were useful and they felt they were listened to and had the opportunity for further training discussed. For example, one staff member confirmed they were developing their individual skills and was undertaking a management qualification. This was to support their more senior role in the home and was being financed by the provider.



## Is the service effective?

The registered manager explained that a new staff structure had recently been introduced. This had involved the identification of staff who could act as “work placed champions” within the home. These staff would provide leadership in a specific area within the home such as dementia, safeguarding or medicines. Staff we spoke with explained that they were excited about this new development and that they had received training and mentoring from the registered manager in order for them to improve their skills in areas such as liaison with stakeholders, communication with colleagues and the promotion of their specific area of concern.

All staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) as part of their essential training. There were relevant guidelines in the home for staff to follow. This act protects people who lack capacity to make certain decisions because of illness or disability. The safeguards ensure any restrictions to their

liberty have been authorised appropriately to protect people. Following admission people were assessed as to what decisions they were able to make and what ones they may need assistance with. Staff understood processes to follow when people lacked capacity to make decisions for themselves, along with their legal responsibility to protect people’s rights. Discussion with the registered manager confirmed that DoLS had been applied for in the past and relevant advice had been sought in relation to possible restrictions to people’s liberty.

Staff worked with external health and social care professionals to support people with health and social care needs. One person told us staff were attentive to people’s needs and responded to them. Care records confirmed regular reviews of people’s health needs took place and the incorporation of the advice and support of health care professionals was adhered to.

# Is the service caring?

## Our findings

People told us that staff were caring and kind towards them. One person said, “Everyone [staff] I’ve seen I feel is very good.” Another person said “The management is superb and the staff are wonderful, they are very kind.” People told us they had a positive relationship with the home’s staff who knew how they liked to be supported.

During our observations we heard and saw staff interact with people in a caring, pleasant and patient way. All staff demonstrated skills in listening and responding to people as individuals. When listening staff lowered themselves to a position where they could be close and maintain eye contact. Staff told people they were there to help them. Observations in the lounge and dining room showed staff were continuously attentive to people. Staff approached people in a sensitive way, they did not rush people and supported them to do things that they wanted to do and in a way that took account of individual preference and needs. For example, one person took a long time to eat their meal. Staff encouraged this person to eat independently and tempted them with different foods and drinks at different times throughout the day.

All staff, including catering and domestic staff, undertook dementia awareness training, and this included training on equality and diversity issues. Through discussion with the staff it was clear that they had a good knowledge and understanding of the people they cared for and had established caring relationships with them. Care and support was provided with good humour and staff and people enjoyed each other’s company. Staff were able to tell us about people’s choices, personal histories and interests. For example, staff knew one person liked to watch opera and they were supported to do this with the use of a computer and the internet.

Staff talked to people and involved them whenever possible in the assessment process. Records confirmed that people or their representatives were involved in planning the care and support to be delivered, on an individual basis.

People and relatives told us they considered they were treated with respect and dignity. They, along with visiting professionals, talked about the homely and pleasant atmosphere maintained by staff. Another visiting health professional told us how staff always escorted them to people’s rooms and introduced them. This was also staff practice during the inspection. This ensured people were treated respectfully and had private space for treatments and private conversations.

Staff actions supported people in a respectful and dignified way. For example, a staff member maintained a person’s dignity by understanding their perception. This person was concerned about eating their meal, as they did not understand who had provided it and paid for it. Staff responded by assuring the person that this was not a problem. Staff knocked on doors before entering and spoke to people as adults. They were kind and looked at people when they engaged with them. People were dressed according to their own wishes and tastes.

Key areas in the home were signposted in a way which supported people to find their way around the home independently. This included the toilets. This enabled people to use the toilet independently whenever possible. The signposting was not intrusive and did not detract from the pleasant environment that allowed everyone living in the home to look upon it as a home. It was clear that where people wanted to have personal items in their rooms, they were free to do so. People’s bedrooms varied in the personal items on display, with some rooms full of individual memorabilia.

# Is the service responsive?

## Our findings

People told us that they were happy with the care and support they received and that staff were responsive if their health was of concern and supported in a way they wished to be. One person said, “I can wash and dress myself” and another person said, “I don’t like to wear certain clothes, and I’ve told the staff” and they went on to say staff respected their preference once told.

People had full needs assessment completed before admission to the home. This was completed in consultation with people and their representatives, and was used to establish if people’s individual needs could be met. The assessment took account of people’s beliefs and cultural choices. This included what religion or beliefs were important to people. Care plans were written following admission and reviewed on a monthly basis. We noted that the content of some sections of the electronic documentation, for example, the evaluation section, could be better used to update the actual care plan, and report on the results of interventions rather than detail planned changes to the care plan. Care plans included daily preferences for example, what people liked to do during the day. One person enjoyed opera. This was recorded. Staff facilitated this person’s interest and encouraged them. People felt they were consulted about their care. One person said, “I like to tell people what I want to do during the day, and the staff help me.” Care plans also reflected how individual care needs were to be met in a person centred way. For example, one person suffered with anxiety and staff were given clear individual guidelines on how to respond to these.

Everyone was engaged with and had the opportunity to participate in activities and entertainment as they wished.

Some people preferred to have individual time with staff to chat, read newspapers or have their nails filed or painted. One person enjoyed music and sang with staff. People and staff were seen to enjoy each other’s company and had fun. People told us they had were happy in the home. One person said, “I’m not bored, I have plenty to do.” Relatives told us the activity in the home was a huge bonus for people. One relative said, “The various activities are really good, always something going on in the home.” The variety of activity and entertainment included regularly going out from the home. Outings were arranged on an individual basis, including shopping or going to a café. The home supported people to maintain links with family and with other important people to them. Relatives told us they could visit at any reasonable time and spend time with people.

People and relatives told us they would raise a complaint if they needed to, and would speak to the registered manager or senior staff. They felt they would be listened to and any complaint would be responded to effectively. One relative said, “I do not have any complaints but any niggles that I have raised have been resolved quickly.” The service user guide contained information on making a complaint and a full complaints procedure was available in the office. Records confirmed that complaints received were recorded and dealt with effectively. When dealing with the complaint the registered manager communicated with the complainant and involved them in the resolution.

People were encouraged to share their views on the service on a daily basis during discussion with staff. The registered manager and senior staff were readily available to people. Notes of meetings between staff, residents and relatives were recorded and corresponding action plans were written when issues needed to be dealt with.

# Is the service well-led?

## Our findings

Information held with the management records showed that the registered manager and provider had good oversight of the planning, delivery and monitoring of the care and treatment provided in the home. The systems operated ensured that staff took action to mitigate against the risks associated with providing care and treatment. We found documentary evidence to show that regular checks, audits and reviews took place which included checks of the environment, equipment, care plan records, medicines, infection control measures, cleanliness, staff recruitment and training.

People told us they were happy living at the home and felt the home was well managed. People said they were listened to and could talk to either the registered manager or senior staff about anything. Other staff were also approachable and would listen. People liked the relaxed and friendly atmosphere in the home. Two relatives were positive about the management arrangements saying the manager was effective. One said, “The manager is friendly always there if you need her.”

The registered manager told us they felt well supported by the organisation and registered provider. Discussions between the registered manager and provider took place daily, and it was clearly evident that they worked well, and fostered a team ethos to the running of the home. Staff at

all levels told us how much they enjoyed working at the home. They talked about an excellent team spirit and looking after each other. One staff member told us how they had been supported through a health problem. This team spirit promoted a good working environment where staff felt able to complete their work with confidence.

Staff told us they were able to discuss any concerns with the registered manager and senior staff. They were confident they would be addressed appropriately and confidentiality would be maintained. Staff had a clear understanding of their roles and responsibilities. There was an on call arrangement to ensure advice and guidance was available every day and at night. Records confirmed that management dealt with staff disciplinary matters effectively.

Staff worked well together and communicated regularly with each other throughout the inspection visit. Staff said that they knew what tasks had to be undertaken and they were given clear instructions from the senior staff. Handover meetings were held on a daily basis and were used to facilitate communication. Staff said they felt they were listened to and their views were taken into account. Staff meetings were held on a regular basis and all staff had the opportunity to participate. Records confirmed they were well attended and minuted. The meetings included a training element as well as opportunities for staff to make suggestions for improvements.