

Panchadcharam Jegamuraleetharan Spencer House

Inspection report

Spencer Road
Birchington
Kent
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28 March 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection visit was carried out on 28 March 2017 and was unannounced.

Spencer House provides care for up to 25 older people some of whom maybe living with dementia. At the time of the inspection 22 people were living at the service. Spencer house offers residential accommodation over three floors, has two dining rooms and two lounges, there is a stair lift to access the first and second floors. Spencer House is situated in the village of Birchington, there is a secure garden at the rear of the premises.

The service does not have 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 requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a manager in post who was not present on the day of the inspection. During the inspection we were supported by the provider.

People told us that they felt safe living at the service, however, the provider had not consistently completed checks on the environment to ensure people remained safe. The environmental risk assessments were not up to date. Water temperatures had not been checked to ensure that they were at a safe level to reduce the risk of scalding. There were no personal emergency evacuation plans (PEEP) for each person, to inform staff about how to evacuate people safely. Staff and people had not taken part in a fire drill, there was a risk that they would not know how to leave the building safely.

People told us that they received their medicines when they needed them. However, medicines were not consistently recorded and managed safely. There were audits and quality assurance systems in place, but these had not been completed consistently. Audits had identified shortfalls, but, the provider had not taken action to rectify the shortfalls. Feedback from people, staff and relatives had not been analysed and used to improve the quality of the service.

The provider had not maintained complete and accurate records; safety certificates were not available at the time of the inspection. After the inspection copies of the safety certificates were provided.

People were protected from the risks of abuse and avoidable harm. Risks to people were assessed and there was guidance for staff on how to reduce risks. Staff were confident that any concerns raised would be investigated to ensure people were safe. They knew about the whistle blowing policy and, if required, to report concerns to agencies outside of the service. There were systems in place to record and receipt any monies spent which were regularly audited.

Accidents and incidents had been analysed to identify trends and patterns. Action plans and risk assessments had been put in place to reduce the risk of them happening again.

Recruitment processes were followed to make sure staff employed were of good character. There were sufficient staff on duty, and contingency plans to cover a shortage of staff in an emergency.

People received effective care from staff who had the knowledge and skills to carry out their roles. The provider had identified that some training needed to be refreshed and training had been booked to address the shortfalls. Staff were knowledgeable, able to tell us and we observed how they put their training into practice.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The provider understood their responsibilities in relation to DoLS. The requirements of the Mental Capacity Act 2005 (MCA) had been met. Staff understood the importance of giving people choices and gaining consent.

People were offered a choice of healthy meals which people told us they enjoyed. Staff monitored people's weight to make sure they remained as healthy as possible. People were referred to specialist health professionals when needed and staff followed the guidance given.

People told us they were treated with kindness and their privacy and dignity were respected. Staff knew people well and supported them to be as independent as possible. People's records were stored securely to maintain confidentiality.

People were involved in planning their care and support. People received care and support that was individual to them. People told us that there were not enough activities for them to enjoy, the provider had employed an activities co-ordinator to address this shortfall.

People knew how to complain and raise concerns, they were confident they would be listened to. Complaints received had been analysed and any improvements identified had been made.

The management team worked with staff each day and encouraged an open and transparent culture. Notifications to CQC had been submitted in line with guidance.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some checks on the environment had not been completed to keep people safe.

Medicines were not managed safely. There was no guidance to ensure people received 'when required' medicines safely.

Risks to people had been assessed there was clear guidance to make sure staff knew how to keep people safe as possible

People were protected from abuse and harm.

People were supported by sufficient numbers of staff, who had been recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people safely. Staff had received supervision and appraisal to identify their development needs.

People were encouraged to make their own decisions. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been submitted in line with guidance.

People were supported to maintain good health and had access to health care professionals when needed.

People were given a choice of healthy meals.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. Staff knew people well and their likes and dislikes.

People were encouraged to be as independent as possible.

People were treated with dignity and respect. Staff gave people the support they needed in a discreet manner.

Is the service responsive?

Good ●

The service was responsive.

Detailed assessments were completed before people moved into the service.

Each person had a person centred care plan that detailed their choices and preferences.

There were limited activities available. People were supported to go out into the community.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Checks and audits had not been consistently completed. Shortfalls identified had not been addressed. Accurate and complete records had not been maintained.

The systems in place to gather people's and relatives views lacked analysis to help work towards continuous improvement of the service. The feedback had not included views from other stakeholders such as health care professionals.

The provider worked with staff to promote an open and transparent culture.

The Care Quality Commission (CQC) had been notified of important events within the service, in line with current legislation.

Spencer House

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.

The inspection took place on 28 March 2017 and was unannounced. It was carried out by one inspector and an expert by experience who spoke with people, families and relatives. Our expert by experience had knowledge, and understanding of residential services or caring for someone who uses this type of care service.

The provider had not completed a Provider Information Return (PIR), as the inspection had taken place sooner than planned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. We looked at notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or serious injury.

We looked around areas of the service, and talked to six people. Conversations with people took place in people's rooms and the main communal areas. We did not use the Short Observational Framework for Inspection (SOFI) as people were able to talk with us.

We reviewed records including three care plans and risk assessments. We looked at a range of other records including staff files, staff induction records, training and supervisions records, staff rotas, medicine records and quality assurance surveys and audits.

We talked with relatives who were visiting people, the provider, care staff and domestic staff. We spoke with health care professionals before and during the inspection.

This was the first inspection since the service was registered by new providers in April 2016.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "It is lovely here, it is very homely and I feel very safe and comfortable." However, regular health and safety checks of the environment had not been completed consistently to ensure people were safe.

There were no water temperature checks recorded, to show that the water temperature was within a safe range to reduce the risk of scalding. This included checks of the hot water temperatures in people's bedrooms. When people had a bath staff recorded the water temperature, these records showed that the water temperature was within a safe range. There were no recent environmental risk assessments, to identify any risks to people's safety. The fire evacuation plan had not been reviewed and updated since 2015. There had been no fire drills recorded, there was a risk that staff and people would not know what to do in the event of a fire.

Following the inspection, the provider recorded the water temperatures at the service. The documents provided showed that water temperatures were within the range to reduce the risk of scalding. A fire drill was completed following the inspection.

There were no personal emergency evacuation plans (PEEPS) available. There was a risk that staff would not know how to evacuate people safely in the event of an emergency.

The provider had failed to complete checks to ensure the environment was safe. The provider had failed to provide guidance to evacuate people safely in the event of an emergency. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records of maintenance audits and checks were not up to date. The provider told us that there had been a fire risk assessment completed in 2016 by an outside contractor, but there was no record of this. The provider sent us evidence of the fire risk assessment completed in August 2016 after the inspection. There were safety certificates in place for gas appliances and hoists, but there was no safety certificate for the stair lift for 2016. The provider sent us copies of the required safety certificates after the inspection.

People told us that they received their medicines on time. We observed medicines being administered. People were given time to take their medicines and any questions they had were answered. However, medicines were not always recorded, ordered and managed safely.

Some medicines once opened were effective for a limited period of time. The date ear drops and bottles of medicines had been opened had not been recorded. There was a risk that people would receive medicine that was not effective as it may be out of date.

Some people were prescribed medicines 'when required', such as pain relief. Guidance had not been provided to staff about 'when required' medicines should be given, how often and the maximum dose in 24 hours. There was a risk that people would not receive their medicines as prescribed. Some instructions on

the medicine administration records (MAR) charts had been hand written by staff. These instructions should be signed by two staff to confirm the instruction was correct, this had not been completed.

Some people were prescribed creams to be applied to their skin. There was no guidance for staff about where the cream should be applied, how often and how much. The recording of creams being applied was a tick in the MAR chart. There was therefore a risk that creams were not being applied as prescribed.

There were some medicines that required storage in a fridge. The temperature of the fridge had been recorded twice a day, records showed that the temperature had been the same for three months. Staff had not been recording the temperature correctly. There was a risk that the fridge temperature had been higher than recommended and medicine would not be effective.

Medicines were dispensed from a monitored dosage system. People's medicines supply for 28 days should start on the same day, this minimises the risk of medicines not being available. There were medicines that had been dispensed at different times during the 28 day period. This meant it was difficult to maintain a continuous stock. The provider told us that they were aware of this, they were trying to organise the prescriptions with the GP surgery to address this issue.

The provider had failed to manage medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living with diabetes had detailed risks assessments showing guidance on how to reduce risks and keep people safe. For example, there was guidance for staff about people living with diabetes. The care plan detailed what levels of blood sugars were normal for the person, what action to take if the levels became too high or too low and what signs to look for. There was an admission avoidance care plan, staff had guidance on what to do before they decided to contact the emergency services.

Staff had guidance on how to support people with specific behaviour. One person's care plan stated, 'when (the person) has had enough they will raise their voice. Move away and put on their favourite music (listed the music).' There was guidance on how the person behaved when they needed to use the bathroom and the questions that the person responded to best. The guidance helped staff to reduce the triggers for the person's behaviour.

Accidents and incidents were recorded, the manager analysed the reports to identify any patterns or trends. The manager had put action plans and risk assessments in place for people who had been identified by the analysis to reduce the risks of the incidents happening again.

People were protected from the risks of abuse. Staff received training in safeguarding adults and were aware of the whistle blowing policy. They knew what to do if they suspected any incidents of abuse. Staff felt that they could speak to the manager or the provider if they had a concern and that they would be listened to and action would be taken if needed. Staff told us, "If I felt the manager had not taken action I could report concerns to the local safeguarding team, there is a phone number on the wall."

There were systems in place to ensure people's finances were protected. Monies received and spent were recorded and regularly audited.

Staff were recruited safely. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. These checks included written references and a full employment history. Any gaps in people's employment history were discussed at interview and recorded. Disclosure and Barring

Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

There were sufficient staff on duty to meet people's needs. Staff rotas showed that there had been consistent numbers of staff on duty. The provider and staff told us that annual leave and sickness was covered. Agency staff were used when needed, records showed that the same agency staff were used so they knew people. On the day of the inspection there was an agency member of staff, people knew their name and were happy for the member of staff to support them.

Is the service effective?

Our findings

People were supported to make choices about the care and support they received. People told us that staff supported them when they needed them. One person told us, "They answer the bells quickly, when I need them." People told us they enjoyed the food and commented, "I like the food we have a choice" and "The food is good and well cooked, I haven't asked for anything different but you know you could if you wanted to."

Staff told us that they felt supported by the manager and the provider. The staff said they could speak to the manager and provider at any time. The provider was present at the service daily and worked with the staff to provide care and support to people. Staff had received formal supervision but this had not been as often as the provider would like. There was a plan in place to increase the formal meetings with staff to discuss their development and training needs. This was an area for improvement.

The outcome of the staff supervisions and a training audit had identified areas of training that needed to be up dated. The provider had booked training sessions for all staff to attend and to meet the identified shortfalls. Staff received basic training and additional specialist training to meet people's needs to be able to undertake their roles effectively and safely. Staff were encouraged to complete adult social care vocational qualifications. Vocational qualifications are work based awards achieved through assessment and training. To achieve vocational qualifications staff must prove that they are competent to carry out their role to the required standard.

When staff began working at the service they completed an induction. This included shadowing experienced members of staff to get to know people, their routines and preferences. Staff received core training including moving and handling, safeguarding and fire awareness.

Staff told us that they had the skills to meet people's needs. We observed staff putting their training into practice. Staff safely assisted people to mobilise around the service. Staff supported people following guidance in the person's care plan, ensuring that the person felt safe and confident. Staff understood how to support people with their health needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 so that they can 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager and provider understood their responsibilities in relation to DoLS. They had submitted DoLS applications in line with guidance. This had been recorded in people's care plans, no DoLS had yet been

authorised. When people were unable to make decisions, best interests meetings involving relatives and health care professionals were held. When people were able to make their own decisions there was no record that their capacity had been assessed. This was an area for improvement.

People were encouraged and supported to make their own decisions. We observed staff giving people choice about what they wanted to eat and drink and where they would like to spend their time. Staff respected people's decisions and ensured they had consent before supporting them.

People were offered a choice of healthy food and drinks which they enjoyed. People told us, "The food is always good and there is plenty of it" and "They give me just the right amount and I do enjoy it, it's always hot and I eat in my room as I prefer that."

People are given a choice of meals each day; however, there was not a menu on display. People were told the choice of meals on the day. The provider told us that a menu was going to be introduced. This was an area for improvement.

We observed the lunch time meal. It was a social occasion; people were chatting and seemed happy in each other's company. People were offered a variety of drinks; these were topped up during the meal. Some people were assisted with their meal by staff. There was conversation and the staff allowed the time the person needed to enjoy their meal. Some people who had problems with swallowing required a puree meal. These meals looked appetising and people enjoyed them.

Some people were not eating all their meals and were at risk of weight loss. Staff recorded what people ate and drunk. People were offered snacks through the day and staff monitored their weight to check it was stable.

Staff monitored people's health and had access to health professionals. They were able to explain how they supported a person living with diabetes and what action they would take if the person was feeling unwell. A health professional told us that staff had managed a situation where a person had low blood sugar, safely and quickly. Staff referred people to specialist health professionals such as dieticians and speech and language therapists as needed. Staff followed the guidance given to keep people as healthy as possible. People were encouraged to attend optician and dentist appointments.

Is the service caring?

Our findings

People spoke positively about the care they received and the kind caring nature of staff. One person told us, "It is so cosy here, nothing like I thought a home would be." Another person said, "I like it here they take good care of me."

People personalised their rooms in line with their particular likes and preferences. We were invited by someone to see their room. They had photos of their family and their favourite pictures. They told us, "It's a bit untidy but that's how I like it."

People said their dignity and privacy was respected and promoted. Staff respected people's personal space and were discreet when supporting people with their personal care. One person told us, "The staff help me wash, they put a towel or blanket over me so it's private and that makes me feel they are looking after me." Another person said, "They knock on my door and the curtains are closed when they are in here."

Staff communicated effectively with people, speaking quietly and calmly, allowing people to respond in their own time. Staff were observed speaking to people in a discreet way, supporting them to go to the bathroom. Staff spoke with people with warmth, empathy and genuine concern for people's wellbeing. People told us that staff knew them well and did not rush them. A relative told us, "My (relative) looks good, is happy and they treat them well."

People told us they were involved in planning their care and support and it was provided in a way they had chosen. People's personal choices were reflected in the care plans. People received the support they needed, in the way they preferred. One person told us, "I get up and go to bed when I want to."

Some people decided to spend time in their rooms. Staff respected this and checked on them to make sure they had everything they needed. Staff answered the call bells promptly, when people needed assistance.

People were encouraged to be as independent as possible, staff were observed supporting someone to walk with a walking frame. They were letting the person know they were safe, giving them encouragement about how well they were doing. Staff had put a support belt, a belt with handles that staff can hold, around the person to give them reassurance. The staff did not need to use the belt but this gave the person confidence to walk back to their room.

People were encouraged to maintain relationships with friends and relatives. Relatives told us they could visit at any time and made to feel welcome, "They always make us comfortable and we have a cup of tea and can talk in private." Another person told us that they had their own phone line so that they could keep in touch with family abroad.

Care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When asked questions about people staff answered in a quiet voice so not everyone was able to hear.

At the time of the inspection no one was receiving end of life care. Some people had made advanced decisions, such as 'do not attempt to resuscitate' orders, to ensure their last wishes were recorded.

Is the service responsive?

Our findings

People told us they received the care and support when they needed it and that staff were responsive to their needs. One person told us, "My leg was scratched and started to bleed. Staff acted quickly and called the nurse." People told us that when they used the call bell it was answered quickly. During the inspection call bells were answered promptly.

People's needs were assessed before moving into the service, with as much involvement from people, their relatives and any relevant health professionals as possible. The assessment included people's medical history and their choices and preferences. The provider used this information to make sure staff could provide the care and support the person wanted before people moved into the service.

Care plans included details about people's health needs and risk assessments were in place and applicable for each person. Records were reviewed regularly and updated. When people's health declined or their needs changed the care plans and risk assessments were amended to make sure staff had up to date guidance on how to provide effective care.

Each person had a care plan that included personal preferences and choices. One care plan stated, 'likes to have a sheet and blankets, not a duvet.' Care plans gave staff guidance to maintain people's independence as much as possible. One plan included, 'staff should encourage (the person) to wash their face by putting soap on the flannel and showing (the person) what to do and let them copy you.'

Staff were given guidance on how to respond to people's behaviour. One care plan explained to staff that they should remember 'that all behaviours have a purpose and are meaningful' and 'convey a message the person can no longer convey with words'. Staff were observed taking time to think about what the person may need when they displayed behaviour. A person had become agitated and frustrated. Staff took time to think about what the person may want. The person had gone into the dining room, so was offered a cup of tea and a biscuit. The person relaxed and enjoyed their cup of tea.

People were encouraged to attend clubs and meetings outside of the service. Two people told us they were going to a club in the village. They told us, "They order us a taxi every week for our meeting." People told us that there were not many activities within the service. One person told us, "There is not a lot going on, just music twice a week, which is good as they do all the old songs." Others told us that they would like to help in the garden and be involved in choosing the plants. Staff were observed spending time chatting to people, looking through books and magazines to start conversations.

The provider told us that they had identified the shortfall in activities. They had employed an activities co-ordinator, who would be starting in April 2017. There was a plan to ask people what activities they would like. The provider was aware people wanted to be involved in the garden and this would part of the plan for the activities programme. This was an area for improvement.

The provider had a complaints policy in place and this was on display in the service. There had been one

complaint about the service. This had been responded to, investigated and an action plan put in place to ensure that lessons were learnt from the complaint. People told us that they felt they could raise any concerns they had with the provider and they would be dealt with appropriately. One person told us, "I was worried that I couldn't get around my room with my wheelchair, they moved my bed across the end of the room and it is much better now."

Is the service well-led?

Our findings

People and staff told us the service was well led. People knew the staff team and management by name and they could rely on them for support when they needed it. One person told us, "It's home and I couldn't ask for better."

There was no registered manager in post. There was a manager employed but had not registered with the Care Quality Commission. The provider was aware of the requirement for the service to have a registered manager and the manager would be applying to be the registered manager.

There were systems in place to complete checks and audits on all areas of the service to make sure people received safe and good quality care. However, these checks had not been consistently completed. When shortfalls had been identified an action plan had been put in place but had not been completed. For example, a medicines audit had been completed in November 2016 and identified that hand written instructions had not been double signed. The action plan had not been followed up and there had been no further audit. At this inspection handwritten instructions were still not being double signed.

A maintenance audit in August 2016 had identified shortfalls but there was no action plan put in place to address these. In October 2016 a 'daily walk round' audit had noted that wheelchairs were in the corridor and could block the corridor. Action had not been taken to address this as wheelchairs were still in the corridors during the inspection. Therefore the management team had not followed the action plans to ensure the service was as safe as possible.

The provider had sent surveys to relatives in October 2016. The responses received had not been analysed and comments used to improve the service. The provider had not sought the opinions of stakeholders such as health care professionals. People told us that they had attended resident meetings and made suggestions about how to improve the service such as decoration but felt that 'nothing had been done'. The provider had not provided feedback to people about their suggestions.

The provider had not maintained accurate and complete records. Environmental risk assessments and safety certificates had not been available at the inspection.

The provider had failed to assess, monitor and improve the quality of the service provided. The provider had not acted on feedback from people and relatives to improve the service. The provider had not maintained accurate and complete records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider is a partnership. Both partners had an active role within the service. The providers worked with the staff regularly to provide care and support to people. The provider operated an 'open door' policy. Staff told us they could approach the provider about any concerns they may have and they would be listened to.

There was an open and warm relationship between the providers, staff and people. We observed people approached the provider, they were relaxed and comfortable. The provider knew people and their needs and was able to guide staff in ensuring people received person centred care. There was a clear and open dialogue between people, staff and the provider. Staff spoke with people and each other in a kind and respectful way and showed empathy and compassion.

Staff understood their roles and knew what was expected of them. They were clear about their responsibilities and were held accountable. Staff attended meetings to discuss the service being provided. Staff were encouraged to share their views and make suggestions.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to complete checks to ensure the environment was safe. The provider had failed to provide guidance to evacuate people safely in the event of an emergency. The provider had failed to manage medicines safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the service provided. The provider had not acted on feedback from people and relatives to improve the service. The provider had not maintained accurate and complete records.</p>