Shaw Healthcare (Group) Limited

Spinneyfields Specialist Care Centre

Inspection report

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Date of inspection visit:
02 February 2016

Date of publication:
29 March 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 2 February 2016 and was unannounced.

The service is registered to provide accommodation for up to 51 older people who may require nursing care and rehabilitation. The people living in the specialist care centre have a range of needs including people living with dementia and people who have physical disabilities. The service provides rehabilitation for those people who may be recovering from surgery or illness, respite care and also provides a hospital avoidance service for people to help prevent them from being admitted to hospital. At the time of our inspection there were 33 people living there.

The service has a registered manager. 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 involved in decisions about the way in which their care and support was provided. Although staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines records the application of The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was not always being adhered to.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. However, there was an inconsistent approach as to how staff interacted with people in the dementia respite unit. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

People received care from staff that were kind and compassionate. Their needs were assessed prior to coming to Spinneyfields and person centred care plans were in place and were kept under review. Staff had taken care to understand people's likes, dislikes and past life's.

People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

There were sufficient staff to meet the needs of the people living at the home; staffing levels were kept under review. Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting.

There were a variety of audits in place and action was taken to address any shortfalls. Management was visible and open to feedback, actively looking at ways to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and staff understood their roles and responsibilities to safeguard people.

There were sufficient staff; staffing levels were reviewed regularly to ensure that the home met people's needs.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

People were involved in decisions about the way their support was delivered; however, where people may lack the capacity to make decisions the Mental Capacity Act and Deprivation of Liberty Safeguards were not always being adhered to.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were supported to access a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Requires Improvement

The service was not always caring.

People received their support from staff that treated them with kindness and compassion but some of the interactions with people were task focussed.

People were treated as individuals and staff respected people's dignity and right to privacy.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they came to stay at Spinneyfields to ensure that all their individual needs could be met.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Management needed to ensure that The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were properly applied and there was a consistent approach to how staff interacted with people.

The views of people's experience of the care and support were actively sought to enable the leadership to look at ways to continually improve the service.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Quality assurance audits were regularly undertaken to ensure that standards were maintained and action taken to address any shortfalls.

Spinneyfields Specialist Care Centre

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 2 February 2016 and was unannounced. The inspection team comprised of three inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance our expert-by-experience had cared for a relative and supported them to find an appropriate care setting to live.

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 the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

During our inspection we spoke with 15 people who used the service, ten members of staff including two nurses, five care staff, two team leaders, an assistant cook and the registered manager. We were also able to speak to four relatives and two health professionals who were visiting at the time.

We looked at records and charts relating to six people living in the home and four staff recruitment records.

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

Good

Is the service safe?

Our findings

During our visit we observed that people were relaxed and happy in the presence of the staff. The people we spoke with all said they felt safe in the home. One person told us "I have no concerns about safety"; another person said "Oh yes I feel safe, they [the staff] are all very considerate." A relative told us "I visit at all times of the day and I am satisfied [relative] is safe."

We spoke with staff about protecting people from abuse. Staff were aware of the different forms of abuse and how to recognise it. They told us they would report any abuse to the manager or the deputy manager. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date safeguarding policy and the contact details of the local safeguarding team were all readily available to staff. The registered manager had submitted safeguarding referrals which demonstrated their knowledge and understanding of the safeguarding process. Where safeguarding referrals had been made we saw that the issues raised had been appropriately investigated and any lessons learnt were used to continually develop their practice.

Care records demonstrated that individual risk assessments linked to care needs had been completed and regularly reviewed for potential risks, including falls, moving and handling, the risk of developing pressure ulcers and nutrition. The need to promote and maintain people's independence was considered throughout. Where the risk assessments had identified potential risk we saw that staff acted appropriately to minimise potential risk. For example, weight loss had prompted staff to seek advice from a dietitian and we saw that the advice was followed.

People were assessed for their ability to self-medicate. Where it was considered appropriate and part of their rehabilitation programme they were supported to do this. People told us that they got their medication on time. One person said, "I have Parkinson's so I must have my medication on time and they are very good with that." People told us that their medication had never run out and they felt the staff were knowledgeable about their medication.

People received their medicines, as prescribed, in a safe way and in line with the service's policy and procedure. We saw staff spending time with people explaining their medication and ensuring they had taken their medicines. Medication records provided staff with information about a person's medicines and how it worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was either stored securely in a locked cupboard within a locked air conditioned room or in a locked cupboard in their bedrooms. There were robust medication audits that identified any issues in a timely fashion to ensure medication errors did not happen, and if they did they could be rectified. Staff told us they had a good relationship with the supplying pharmacy and medication could be delivered quickly. We saw no evidence that medications had been omitted because they were not available. There was a system in place to safely dispose of any unused medicines.

There were appropriate recruitment practices in place. This meant that people were safeguarded against

the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

People told us that they felt there was a sufficient number of staff. The staff we spoke to said they felt there were enough staff and that the levels of staffing depended on the level of needs of the individual people staying in the home. As a rehabilitation unit the aim is to encourage people to do as much for themselves as possible to ensure they retain their skills and keep their independence for when they go home. We observed staff responding to call bells and spending time with individuals throughout the day. The number of staff in each area of the home was based on the needs of the individual people. Nursing staff were deployed in the areas of the home where people required nursing care. We saw from staff rota's that the level of staff was consistent and the manager told us they regularly reviewed staffing levels taking into account the level of needs of the people in their care. The nursing staff and care staff were also supported by catering and housekeeping staff and other health professionals such as a physiotherapist who visited the centre each day and a District Nurse who visited twice a week.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place which was kept alongside clinical risk assessments held in a fire evacuation folder; this ensured that in the event of a fire information was readily available to the senior staff that may need to evacuate the building. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis and took action as appropriate.

Requires Improvement

Is the service effective?

Our findings

People were involved in decisions about the way their support was delivered on a day to day basis. We observed staff asking people where they wished to sit for dinner and when people were being given personal care we could hear the member of staff explaining to the person what they were doing, asking them if they were alright and encouraging them as much as possible to do things for themselves. We observed one member of staff encouraging a person to walk to the dining area "Come this way, you are doing well sweetheart."

There were concerns however in relation to those people who did not have the capacity to consent to their care and treatment. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We found that the documentation in peoples care plans was not always clear about how a person's capacity had been identified. For example, in some files we saw that family members had signed documentation but there was no formal capacity assessment for this person which confirmed that the person lacked capacity to make certain decisions. One relative's signature named them as power of attorney; however this had not been confirmed by the staff to ensure it had been agreed legally and covered health matters. There was no documentation to suggest people's possible DoLS had been correctly considered when it was clear those people in the specialist dementia care respite unit could not freely leave the home. We spoke to the registered manager about this who agreed to ensure that they would ask for evidence with regards to lasting and enduring powers of attorney. In relation to DoLS the registered manager explained that they had sought advice from the local authority on this and had been led to believe that if the only restriction to a person's liberty in the respite care unit was purely down to the locked door that it was not necessary to request a DoLS authorisation. This is not in line with the spirit of the MCA and DoLS, however, the provider sought further advice from the Local Authority who has now advised that the provider does need to seek authorisation for the people in the respite care unit and the provider has done this.

People were supported and cared for by a well trained staff team. People told us they felt confident in the skills and knowledge of the staff. One person said "Staff are kind and helpful; they all seem well trained." A relative told us "The service is really good; my relative has come on leaps and bounds". All new staff undertook an induction programme which was specifically tailored to their roles. Newly recruited staff also undertook the Care Certificate which is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

In addition to in-house training and on-line based training all new staff shadowed more experienced staff

over a period of time until they were assessed to be competent in their role. New staff were not allowed to care for people independently until they had undertaken all mandatory training which included moving and handling, safeguarding and infection control.

We looked at staff files to review the training provision which underpinned staff knowledge and abilities in their role and responsibilities. Training in key areas such as first aid, fire safety, medication, movement and handling and dementia awareness was refreshed regularly to ensure staff kept their skills and understanding up to date. We noted that staff had appropriate qualifications to reinforce their abilities in their work. One member of staff told us that they had recently undertaken a Diploma in Health and Social Care. Staff told us that they were able to discuss and reflect upon their training needs in supervisions with their manager. We saw that the provider maintained a training matrix for staff which ensured that staff were booked on to any training they needed.

Staff told us they received supervision regularly and had yearly appraisals; they said that supervision was a useful experience. One member of staff said, "I use my supervision time to talk about any training I think would be useful." The staff told us they received training to help them undertake their roles. One member of staff said, "I have had a lot of training here and with what I had in my previous role I feel very well equipped." Agency staff told us that although it was their responsibility and the responsibility of the agency supplying them to provide their basic training they were included in any in-house training.

There were systems in place to ensure people's health care needs such as wound dressing and blood sugar monitoring were in place. A GP visited daily and a District Nurse visited twice a week. A visiting health professional told us they felt confident that the staff team would carry out any instructions they left for them; they said, "If I identify a problem we sit down and discuss it".

People had access to a physiotherapist, dietitian, specialist Parkinson's nurse and other health professionals visited as and when required. People told us that the staff were very good in making sure they saw the GP or other health professional. One person told us that having explained the pain they were in that the staff had got the GP to see them who had been able to prescribe another form of pain relief which had helped them.

Information about people's needs, likes and dislikes in relation to food was gathered as they came to stay at the home, this information was shared with the catering staff and used to ensure that people had access to the food they needed and wanted. Drinks and snacks were available throughout the home and staff encouraged and supported people to take fluids outside of mealtimes. Staff had recently introduced a system to identify who would benefit from additional snacks during the day. These snacks were made available on each unit for the day so staff could encourage people to eat outside of mealtimes. Staff recorded fluid and food intakes where it was deemed necessary to record how much a person had eaten or drank. The registered manager had recently introduced a new intake chart, divided into sections which required the staff to ensure people had had sufficient to drink at certain points throughout the day. This appeared to be helping staff ensure people's intake was consistent throughout the 24 hour period. Advice had been sought from a dietitian where it had been identified that a person was losing weight and we could see that the advice had been followed; charts were in place recording food and fluid intake and fortified food was being given.

People told us the food was good. One person said "The food is pretty good here, I can't complain about it"; another said "The food, it varies. We get enough food and drink here, it is always hot." A relative commented positively how much their relative had put weight on since coming out of hospital and was now ready to go home. Some people were encouraged to make their own drinks and breakfast as part of the plan to get

them back home.

Requires Improvement

Is the service caring?

Our findings

People told us that all the staff were kind, caring and compassionate and respected their privacy and dignity. One person said "The staff are excellent, they are kind and caring"; another person told us "They [the staff] are kind and patient with me, I wash my top half, they do the rest, and they do respect my dignity and privacy."

We observed some good interactions between the staff and the people staying at Spinneyfields, especially at lunchtime in the rehabilitation and hospital prevention unit which felt like a real social occasion. However, in the respite dementia care unit there was inconsistent interaction between the staff and people staying there; some of the interactions were task focussed, for example asking someone if they had had enough to eat. There was inconsistent social interaction with people in the dementia respite care unit. Some staff were not always making the best use of the information available to them about the people they were caring.

Staff appeared to know people and were fully aware of the different needs of the people, for example staff knew how to sensitively distract a person when they appeared to be getting anxious and confused about where they were. The staff took them by the hand and walked with them talking quietly to them, which helped to settle the person. Staff supported people to be as independent as possible. We heard one member of staff saying "[name] this is for you, be careful it is hot."

Staff respected people's dignity and right to privacy; we saw that when people were supported with personal care, doors were closed and we could hear staff explaining what they were doing and encouraging people to help themselves. People had their own room or apartment and staff were considerate of their wishes when asking if they could enter their rooms.

People had been encouraged to personalise their rooms with pictures of their families and small items of furniture. Staff generally referred to people by their first name when addressing them and used terms of endearment when they were trying to encourage people which people appeared to respond positively too. For example we observed one member of staff assisting someone out of their easy chair into a wheelchair, the staff member said " Are you ready 1,2,3, I've got you, well done, pop your feet on the footrest for me darling."

There was information available about an advocacy service. The registered manager said they knew they could contact the advocacy service if they needed to but at present the people staying in the home were able to speak up for themselves or had families who could support them.

The atmosphere throughout the home was quiet, calm and friendly. Visitors were welcomed at any time. Relatives were very positive about the attitude shown towards them when they visited. One relative told us "I come several times a week to see my [relative]; I spend a few hours here in the flat with them. We can make our own cup of tea. The staff are very friendly."

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to stay at Spinneyfields to ensure that their needs and expectations could be met. When people were admitted to the unit, which was designed to prevent hospital admissions, this was often in an emergency. Staff gained as much information as possible from the placing care manager or health professional before making the decision that Spinneyfields could meet their needs. Care plans were commenced upon admission and built upon during a person's stay. We confirmed this by looking at the care plan of a person admitted within the last 48 hours of our inspection to one who had been admitted six weeks previously.

People and their families were encouraged to visit the home if possible before making the decision as to whether to come for respite care. We saw the information gathered which was used to develop a person centred care plan which detailed what care and support people needed. One person told us "The staff all know me pretty well."

Where people's assessed needs indicated that they needed specific equipment this was provided. For example, people who had been assessed as being at risk of developing pressure ulcers had been provided with pressure relieving equipment and these were being used correctly. We saw that people who had been identified as having problems with their mobility were immediately referred to a physiotherapist and support plans put in place.

People stayed at Spinneyfields for approximately two to six weeks at a time. During that time their care was regularly reviewed with them and if appropriate, their families. One relative told us "From time to time the staff come and we go over the care plan together. I read it through with [relative]."
For those people who were staying in the rehabilitation unit the aim was for people to either return to their own homes or another setting which could effectively meet their longer term needs; reviews were based around enabling the person to reach their individual goal and setting new targets for people as they began to progress. One person told us "The staff will encourage you to do whatever you can do and will help you when you can't do something." We observed that following a review meeting which included various health professionals such as a physiotherapist and occupational therapist and care staff at Spinneyfields, care plans were updated to reflect a different focus for a person who needed to be able to use stairs when they went home.

Care plans had been written in detail and were well maintained with current information. The detail was such that staff providing the care would know exactly how a person liked their care to be delivered in order to provide consistency. A life map which had been completed with the person and their family detailing their life, the important people in it and special events which helped the staff to get to know the people they cared for was included within the care plans of people staying in the dementia respite care unit. One member of staff demonstrated a good understanding of people's backgrounds and previous employment and used this information to engage with people in a meaningful conversation.

In addition to the care plans the staff had access to at a glance information which reminded them of

people's current needs and ensured they were adequately supported at all times. We saw staff as they came on shift read through the information as part of the handover from the senior on duty. The staff told us to have this information so readily available helped them to keep up to date with how people were progressing. For example following a review of a person in the rehabilitation unit, information was immediately recorded so that the staff knew what changes had been made to the support they were to give to the person to enable them to safely return home. One member of care staff said, "I love seeing the difference we make to people. They come in unable to walk and go home walking and happy. It is a great achievement."

People undertook activities which supported their rehabilitation programme which was aimed at people regaining skills and maintaining their independence. We observed people working with staff practicing their walking and climbing steps to build up their strength and confidence. People were encouraged to socialise at mealtimes and spend time with others watching the TV. If people wished to pursue their own interests they were encouraged to do so. The aim was for people to remain as independent as possible and make choices and decisions for themselves. Some people staying in the dementia respite care unit spent time in the day centre attached to the unit which for some of them provided them with a familiar environment and consistency as they attended the day centre whilst living at home.

People told us that they would speak to the staff if they were unhappy about anything. One person said "I would go and see the staff if I was not happy. They are always there to talk to." Another person said, "I would complain to the manager. He is really helpful." Generally the people we spoke to had not had any reason to complain. One person said "This place is tip top."
Staff told us that they would report any concerns raised with them by a person using the service or a visitor to the management. We saw that the complaints policy was available in the home and it told people what to do and what to expect. The complaint log demonstrated that the registered manager had followed the policy and investigated the complaints received, including those that were part of a safeguarding alert. Action plans had been put in place to address any shortfalls, for example a 72 hour audit of care plans was put in place following one complaint to ensure that there was consistency in the information needed to be captured to support people and all risks were being appropriately addressed. The registered manager was keen to ensure any learning from complaints was followed through with staff and to that end complaints were discussed in staff meetings.

Requires Improvement

Is the service well-led?

Our findings

Spinneyfields was a specialist care centre and as such worked alongside other health and social care professionals such as occupational and physiotherapists and care managers. Weekly meetings were held with health professionals to develop a holistic approach to supporting people to identify the best way forward for them, whether that be returning to their own home or looking at a different place that could meet their needs. We observed that everyone working with an individual had a key role to play and their input was valued.

Although the registered manager had a good understanding of the Care Quality Commission registration requirements and ensured appropriate notifications such as issues in relation to safeguarding and any serious injuries were submitted as required, they had not fully understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards; they needed to address this as soon as possible to ensure the appropriate consent was obtained and where restrictions on people may be needed these were properly authorised.

Staff demonstrated in the way they spoke to and supported people that they knew the aim of Spinneyfields. Staff had been encouraged to develop their skills around enabling and supporting people more to retain their skills and independence. In the dementia care respite unit the staff had the opportunity to spend time with people getting to know them and their families so that each time a person came in for respite their families had confidence in the ability and understanding of the staff to support their relative. However, some staff appeared not to have effectively used this opportunity and the management needed to ensure that people received a consistent level of interaction with staff. The staff team worked together to ensure the best outcome for each person. We spoke to one health professional who commented "Spinneyfields knows what it needs to do to support older people."

The registered manager and deputy manager were visible and spent time around Spinneyfields. People told us they knew who the manager was and felt able to speak to them if they needed to. The management operated an on-call system so that staff always had someone to contact for advice and guidance out of hours. One nurse said, "If anything out of the ordinary happened I would discuss it with the person on-call. It is never a problem." The staff spoke positively about the support they received from the management. One member of staff told us "[Name of manager] is very good; he listens to you and encourages you to share your ideas." We saw that from one suggestion made by a member of staff there had been changes made to the tea time menu to give more choice to people and ensure there was enough variety for everyone.

The registered manager encouraged people and their families to give feedback as to what their experience of Spinneyfields was like; people and their families were asked to complete feedback surveys as they left and the registered manager made themselves available throughout a person's stay so people could share their experiences with him. The information gathered was used to improve and develop the service. For example we saw that following feedback from one family a senior member of staff was asked to take the lead in developing the care plan for a person living with dementia; this ensured that their needs were being fully met when they came into respite care and there was a point of contact for the family if they had any

questions or concerns.

There were regular meetings held with staff which gave the staff the opportunity to give feedback on the current practices in the home and to share good practice. The staff said they felt listened to and any suggestions or ideas they had were considered. Staff told us that they were currently working with management to consider how staff would be best deployed around the home to provide consistency to people. We read from the minutes of some of the meetings that the registered manager had taken time with the staff to discuss the aims of Spinneyfields and clarify staff roles in achieving those aims. There was a culture of openness and a desire to do better to provide the best possible person centred care and experience for people and their families. Staff were aware of the Whistleblowing Policy and understood their responsibilities to raise any concerns should there be any.

The provider supported the registered manager through regular supervisions, monthly management business meetings which looked at any issues around staffing, completion of any action plans which were in place following audits or feedback and bi-monthly quality audit visits to Spinneyfields. The visits focussed around looking at ways to develop and improve the service and ensure that regular audits were in place. We saw records of audits being undertaken which included audits around medication, infection control and care plans. We saw in relation to care plans the provider had introduced an audit which was to be completed within 72 hours of a person coming to the home; a senior member of staff completed an audit of the care plan to ensure that there were no gaps in the information required and all the relevant risk assessments were in place. This enabled the staff to give the right support to meet a person's individual needs to get them on the right path to recovery. An audit of the premises had led to a programme of refurbishment being put in place, we saw some of the work had begun on this and feel that once the refurbishment is completed this would benefit everyone's well-being. The registered manager ensured that through staff meetings that staff were kept aware of any action plans in place following an audit or feedback.