Mr R M & Mrs P P Duffy

The Spinney Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

People's experience of using this service: Staff had appropriate guidance to ensure they administered people's medicines safely. Risks to people were assessed and records contained clear guidance for staff to follow.

People were safe and protected from avoidable harm. Staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff, to reduce the risk of further occurrences.

Staffing numbers were sufficient to keep people safe. The provider followed safe recruitment procedures to ensure staff employed were suitable for their role.

People's needs were assessed and care provided in line with their preferences. Staff completed an induction when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink and were supported to use and access other health and social care professionals. The principles of the Mental Capacity Act (MCA) were followed.

People were cared for by staff they knew well. Most of the staff had worked for the provider for a long time. People and their relatives told us they were happy with care provided. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Each person had a range of care plans which were detailed and included how they wished to be cared for. There was clear person-centred information and documentation had been regularly reviewed and updated. Information was made available in accessible formats to help people understand the care and support they had agreed.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt supported and received supervision and appraisals of their performance. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

More information is in the full report below

Rating at last inspection: Good (report published 25 June 2016)

About the service: The Spinney Residential Home provides residential care for up to 30 older people. At the time of the inspection there were 22 people accommodated.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our safe findings below.

Is the service effective?

Good

The service was effective

Details are in our effective findings below.

Is the service caring?

Good

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our well-led findings below.

The Spinney Residential Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection team consisted of two inspectors on the first day and one 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. One inspector carried out the second day of the inspection.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we spoke with the provider, registered manager and three staff members. We also spoke with six people and two relatives and spent time observing the environment and the dining

experience.

We looked at three people's care records including medication administration records (MARs) and a selection of documentation about the management and running of the service. This included recruitment information for four members of staff, staff training records, policies and procedures, complaints and staff rotas.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes
• The provider had effective safeguarding systems in place. Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
• Staff told us they had completed appropriate and effective training in relation to safeguarding and they understood the systems in place to raise any concerns they may have. One told us, "I would report any concerns I had to the manager."
• People told us that they felt safe living at the service. One person said, "Yes I feel safe, there are night staff too who look after you through the night." A relative told us, "Oh yes very safe. Always somebody around who knows what is happening. I don't come away worrying; the staff are always around."

Using medicines safely
• Medicines were safely received, stored, administered and disposed of for example where people refused to take them, or they were no longer required.
• Audits and checks were carried out by the registered manager. Where errors were found during audit checks we saw that they were investigated.
• Staff told us and records confirmed they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. Staff were knowledgeable and aware of each person's needs and medications administered.

Assessing risk, safety monitoring and management
• Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained clear guidance for staff to follow to keep people safe and respond to any risks associated to people's medical needs.
• Risk assessments were reviewed and updated regularly or when people's needs changed.
• The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing levels
• The provider used a formal tool to assess how many staff were required based on people's needs.
• Staff said there were enough staff to meet people's needs safely and they didn't feel rushed or under pressure. We observed sufficient numbers of staff on shift to support people safely.
• People told us staff were busy and at times they had to wait when they requested assistance. Relatives told us there were enough staff on duty.
• Records showed that Disclosure and Barring Service (DBS) checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Preventing and controlling infection
• The environment and equipment were safe and well maintained. Safety certificates, including gas, electricity and fire safety were up to date. Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency such as a fire.
• Staff followed good infection control practices and used personal protective equipment (PPE) to prevent the spread of healthcare related infections.

Learning lessons when things go wrong
• Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence.
• The registered manager responded appropriately when things went wrong and used any incidents as a learning opportunity.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• People's needs were comprehensively assessed before they began using the service.
• People's diverse needs were detailed in their care plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices, diet and gender preferences for staff support. For example, one person requested that they only receive personal care from the same gender of staff. The service had accommodated this request.
• Staff completed training in equality and diversity and the staff team were committed to ensuring people's diverse needs were met.

Ensuring consent to care and treatment in line with law and guidance.
• We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The registered manager and staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
• Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
• Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; policies and systems in place supported this practice.
• Records were clear when decisions had been made in people's best interests or they had been asked to sign to consent.
• Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful. Records confirmed this.

Staff skills, knowledge and experience
• People were supported by staff who had the skills and knowledge to meet their needs.
• Most people who worked at the service had been there many years. This created a consistent staff team.
• Staff received a comprehensive induction when they commenced employment which included mandatory training. New staff completed the Care Certificate which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care. New staff also shadowed experienced staff before working independently. This gave them the opportunity to meet the people who used the service and get to know them.
• The registered manager monitored staff training to ensure it was refreshed in a timely way.
• Staff told us they felt the training was thorough and gave them the knowledge and skills they needed to

care for people.

Adapting service, design, decoration to meet people's needs
• The environment was accessible, comfortable and decorated with photos and lots of personal touches which made it feel homely and welcoming.
• People's rooms were very personalised. People told us they had been involved in choosing the decorations and objects in their rooms. People's rooms reflected their personal interests and preferences. One relative told us, "My relative chose this home because of the homely feel that it has. There is plenty of space to do your own thing, but it feels very comfortable and relaxing."

Supporting people to eat and drink enough with choice in a balanced diet
• People had choice and access to sufficient food and drink throughout the day; food was well presented.
• People told us they enjoyed the food. One person told us,"The food is lovely."
• Meals were freshly cooked on site and were nutritious.
• Where people required their food to be prepared differently because of medical or personal preference or difficulty with swallowing they were catered for. People could choose when and where they ate their meals.

Staff providing consistent, effective, timely care
• Staff supported people with their healthcare needs. Staff worked closely with healthcare professionals such as GPs, dieticians and district nurses.
• Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
• Throughout the inspection we saw many examples of staff responding to people with kindness and patience. It was clear that warm and genuine relationships had been formed between people and staff. We saw that people and staff laughed together and there was a happy, calm and relaxed atmosphere. During the inspection, staff were preparing for Christmas. They had organised a party, raffle prizes and gifts for people using the service. People told us they were looking forward to the celebrations and that staff had asked them for ideas and any preferences with regard to the entertainment they would like staff to book. One person told us, "We have a singer who comes in and they are marvellous. I think they are in at Christmas. We have school children in too. They sing carols and everyone joins in, we have a lovely time."
• Staff took time to get to know people's preferences and used this knowledge to care for them in the way they liked. Some people told us they were unable to get out to do any shopping and staff always made a point of asking them if they needed anything. One person told us, "I like a warm drink in the morning. The staff know I like to have this before I even think about getting up. They make sure I have one at the same time every day, they are very thoughtful."

Supporting people to express their views and be involved in making decisions about their care
• People were assisted to make decisions about their care, these were documented in care plans.
• Care records showed that people and their relatives were involved in care review meetings to discuss their views and make decisions about the care provided.
• Information was available about sources of advice and support or advocacy.

Respecting and promoting people's privacy, dignity and independence
• Staff respected the privacy and dignity of each person and they could give us examples of how they did this. For example, knocking on people's doors before entering.
• People were supported to maintain relationships with those close to them. Relatives told us they felt welcomed and comfortable when they visited their relative.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care
• Care was planned around people's individual needs. Care plans took account of people's likes, dislikes and preferences. People and their relatives told us they were included in the care planning process.
• Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. One relative told us, "The staff have been wonderful with my relative. They have gone the extra mile to make sure they are comfortable here and nothing is too much trouble."
• As part of the admission assessment process, staff completed an assessment of people's social care needs. These included past interests, hobbies, topics for conversation and family and friends. Staff would then plan and organise activities to suit the persons interests. For example, most people enjoyed quizzes and we saw that these had taken place on a regular basis.
• The service did not have a dedicated activity coordinator so staff ensured that a range of activities and entertainment for people was planned and facilitated. People told us there were enough activities available for them, and that this included a recent trip out with staff. Relatives told us they believed their relatives had plenty to do and the staff were very good at encouraging people to be involved.

Improving care quality in response to complaints or concerns
• People knew how to provide feedback about their experiences of care and the service provided a range of ways to do this. For example, residents and relative's meetings, satisfaction surveys and a complaints procedure.
• People and relatives said they would be happy to raise a complaint should they need to. No complaints had been received by the service in the 12 months prior to our inspection visit.
• People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. For example, staff were able to identify those people who required assistance with reading smaller text and sought large print documents.

End of life care and support
• At the time of the inspection, one person was receiving end of life care. People had an end of life care plan in place which included any wishes they had in relation to their end of life care.
• The registered manager was knowledgeable about end of life care and support and appropriate policies were in place.
• The registered manager told us they would always aim to keep someone at the service for end of life care if this was their wish. They said they would liaise with the G.P and community nursing teams.
• Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
• The provider and registered manager had a visible presence in the home. They knew people, their needs and their relatives well.
• The registered manager and staff understood their roles. There was a clear structure in place. The registered manager led by example and was committed to providing people with a good standard of care.
• There was an open and transparent culture where people were empowered to raise concerns if they felt this was necessary.
• Staff told us they were always able to escalate any concerns or queries and found the registered manager to be approachable.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements
• People, relatives and staff spoke positively about the registered manager. Comments included, "She (registered manager) is a lovely lady and her dedication to the service is clear. You only have to ask her for something and she will sort it out"; "I have no doubt that we are all doing our very best for people. The manager sets high standards and we all follow. We have people's best interests at heart and that comes from the top, we are a good team." One relative said, "The manager is very nice. I can go to her with anything and I know she will get back to me. Communication is very good here."
• The registered manager displayed genuine affection for people and it was clear they were dedicated to ensuring their needs were met and they were happy.
• The provider had a comprehensive quality assurance system in place. This enabled the registered manager to collate information on a daily basis to show how the service was performing.
• The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.
• The registered manager continued to notify the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff; Continuous learning and improving care
• The provider and the registered manager positively encouraged feedback from people and staff and acted on it to continuously improve the service. For example, people were asked about which activities they preferred and their views about the meals provided.
• Satisfaction surveys were carried out with people, their relatives and staff. Feedback was analysed and

used to implement improvements or suggestions. For example, changes to the menu were made following feedback from people.
• Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.

Working in partnership with others
• The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.
• The service involved people and their relatives in day to day discussions about their care in a meaningful way.