

Derbyshire County Council

The Spinney Care Home

Inspection report

Lansdowne Road, Woodlands
Brimington
Chesterfield
Derbyshire
S43 1BE

Tel: 01629537530

Website: www.derbyshire.gov.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Spinney Care Home is a residential care home providing accommodation for persons requiring personal or nursing care to up to 37 people. The service provides support to older people, younger adults, people with dementia, people with mental health needs, people with a physical disability and people with a sensory impairment. At the time of our inspection there were eight people using the service.

People's experience of using this service and what we found

The Spinney Care Home was an older home which required significant maintenance, renovation and refurbishment. People and their relative or representatives had been asked by the provider, Derbyshire County Council, to share their thoughts about the options for the future of the care home. People felt safe and happy at the home whilst awaiting the outcome of the consultation.

Systems were in place to reduce the risk of harm to people. People and their relatives knew how to raise a concern and who to.

Staff understood people's health care needs and how to meet these. Monitoring was in place using nationally recognised tools to ensure good outcomes for people.

People were supported by enough staff to meet their needs. Staff knew people's preferences and supported them to make choices. People were supported to have contact with family and friends.

People received their medicines as prescribed.

Measures were in place for the safe emergency evacuation of people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 May 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to infection prevention and control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern.

Please see the Safe section of this full report.

We carried out an unannounced comprehensive inspection of this service on 5 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

As part of this focused inspection we were able to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Spinney Care Home on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Spinney Care 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Spinney Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Spinney Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager registered with the CQC but this person currently did not work at the service. The provider had notified us of suitable management arrangements for the service during the registered manager absence.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with relatives of three people receiving care. We also spoke with eight staff including the manager, the service manager, senior care staff, carers and domestic staff. We looked at a range of records. This included care records for two people, multiple medication record, a variety of records relating to the management of the service, including policies and procedures.

After the inspection we continued to seek clarification from the provider to validate evidence found. We also looked at quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely at the service. People we spoke with told us they felt safe at the home. One person we spoke with said, "I trust the staff, I have got to know them". Relatives we spoke with told us their relatives were safe. One relative said, "Staff have been brilliant in supporting my relative to feel safe."
- Staff had completed training in the area of safeguarding. Staff were able to identify what could be abuse and knew how to report concerns. Staff were confident any issues they raised would be addressed by the management team.
- People and their relatives were confident issues would be addressed by the manager if they were raised. People's relatives we spoke with told us they knew who the managers were and the managers were helpful and supportive.

Assessing risk, safety monitoring and management

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Risk assessments were completed to identify and manage people's risks safely. Staff understood how to support people so risk of harm to people was reduced. People's care plans contained detailed guidance for staff to follow to meet a person's needs safely.
- People's health needs were identified. For example, where people had been identified as needing support to maintain skin integrity the care plan provided guidance for the management of this, including weight monitoring, use of prescribed treatments, position changes and use of equipment. Care plans included guidance on how to meet people's oral health needs.
- People were involved in developing their care plans. For example, people's preferences in meeting their personal care needs including how and when they had a bath or shower were included in their plan.
- Information was available to ensure people would be supported safely in an emergency evacuation

situation. Personal emergency evacuation plans were completed and up to date for everyone living in the service.

Staffing and recruitment

- We were unable to review staff files as these had been removed from the location by the provider. The provider human resources department managed and oversaw safe recruitment procedures. The manager understood safe recruitment procedures. We had no concerns in relation to recruitment procedures at our last inspection.
- There were enough staff deployed to meet people's needs. The manager completed a dependency tool to identify the staffing required to meet individual's needs. The staff rotas reflected the number of staff needed to care for people.
- One person we spoke with told us, "staff are very good, they always have time for me". One person's relative who we spoke with said, "all the staff are lovely, new staff took time to get to know my relative."

Using medicines safely

- During the inspection not all bottles of liquid medicine had an opened on date recorded on them. The manager took immediate action after the inspection to address this to ensure medicines were used as directed.
- People received their medicines safely as prescribed. Staff followed instructions on medicine administration records to ensure the correct medicine was given to the right person at the right time. Body maps were completed to identify accurately where creams and other topical medicines should be applied.
- Staff followed detailed guidance to administer "as required" medicines to people. Guidance for staff included how a person may request their "as required" medicines and how they may express pain. Staff recorded accurately when medicines were given and why.
- Audits were completed and triggered action to address any issues identified. For example, a daily audit identified a recording error which was immediately addressed to mitigate any risk to people through doses of medicine being missed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visitors to the service in line with current government guidance.

Learning lessons when things go wrong

- The manager took immediate action to address all issues identified during the inspection. For example, where a floor strip was identified as missing in a doorway the area was closed to eliminate the risk of a trip or fall.
- An infection prevention and control assessment was completed in January 2022. The provider took action to make the improvements identified in the report. Areas for improvement and progress were recorded by the provider in an action plan.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. This was a breach of regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Oversight and governance arrangements were in place. We saw that regular audits had been completed across a range of areas within the home. For example, medicines, IPC and risks, including falls.
- The provider and the manager held regular meetings to discuss all aspects of the home, including issues identified and any action to address them. Action plans were detailed and included reviews and updates.
- People and their relatives knew who the manager was and felt able to approach them.
- Notifications were submitted as required by the registration. Notifications provide details of events at the service and the action the manager has taken, which assists us to monitor the service.
- The registered manager who has been in this role since December 2019 is currently absent from the service. The provider has notified us of this event and has taken action to ensure effective day to day management is in place at the home.
- People, their relatives and staff were aware of the consultation process and were looking forward to the outcome being shared. Despite the uncertainty about the future there was a positive culture in the home.
- People enjoyed positive and dignified interactions with staff who understood their individual preferences. Staff communicated with people to meet their needs. For example, staff spoke clearly to people and gave them time to respond.
- People were supported by staff who knew them well and understood their needs. One relative told us, "staff have worked hard to get to know (my relative) well and understand their condition, They (staff) have turned her life around."
- The manager continued to develop and implement improvement plans to ensure standards of care did not fall during the consultation period.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in developing their care plans. Staff had guidance to support people to maintain their dignity and independence. For example, where people's personal care needs had changed staff were aware of people's anxieties and understood how to provide reassurance to reduce people's fear and embarrassment.
- People were involved making choices in the daily running of the home. For example, the chef understood people's dietary needs and met with people individually to provide meal choices in line with people's individual preferences.
- People, relative and staff felt involved in the consultation process. One relative we spoke with said, "(The manager) is very helpful and supportive and has worked hard to help (my relative) with their move".

Continuous learning and improving care; Working in partnership with others

- Audits had been used to drive improvements. For example, falls in the home were audited each month and analysed to identify themes and trends. This information was then used to implement strategies to mitigate further risk of falls. We saw actions such as an increase in checks, referrals to local falls team and specialist equipment implemented as a result of these audits.
- Partnerships had been developed with health and social care professionals. Referrals were made to health care professionals in response to people's needs and when they provided guidance this was included in care plans. For example, a referral was made to the speech and language therapist for assessment when it was noticed a person struggling to eat. The recommendations following the assessment were implemented by staff to mitigate the risk of choking.
- Infection prevention and control professionals had completed an assessment and identified areas for improvement and advised the provider to improve practices and cleaning regimes within the home. This meant measures were in place to reduce the risks of infections.
- The manager had also worked with the local authority in considering the ongoing of care of people commissioned by them.