

# Tracs Limited

# Spinney Hill

## Inspection report

56 Spinney Hill Road  
Northampton  
Northamptonshire  
NN3 6DN

Tel: 01604642515

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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

This comprehensive inspection took place on 8 August 2017 and was announced. Spinney Hill provides care for up to three people with a learning disability or a mental health diagnosis. At the time of the inspection three people were using the service.

A registered manager was in place. 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.

At the last comprehensive inspection on 29 July and 2 August 2016 we found the provider was not meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to: Need for consent; Safe care and treatment and Good Governance. We asked the provider to make improvements and they sent us an action plan telling us how they planned to meet the legal requirements.

At this inspection we found the provider had made the necessary improvements and were meeting the legal requirements.

Systems were in place for the ordering, receipt, storage, administration and disposal of medicines. Risk assessments addressed specific areas individual to each person using the service. Staff understood their responsibilities to safeguard people from abuse and knew how to raise any concerns if they suspected or witnessed ill treatment or poor practice.

The Recruitment systems were robust to make sure the right staff were recruited to keep people safe. There was enough competent staff available with the right mix of skills to meet the needs of people using the service. Staff received training that was relevant to their roles and responsibilities, ensuring they had the skills and knowledge required to support people effectively.

Capacity assessments had been carried out for all people using the service, the assessments identified where people required help to make decisions, and where they lacked the mental capacity to make particular decisions. Deprivation of Liberty (DoLS) applications had been submitted to the local authority as required.

People were supported to maintain a healthy diet and have access to healthcare services in response to ill health and had routine health checks. People had developed positive relationships with the staff protected people's privacy and dignity. Advocacy services were available for people if required.

Detailed care plans in place, they contained information about people's needs and aspirations; short term goals. People were encouraged to develop their independence and were supported to follow their interests

and hobbies. The staff knew how to support people when they became anxious through using individual coping strategies. Systems were in place to receive and take appropriate action to address any complaints.

A registered manager had been appointed; they took their responsibilities seriously and had made significant changes to the quality of the service people received. Quality assurance systems were being used to continually monitor and 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.

Systems were in place for the ordering, receipt, storage, administration and disposal of medicines.

Risk assessments addressed specific areas individual to each person using the service.

Staff understood their responsibilities to safeguard people from abuse.

The Recruitment systems were robust to make sure the right staff were recruited to keep people safe.

There was enough competent staff available with the right mix of skills to meet the needs of people using the service.

### Is the service effective?

Good ●

The service was effective.

Staff received training that was relevant to their roles and responsibilities.

Capacity assessments had been carried out for all people using the service, the assessments identified where people required help to make decisions, and where they lacked the mental capacity to make particular decisions.

Deprivation of Liberty (DoLS) applications had been submitted to the local authority as required. Staff interventions followed the least restrictive practice.

People were supported to maintain a healthy diet and have access to healthcare services

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and

support.

People had developed positive caring relationships with staff.

People's privacy and dignity were respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Detailed care plans in place, they contained information about people's needs and aspirations; short term goals.

People were encouraged to develop their independence and were supported to follow their interests and hobbies.

Systems were in place to receive and take action in response to complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager had been appointed and had made significant improvements to the quality of the service people received.

Staff knew how to question practice and system were in place to support staff to whistleblowing.

Quality assurance systems were being used to continually monitor and improve the service.

# Spinney Hill

## **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 8 August 2017; the inspection was announced and undertaken by one inspector. We gave the provider 24-hours' notice before we visited the service. This was because it is a small service and we needed to be sure that people using the service, staff and the registered manager would be available.

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 other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included feedback from the local authority who commissioned the service.

During our inspection we spoke with three people using the service, two care workers, one team leader and the registered manager.

We looked at the care records relating to the three people using the service and three staff recruitment files. We also reviewed other information such as, mental capacity assessments, deprivation of liberty (DoLS) applications, risk assessments, accidents and incidents, staff training and supervision, complaints, meetings minutes and quality assurance audits.

# Is the service safe?

## Our findings

At the last inspection we found the provider was not meeting legal requirements. This was because people's medicines were not being managed safely and accidents and incidents were not always managed effectively. We asked the provider to improve and they sent us an action plan telling us how they planned to meet the legal requirement.

At this inspection we found the provider had improved their management systems to ensure people received their medicines safely. People told us they received their medicines on time and had confidence in the staff that administered medicines to them. The staff told us they had received medicines training and competency assessments on using the medication system in place. Records showed that people had consistently received their medicines as prescribed and staff had signed for medicines administered. Suitable systems were in place for the ordering, receipt, storage, administration and disposal of medicines.

We found that appropriate records were maintained of accidents and incidents and people's care and support needs were reviewed following incidents. The staff were aware of the importance of reporting and recording all incidents and accidents to the registered manager. Meetings had taken place with staff to stress the importance of completing robust accident and incident reports and how the information from the reports fed into the risk management systems.

Risk assessments addressed specific areas individual to each person using the service. They were reviewed regularly to ensure that the information contained within the assessments was relevant to the person's needs. The staff told us they were aware of people's individual risks and worked with people and each other to manage the risks. The staff knew people well and were aware of situations that had the potential to escalate into incidents.

People's feedback about the safety of the service described it as consistently good and that they felt safe. "One person said, "The staff are good to me, I like them all." Another person said, "I feel very safe." Staff understood their responsibilities to safeguard people from abuse and knew how to raise any concerns if they suspected or witnessed ill treatment or poor practice. One member of staff said, "I would report any concerns to the registered manager." Staff also knew how to raising any concerns with external bodies such as the local safeguarding authority and the Care Quality Commission (CQC), if they felt their concerns were not acted on by the registered manager. They told us they completed annual safeguarding refresher training to keep their knowledge up to date. Records showed the provider had appropriately reported safeguarding concerns to the relevant authorities.

The Recruitment systems were robust to make sure the right staff were recruited to keep people safe. Prior to staff being offered employment background checks had been carried out through the Disclosure Barring Service (DBS) references and identification had been obtained.

There was enough competent staff available with the right mix of skills to meet the needs of people using the service. All the staff told us they thought the staffing levels were appropriate. One member of staff said,

"We have enough staff, each has their own strengths, we work well as a team." Throughout the inspection we observed that there were enough staff to meet people's needs in a timely manner. Staff spent time with people supporting them to engage in their chosen activities.



## Is the service effective?

### Our findings

At the last inspection the provider was not meeting the legal requirements. This was because people's consent to their care was not obtained. We asked the provider to improve and they sent us an action plan telling us how they planned to meet the legal requirement.

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 the 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 MCA. The application procedure for domiciliary care services is called the Court of Protection.

Capacity assessments had been carried out for all people using the service, the assessments identified where people required help to make decisions, and where they lacked the mental capacity to make particular decisions. All staff had received training on the Mental Capacity Act 2005 to ensure they consistently worked in line with the principles of the act. Discussion with the staff demonstrated they understood the importance of enabling people to make their own choices and decisions. We saw that DoLS applications had been made to the local authority for all people using the service and were waiting on decisions from the local authority. The applications were in relation to people not being safe to access the community unsupervised and one person required that required supervision when accessing the internet on their laptop. We saw that staff interventions followed the least restrictive practice. A tracker was used to ensure that reviews of capacity assessments and DoLS authorisations took place.

Staff received training that was relevant to their roles and responsibilities, ensuring they had the skills and knowledge required to support people effectively. One member of staff said, "The training is very good, I came here without any previous experience and feel I have been given all the training I need." All the staff confirmed the training they received was relevant and useful to their work and records also confirmed this. Staff told us they felt supported in their roles, they said they had supervision meetings with the registered manager or team leader regularly to discuss their performance, development and training needs. A supervision tracker was used to plan meetings and record when they had taken place.

People were supported to maintain a healthy diet. People told us they chose what they wanted to eat for their meals and some helped prepare meals and snacks and also with food shopping with staff. The staff were aware of people's dietary needs and food intolerances and ensured that appropriate meals were provided. People were supported to maintain a healthy diet and have access to healthcare services in response to ill health and routine health checks.

## Is the service caring?

### Our findings

At the last comprehensive inspection we found that improvement was required. This was because people did not always have choice and control over how they were supported. At this inspection we found that the necessary improvements had been made. People told us they were involved in making decisions about their care and that the staff respected their wishes. Interactions between staff and people using the service also supported this happened in practice.

People had regular opportunity's to meet with a member of staff to discuss their care and support and the meetings were recorded in people's care plans. We saw that 'house meetings' also took place, whereby people had the opportunity to meet together with staff to plan activities, menus and provide feedback on the service that they were receiving.

People had developed positive relationships with the staff supporting them. All people using the service spoke of the staff being kind, one person said, "They [staff] understand me, I feel they really do care about me." The atmosphere in the service was relaxed and upbeat, we observed staff assisting people to prepare breakfast and getting ready to go out; working with people, encouraging independence as much as possible, it was clear from the interactions the staff knew people very well.

We looked at records of compliments received at the service and saw that one relative had complimented the staff on how well their sibling was looking and that how much the person had improved since moving into the service.

The staff protected people's privacy and dignity, we observed doors were closed when people received personal care and that staff knocked on people's bedroom door before entering. Advocacy services were available for people, but at the time of the inspection no people using the service required the support of an independent advocate.

## Is the service responsive?

### Our findings

At the last comprehensive inspection we found that improvement was required. This was because people could not be assured complaints would be responded to appropriately or used to improve the quality of the service. At this inspection we found that the necessary improvements had been made.

People told us that they knew how to complain, one person said, "If I am unhappy about anything I will speak with [Name of staff]." We discussed the systems for responding to complaints with the registered manager and staff they told us they took all areas of dissatisfaction expressed by the people using the service seriously no matter how minor they appeared. We saw that systems were in place for responding to complaints; however no complaints had been received. One person told us they had asked for a shower room to be installed in their en-suite, we also saw this had been recorded in feedback from the person. The registered manager told us they were making enquiries with the landlord of the property to see if it was possible to meet the person's request. In the meantime the screen had been removed from the shower cubicle at the person's request to make it more open for them.

People had detailed care plans in place, they contained information about their needs and aspirations; short term goals had been set on how they planned to meet their aspirations. We saw that care plans followed, learning disability, mental health and acquired brain injury support plan models, involving people in planning their support pathways, through on-going care reviews. Staff told us they were aware of what was contained within people's care plans and we observed staff provided care for people in line with the agreed care plan. The staff were able to explain how they supported people when they became anxious through using individual coping strategies, for example, an indication of one person becoming anxious was asking repetitive questions. The staff said the person liked to watch snooker, which had a calming effect for the person.

People were supported to follow their interests and hobbies. They told us they enjoyed going to clubs and discos to socialise with their friends and go on day trips and holidays. People had visited Drayton Manor fairground and Kettering festival. The staff knew what interests each person had, and talked of how they supported people to follow their interests. One person had a pet rabbit and took the responsibility of caring for it with staff support. Another person said they wanted to do a food hygiene course at college, the staff said this was being explored to see if it was possible for them to do the course. Another person liked to play board and quiz games.

People were encouraged to develop their independence and with the support of staff took on the responsibility of tidying their bedrooms, doing their own laundry and preparing meals.

## Is the service well-led?

### Our findings

At the last inspection the provider was not meeting the legal requirements. This was because systems to assess, monitor and improve the quality and safety of service were being used. We asked the provider to improve and they sent us an action plan telling us how they planned to meet the legal requirement. At this inspection we found the provider was meeting the legal requirement.

A registered manager had been appointed; they took their responsibilities seriously and had made significant changes to the quality of the service people received. The registered manager told us they had ensured staff were aware of the shortfalls identified at the last inspection and that they were all on board in making improvements to the service to the benefit of people living there. We saw that scheduled quality monitoring audits were being carried out, which included audits of medicines, accidents and incidents, care plans, risk assessments, staff records, training, safeguarding and complaints. People's feedback during one to one and general meetings was recorded and used to drive improvement of the service.

The registered manager showed us an accident and incident management analysis tool that had been introduced to monitor all accidents and incidents at an organisational level to identify any trends so that control measures could be put in place to reduce the risks of repeat accidents and incidents. The registered manager had submitted notifications of events to the Care Quality Commission (CQC) as required under law.

The registered manager's style of management was open and transparent; people using the service knew who the registered manager was and they were comfortable approaching them to discuss matters. During the inspection we observed people spoke with the registered manager on several occasions, they stopped what they were doing and gave people their full attention. The staff told us they had confidence in the registered manager and had seen improvements to the service since the registered manager had taken up post. During the inspection we observed the registered manager interacting with people, it was clear that they had made themselves fully aware of the needs of each person using the service. A staff 'survey monkey' quality survey had been carried out and the registered manager said they were waiting on the results of the survey.