

Carebase (Chingford) Limited Spinney (The)

Inspection report

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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

We undertook an unannounced focused inspection of The Spinney on 20 February 2018. This inspection was done to check that improvements to meet legal requirements, planned by the provider after our comprehensive inspection on 22 and 23 February 2017, had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well-led. This is because the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. At this inspection the service was meeting all the legal requirements and was rated as Good.

The Spinney provides accommodation for up to 48 older people living with dementia in one adapted building over three floors with a lift. There were 44 people living at the home when we visited. The Spinney is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager at the service at the time of our inspection. 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 and associated Regulations about how the service is run.

People and their relatives told us they felt the service was safe, and the care received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults from abuse.

Risk assessments were in place which provided guidance on how to support people safely. Medicines were managed in a safe manner. There were sufficient numbers of suitable staff employed by the service in order to meet people's needs. Staff had been recruited safely with appropriate checks on their backgrounds completed. The home environment was clean and the home was free of malodour.

Staff told us the service had an open and inclusive atmosphere and the registered manager and deputy manager were approachable and open. The service had various quality assurance and monitoring mechanisms in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and mitigate risks.

Medicines were stored and administered safely.

Staff were recruited appropriately and suitable numbers were on duty to meet people's needs.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Spinney (The)

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.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placements at the home, and the local borough safeguarding team

This inspection took place on 20 February 2017 and was unannounced. The inspection team consisted of one inspector 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 service.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with 10 people who lived in the service and three relatives during the inspection. We spoke with the business manager, the registered manager, three senior care assistants, two care assistants, the chef, the activities bistro worker and a domestic assistant. We looked at seven care files, staff duty roster, five staff files, a range of audits, minutes for various meetings, five medicines records, accidents and incidents, safeguarding information, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

At the last inspection in February 2017 we found the service was not always safe as recruitment procedures were not robust. At this inspection we found improvements had been made.

The provider had robust staff recruitment procedures in place. Records confirmed that checks were carried out on prospective staff before they commenced working at the service. These included two employment references, criminal record checks, proof of identification and a record of the staff's previous employment. The provider could demonstrate they had explored if potential new staff had gaps in their employment history. Records confirmed this. This meant the provider had taken steps to ensure suitable staff were employed.

People who used the service and relatives we spoke with told us that they felt the service was safe. One person when asked if the service being provided was safe replied, "Oh yes. The fact is there are carers around." Another person told us, "I feel very secure. I am being looked after. The care is good." A third person said, "Oh yes, generally safe." One relative said about the service being safe, "Absolutely 100%."

There was a safeguarding policy in place which made it clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Staff and the registered manager had undertaken training about safeguarding adults and had a good understanding of their responsibilities. One member of staff said, "I would tell the senior or the manager." Another staff member said, "I would go to management first." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, "I would whistle blow to CQC and social services."

The provider had assessed risks to people's safety. Care plans included assessments of risks related to physical health, falls, diabetes, tissue viability, personal care, nutrition and hydration, dementia, night care, toileting, mental health, medicines and communication. The staff had recorded detailed observations in each assessment and had updated these monthly. There were plans to minimise the risks and information for the staff about how to keep people safe in different situations. For example, one person was at risk of falls. The risk assessment stated, "[Person] must be assisted by one carer with a frame during all transfers. If [person] experiences dizziness help [person] into a seated position and offer a drink." The risk management plans were specific to the needs of each person and the documentation was clear and evidence based. Staff demonstrated a good understanding of their work and they had adequate knowledge regarding various precautions to take in order to ensure people were kept safe and received the care they needed. This meant the risk assessment processes were effective at keeping people safe from avoidable harm.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to and outcomes and actions taken were recorded. The service produced a trend analysis report each month looking at falls and injuries which included shift times and areas of the home. For example, using the trend analysis, the service had found incidents were higher during the night period. The service responded by increasing the number of night staff

and over time incidents had decreased. This meant that lessons were learned from any incidents or accidents related to an individual which were then implemented to improve the overall service to benefit everybody and protect people from the risk of harm.

During the inspection we checked medicines storage, medicines administration record (MAR) charts, and medicine supplies. All prescribed medicines were available at the service and were stored securely in locked medicine cupboards within each treatment area. This assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for people using the service.

Current fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection and records confirmed the fridge temperature was found to be in the appropriate range of 2-8°C. This meant that medicines requiring refrigeration were stored at appropriate temperatures.

People received their medicines as prescribed. There were no gaps in the records of medicines administered, which provided a level of assurance that people who used the service were receiving their medicines safely, consistently and as prescribed. People received controlled drugs as prescribed. Controlled drugs are medicines which are legally subject to special storage and recording arrangements. Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by two members of staff. Records confirmed this. Medicines to be disposed of were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor.

Observations showed people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. PRN medicines are to be taken as needed instead of on a regular dosing schedule. People's behaviour was not controlled by excessive or inappropriate use of medicines. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended effect.

The premises and equipment were managed in a way intended to keep people safe. Regular checks were carried out on hoists, emergency lights, bedrails, alarm systems, water temperature, and fire equipment. Records showed that fire safety checks and drills were done regularly. The service had an in-house maintenance person and a system in place to report and deal with any maintenance issues.

There were sufficient staff on duty to provide care and support to people to meet their needs. We observed that call bells were answered promptly and care staff were not hurried in their duties. Staff told us the home used bank staff when additional staff were needed to cover absences. One person told us, "The staff always come." One relative told us, "They [staff] are always attentive." A staff member told us, "At the moment we don't have any problems with staffing." Another staff member said, "I think we have a lot of staff. We are well staffed here."

The home environment was clean and the home was free of malodour. The home managed the control and prevention of infection well. Staff told us they had attended infection control training. Records showed infection control had been discussed at a recent staff meeting. Records showed the home conducted a monthly infection control audit which looked at people's bedrooms, equipment, medicines room, bathrooms, cleaning store, waste disposal, hand hygiene, food hygiene and personal protective equipment. One domestic assistant told us, "I have gloves. I put clean gloves on every time I clean a bathroom."

Is the service well-led?

Our findings

People who used the service and their relatives spoke positively about the registered manager and deputy manager. One person told us, "If I see [registered manager] she says good morning to me." Another person said, "I think she is a very helpful lady." A third person said, "I think she would be helpful if I was in trouble." A relative told us, "[Registered manager] is very good. One Sunday she was here at 9am and she had [started] at 3am. She does spot checks." Another relative said, "[Registered manager] is brilliant and [deputy manager]. They are very open and approachable."

Staff told us that they felt supported by the registered manager and deputy manager and that they were approachable and supportive. One staff member said, "[Registered manager] has an ability to make things happen. She gets everything on track. She knows how to motivate people. The home with her guidance is stepping up the standards." Another staff member told us, "[Registered manager] is firm but fair which is a good thing." A third staff member told us, "[Registered manager] is lovely. You can approach her if you have any problem. I can say anything to her. She is a fair manager with everyone." A fourth staff member said, "[Registered manager] has taught me so much and opens your eyes to new things. Really has put her stamp on the place."

Staff meetings were held regularly. Minutes of these meetings showed there was regular discussion about people who used the service, complaints, training, infection control, dignity and respect, supervision and appraisals, health and safety, policies and procedures, and new staff. One staff member told us, "Staff meetings are about any changes. Definitely talk about what we want. [Registered manager] lets us discuss any problems." Another staff member said, "It's a chance to talk about what has happened and what people think." This meant staff could receive up to date information and share feedback and ideas.

Systems were in place to monitor and improve the quality of the service. Records showed the registered manager completed a monthly audit of the service. The audit looked at presentation of the home, medicines, care documentation, accidents and incidents, pressure sores, complaints, training, supervision, recruitment and activities. The provider's business manager also monitored the quality of the service through regular visits, during which they checked the training, supervision, activities, care plan reviews, complaints, home environment and maintenance checks. The manager and provider audits were evaluated and, where required, action plans were in place to drive improvements.

The service also used an external company to quality check the service and we saw records to confirm this. The last external audit was completed on 27 November 2017. The external audit reviewed if the service was safe, caring, effective, responsive and well-led. The audit result overall was rated as good. This meant the provider had systems to check the quality of the service provided.

The service also employed an external company that had a 'mystery shopper' who would contact and visit the service anonymously. The last 'mystery shopper' visit was 11 August 2017 and they looked at the home environment, interaction with staff, and general observations. They rated the home overall as good.

The service had a monthly service improvement plan which included actions found from the various quality systems they had in place such as the monthly home manager audit, the business manager audit, the external company audit and various other audits. Records showed issues identified had been actioned and dated.

Satisfaction surveys were undertaken annually for people who used the service and their relatives. The last survey completed was for 2017 and records confirmed this. The survey for people included questions on social activities, choice, maintaining independence, food, communication and spiritual and cultural needs. Overall the results were positive. One relative told us, "They send surveys in the post." This meant the provider had systems for obtaining feedback from people to improve the service.

The provider regularly implemented innovative schemes to promote and improve staff confidence and recognition. For example, the provider held an annual staff awards event called Hearts of Gold. Information about Hearts of Gold awards was available in the home and staff, people who used the service, relatives and visiting professionals could nominate staff members. The awards ceremony took place annually in November and staff members were invited to the event. The service displayed pictures of the event, award certificates and a plaque. As another example, during Carers Week as a sign of recognition staff members received "treats." The business manager told us previously they had organised beauty treatments for staff, an ice cream truck visited the service, there were mother's day photo sessions and vintage sweet hampers were given to staff to share. This meant the provider encouraged staff to perform well and provide good quality care.

Records showed the service received feedback and updates from other services involved in supporting people, for example social services, district nurses, the clinical commissioning group, and the local palliative care team. This information was contained within the care files and ensured that the service was working together with other professionals involved in people's care. This meant the service worked jointly with other agencies to ensure people received consistent care.

The registered manager told us she was part of the local authority consortium group which met regularly. The registered manager said, "[Consortium meeting] is really good as you meet other professionals, immigration and other managers. We have had district nurses, chiropodist, tissue viability nurses, and falls team."