Carebase (Chingford) Limited

Spinney (The)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected The Spinney on 17 February 2015. This was an unannounced inspection. At the last inspection in January 2014 the service was found to be meeting the regulations we looked at.

The Spinney provides accommodation for up to 48 older people who have dementia care needs. There were 43 people living at the home when we visited. 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.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor

Summary of findings

and reduce risks. People had access to relevant health professionals when they needed them. Medicines were stored and administered safely. The service was not always following good practice when special monitoring was needed for people's prescribed anti-psychotic medicines, as these can place people with dementia at risk of serious side effects, such as a stroke as well as increasing the risk of falls.

Staff undertook training and received one to one supervision to help support them to provide effective care. The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. People told us they liked the food provided and we saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

People's needs were assessed and met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place and we found that complaints were investigated and where possible resolved to the satisfaction of the complainant.

The service had a registered manager in place and a management structure with clear lines of accountability. Staff told us the service had an open and inclusive atmosphere and senior staff were approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always 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 reduce the risks people faced

Medicines were stored and administered safely. The service was not always following good practice when special monitoring was needed for people's prescribed anti-psychotic medicines, as these can place people with dementia at risk of serious side effects, such as a stroke as well as increasing the risk of falls.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and was applying for DoLS authorisations for people that were potentially at risk.

People had choice over what they ate and drank and the service sought support from relevant health care professionals where people were at risk of dehydration and malnutrition.

People had access to health care professionals as appropriate.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

Summary of findings

People had opportunities to engage in a range of social events and activities that reflected their interests, according to their choices.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

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 our inspection, we reviewed the information we held about the service. This included the last inspection report for 6 January 2014. We contacted the local authority contracts and commissioning team that had placements at the home. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority.

This was an unannounced inspection. We visited the home on 17 February 2015 and spoke with 15 people living at The Spinney, one relative and one friend. We also spoke with the registered manager, the deputy manager, three senior carers, five carers, the activities co-ordinator, the handyman and the cook. We also spoke with a visiting healthcare professional. We observed care and support in communal areas and also looked at some people's bedrooms and bathrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at 15 care files, staff duty rosters, a range of audits, complaints folder, minutes for various meetings, staff training matrix, accidents and incidents book, safeguarding folder, five staff files, activities timetable, health and safety folder, food menus, and policies and procedures for the home.

The inspection team consisted of two inspectors, a pharmacy inspector, a dementia specialist and an expert by experience, who had experience with older people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at the service. No one that we spoke with raised any concerns about their safety. One person told us, "Yes I feel safe, people look after you well."

The service had safeguarding policies and procedures in place to guide practice. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "The policy [safeguarding] is in the staffroom and the manager's office." We saw records that safeguarding had been discussed in staff meetings. The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

We looked at the care files people and saw they each contained a set of risk assessments, which were up to date, detailed and reviewed monthly. These assessments identified the risks that people may face and the support they needed to prevent or appropriately manage these risks. Risk assessments included people's communication needs, personal care, nutrition, social activities, medication, night care, mental health, pressure sores and mobility. For example, one person had asked to not be routinely checked at night and that this had been respected by staff, following discussion with the person about possible risks. We also saw personalised evacuation plans in the event of a fire in the care files we reviewed. We saw people had consented to and participated in these risk assessments wherever possible.

We saw there were arrangements in place to record and review accidents and incidents and undertake any necessary action. Incidents had been recorded in people's care files and in a separate accident and incident log. For example, a person had fallen out of bed and the home had recorded this and completed various risk assessments. The person was provided with bed rails and regular audits and checks were recorded.

Medicines were stored safely. There was an effective ordering system for medicines, to ensure that medicines were always available for people. Each person had a medicines care plan, and a Residents Identification card, which contained details of any allergies to medicines and whether people needed special arrangements for their medicines, such as if they had swallowing difficulties. There were effective arrangements in place for pain-relieving medicines, so that people received these medicines when they needed them. Up-to-date and fully completed records were kept of medicines received, administered and disposed of. These records provided evidence that people were consistently receiving their medicines as prescribed. Dosage changes, such as changes to people's medicines after blood monitoring, were clearly documented and implemented promptly, following guidance from the National Patient Safety Agency. When people were able, and wanted to keep and manage their own medicines, we saw that they were supported to do this.

The registered manager told us that there were several GPs supporting the service, and they visited the service regularly to see people when needed. When we looked at the record of multidisciplinary visits in peoples care records, we saw evidence of this. However there was no written evidence that people had regular medication reviews as set out in the National Institute for Health and Care Excellence (NICE) guidance document, Managing medicines in care homes. We have made a recommendation about this.

We noted that a number of people were on medicines for dementia or regular anti-psychotic medicines for behavioural symptoms related to dementia. Special monitoring is needed for people prescribed anti-psychotic medicines, as these can place people with dementia at risk of serious side effects, such as a stroke as well as increasing the risk of falls. Medicines for dementia can place people at risk of side effects, such as nausea and vomiting. Although people had medicines care plans in place, their care plans did not specifically mention these medicines, any particular risks or side effects, and whether any special monitoring was needed. There are good practice guidelines for the use of these medicines for people with dementia, such as the National Institute for Health and Care Excellence (NICE) and Alzheimer's Society guidelines. Because the service was not following good practice guidelines for the use of these medicines, we have made a recommendation about this.

People who used the service told us there was always staff available to help them. One person told us, "You can always find someone." Another person said, "Yes, there are

Requires improvement

Is the service safe?

enough staff. Sometimes I think there are too many." One staff member told us, "We have enough staff. I get enough time to spend with people." Staff told us that there was enough staff available to meet people's assessed needs. We looked at staff rotas and there were sufficient staff on duty on the day of the inspection.

We looked at three staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. We saw that interview questions were appropriate for the role and clear records of interviews documented. We saw copies of proof of identity and application forms which included people's employment history. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. We saw that at least two references had been obtained to ensure people were of good characters and fit for work. Records also showed that staff's visa status where relevant had been monitored to ensure they were eligible to work. This meant the provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced.

We saw the premises and equipment were managed in a way intended to keep people safe. During our inspection we checked the overall cleanliness and the state of the environment and we found that the home was appropriately maintained. Regular checks were carried out on hoists, emergency lights, bedrails, alarm systems, windows, water quality and temperature, wheelchairs, radiators, dishwashers, fridges, fire equipment and sharps disposal containers. The service had an in-house maintenance person and a system in place to report and deal with any maintenance issues. Staff we asked about the system told us they knew how to report issues and their handyman was quick to respond. We saw that the handyman carried out 'walk-through' inspections of the premises at least daily, in addition to planned checks, and that action had been quickly taken if faults were identified.

Good

Is the service effective?

Our findings

People told us they were happy with the level of care and support they received. One person said, “Staff are lovely, really exceptional.” Another person commented, “Staff look after me well.” A friend of a person who used the service told us, “The staff are very good with [friend].” A relative said, “The staff do a good job.”

The service had a policy on the supervision of staff which stated staff should receive at least six formal supervisions a year and an annual appraisal. We saw records this was being completed for all staff. Individual supervision was based on the ‘Common Core’ principles of ensuring dignity. These seven principles can be used to support good practice and focus on the key values, attitudes, skills and knowledge required to provide the best care possible.

We looked at staff files and saw records of supervision sessions that showed topics such as time-planning, training and personal development needs, medicines and management of people with diabetes were addressed. We saw an example of supervision addressing an issue of poor record-keeping by a member of staff. We spoke to the staff member who told us that positive changes had come about as a result of these discussions in supervision. One staff member told us, “I discuss my future goals and what training I need.”

Staff we spoke with told us they received regular training to support them to do their job. One staff member told us, “I do have enough training. I always get updated.” We looked at the training matrix which covered training completed. The core training included induction, fire safety, moving and handling, first aid, health and safety, infection control, food hygiene, dementia awareness, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), nutrition, equality & diversity fire training. New staff had been provided with induction training so they knew what was expected of them and to have the necessary skills to carry out their role.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The manager knew how to make an application for consideration to deprive a person of their liberty. Discussions took place with the manager regarding how the recent judgement by the Supreme Court, could impact on the provider’s responsibility to ensure DoLS are in place for people who used the service. We saw applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the manager was able to explain the process she would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals.

People were supported to have a balanced diet that promoted healthy living. The service had a four-weekly rotating menu. We looked at the menu and found that choices of food and drink were varied and nutritionally balanced including fruits and vegetables. People had access to snacks and drinks throughout the day and fresh fruits were available for them. We found the cook was familiar with people’s dietary needs and flexible in accommodating their needs. For example, one person who was diabetic had their diet closely monitored by kitchen staff, in collaboration with care staff and the person themselves.

We saw people being offered wine, beer or sherry with their meals. Staff were knowledgeable if people could have alcohol depending on their healthcare needs. For example, one person asked a staff member for a sherry. We saw this staff member explain to the person they would have to check as the person had been on medicine which was not allowed with alcohol. The staff member checked the person’s care records and explained to the person they could have the sherry as the course of medicines had been completed

People we spoke with were very complimentary about the quality of the food. One person told us, “Food is good. Drinks when I want them." Another person said, “Excellent food and I’m a finicky eater. Portion sizes too good." A relative told us they sometimes they are provided a meal at the home and had enjoyed the food.

Record showed people’s needs were assessed in order to identify their support needs regarding nutrition. Details of people’s dietary needs, food preferences and likes/dislikes

Good

Is the service effective?

were recorded in their care plan. Records showed that people's weight was monitored to help keep it within healthy limits. Daily food and fluid intake was monitored for people who were at risk of malnutrition.

People were supported to maintain good health and to access healthcare services when required. Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, podiatrists, dentists, chiropodists, opticians and dieticians. One person told us, "The chiropodist comes to the home every 6 weeks and a doctor regularly visits." On the day of our inspection we observed the district nurse visiting people. The community nurse visited the home every day to administer insulin, and records were kept of this. We observed medicines being given to people, and this was done safely, by care staff who had received medication training and been assessed as competent to administer medicines. This showed the service was seeking to meet people's health care needs.

Good

Is the service caring?

Our findings

People told us that they were well treated and the staff were caring and compassionate. One person told us, “They [staff] talk gently and caring to me.” Another person said, “Very caring, nothing but praise.” A visiting health professional spoke positively about the staff and told us the staff were very helpful to people.

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. We observed staff interacting with people in a positive and caring manner. Staff members were able to describe how they developed relationships with the people which included talking to the people to gather information on their life history and likes and dislikes. One staff member told us, "I take time and have a chat. I read their care plans." We saw staff hold hands with people and provided reassurance with smiles and touching on the hand and shoulder. Staff referred to people by their preferred names. Staff sat with people and encouraged them to read magazines and listen to music. One staff member sat and read to two people and explained phrases and photographs patiently from a magazine. People's life stories were documented in the care plans we reviewed and helped staff deliver individualised care that was sensitive to people’s needs.

Our use of the Short Observational Framework for Inspection (SOFI) tool found interactions between staff and people were positive with no negative interactions. We found staff asked people their choice around daily living, such as if they wanted to go sit in the lounge area, conservatory area or their bedroom. Our observations indicated that staff knew people’s likes and dislikes. For example, one staff member was offering fruit juice in the dining room. The staff member then approached one person and said, “I’ll go and get your lemonade.” This demonstrated the staff member had an understanding of people’s preferences.

The people and relatives we spoke with told us they were able to make their views known about the care and support provided for their relative. The relative we spoke with said the registered manager and staff kept them informed of their family member’s care and always discussed any issues and changes. Care files we looked at showed that people were involved in decisions about their care. For example, one person’s care plan stated there happiest day was their wedding day. We heard a staff member asked that person about their wedding day during our inspection.

We found that people’s privacy and dignity was promoted. All the staff we spoke with were able to give us examples on how they promoted privacy and dignity in everyday practice. One staff member told us, “I don’t repeat what people tell me unless it is important.” Another staff member said, “I knock on the door before walking into their bedroom.” We saw staff knocked on people’s bedroom doors, and where possible waited for the person to respond before entering. One person told us, “They [staff] respect my privacy.” Another person said, “Staff knock on the door.” A relative told us, “They [staff] always knock on the door when I am with [relative].”

Good

Is the service responsive?

Our findings

People and their relatives told us they received personalised care that was responsive to their needs. One person told us, “The staff know my needs so don’t need to ask.” Another person said, “People are around and bells are answered quickly.”

We looked at the care records for people using the service. All of the care records we looked at showed that people's needs were assessed before they had moved in. All the care plans had been reviewed recently and signed by staff and the person using the service. Care plans were personalised and it was clear that people’s specific needs, choices and preferences had been obtained. There was an “all about me” section of the care file which contained information on people’s life history, preferences, likes and dislikes so staff were aware of these. ‘Family trees’ were used, along with a process named ‘Cornerstone’ which addressed the five areas of people’s medical conditions, their capacity to make decisions, consent to care and treatment, ability to contribute to planning and implementation of care, and communication in a way that involved them wherever possible. The care plans identified actions for staff to support people. Some of the areas that were considered were personal care, communication, mobility, nutrition, activities and social interaction, going out in the community, night care, medicines and management of pain.

There was a calendar of activities displayed on each floor for the week we were visiting. The service employed one activities co-ordinator. Activities included music therapy, keep fit, bingo, monthly cheese and wine night, arts and crafts, and day trips twice a week which included visits to a local garden café, pub lunch and museums. On the day of the inspection people were doing keep fit exercise. The activity co-ordinator told us and we saw group activities were held in the morning and in the afternoon. One person told us, "We have flower arranging, quizzes, music, outside entertainers coming in and now calligraphy once a month." A relative told us, “The dementia unit seemed to like sing-alongs."

Residents and relatives meetings were held on a regular basis to provide and seek feedback on the service. We saw from minutes of meetings which had included topics on complaints, food, activities, laundry and future refurbishments of the home. We saw people’s concerns were listened too. For example, one person asked for more night time activities and the home had introduced activities in the evening such as a dinner club and wine and cheese nights.

People we spoke with told us they knew how to make a complaint. They told us they would talk to the registered manager. One person told us, “I’d go to the manager. Very seldom had to complain. “Another person said, “Would go to the manager but haven’t had to complain.” The service had a complaints procedure and information on how to obtain a copy was available in the service user guide for the home and the statement of purpose. The complaints procedure contained details of who people could complain to if they were not satisfied with the response from the service and timescales for complaints to be dealt with. We saw the records of complaints and found the service was listening to people’s and their relatives’ problems and concerns. We found the complaints were investigated appropriately and the service aimed to provide resolution for every complaint in a timely manner.

Good

Is the service well-led?

Our findings

People, relatives and healthcare professionals said the registered manager and deputy manager were approachable and effective. Staff told us there was good communication within the team, they felt supported and they worked well together. A member of staff said, "Any problems we can talk to her [registered manager]. She helps us and supports us." Another staff member said, "The manager is very approachable. If I need anything I just have to ask." One person told us, "Manager is very hard working. Never seems to be off duty." Another person said about the home and the manager, "Well run. The manager is very good." A relative told us, "Good manager. I can go to her."

There was a registered manager in post and a clear management structure. This included a deputy manager. Staff told us the registered manager and the deputy manager were open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised.

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on dignity and respect, health and safety, nutrition, daily recording, care planning activities, and infection control. Staff told us and we saw records that a representative of someone living at the home attended the staff meetings to express their views. Staff understood their right to share any concerns about the care at the home. Staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy.

Satisfaction surveys were undertaken annually for people who used the service and relatives. The last survey for people using the service was conducted in 2014. Twenty surveys had been returned. The survey covered staff, care, social activities, food, environment and management. Overall the results were positive. Feedback comments on the survey included, "the food is excellent", "The Spinney is a lovely caring home", "my mother is allowed to retain her dignity" and "the manager and staff are excellent on all levels".

Systems were in place to monitor and improve the quality of the service. We saw records to show that the registered manager carried out a monthly audit to assess whether the home was running as it should be. We looked at the audits conducted since the last inspection. The audits looked at the home presentation, medicines, care documentation, pressure ulcers, accidents, complaints, privacy and dignity, health and safety, supervision and training. These audits were evaluated and, where required, action plans were in place to drive improvements. We saw where any deficiency or improvement was required, prompt action was taken. For example, infection control training on spillage had been identified as an action to be completed for all staff and we saw that this had now been completed by all staff.

There was also a system of daily checks in place to ensure quality was monitored such fridge and freezer temperatures to ensure people's safety. We saw records to show that there were weekly checks of the hot water temperatures of all hot water outlets and checks of fire safety equipment. We were shown copies of medicines audits, which were carried out regularly on all units, both by the manager and the pharmacist.