Care Quality Commission

Country House Care Limited

Spetisbury Manor

Inspection report

Spetisbury, Blandford
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Website:

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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

This inspection took place on the 28 April 2015 and was unannounced.

Spetisbury Manor is situated in the village of Spetisbury, a short drive from Blandford Forum. The service is registered to provide accommodation and personal care for up to 25 people, it does not provide nursing care. At the time of our visit there were 15 people living in the service and three people staying for 'respite' short stay.

At the time of our inspection there was not a registered manager in post. 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.

The registered manager had left the home the week before our inspection and the vacancy had been advertised. The deputy manager was covering the role with support from the provider, people and staff expressed confidence in the interim management arrangements. The service was welcoming and people spoke openly about their experiences. People told us they liked living in the service and felt well cared for.

Summary of findings

Staff had sufficient training to support them to do their job and staff were able to tell us how to recognise potential/actual abuse and what actions to take.

People told us the call bell system was not accessible in communal areas for people who are unable to mobilise however the provider was already aware of this and it was under review and different call systems were being sourced.

People were supported to make decisions about their lives. Where people did not have the mental capacity to make certain decisions, appropriate action was taken to ensure their rights were upheld.

Medicines were not always stored safely and the Medication Administration Records (MAR) were not always readable. The deputy manager was informed and she arranged for the pharmacist to visit that day and the charts were re-formatted. The MAR were made easily readable and the issue was resolved.

The provider had not completed a notification as required, to inform the Care Quality Commission of an incident of potential abuse.

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?

There were appropriate procedures to safeguard people from abuse.

Individual risks were assessed and people were supported to live as independently as possible with appropriate support.

There were enough staff to maintain the safety of people.

Medicines were not always stored or recorded safely.

People are protected by the prevention and control of infection.

Requires Improvement

Is the service effective?

People received effective care. Staff received regular training, supervision and received an annual appraisal. Staff were able to describe care needs and peoples preferences.

People's rights were upheld and people were involved in making decisions about their care.

People were complimentary about the food. There was a good choice and individual dietary requirements were catered for. Mealtimes were unhurried and support was given to people as needed.

People were supported to maintain good health and had access to health professionals when they needed them.

Good

Is the service caring?

The service was caring. Staff were kind and caring. Staff spoke about people warmly and interacted with people respectfully, and maintained people's privacy and dignity.

Good

Is the service responsive?

The service was responsive to people and their needs. People's care was provided in ways that took account of their preferences.

People and staff knew how to raise concerns. There was a complaints process and we saw complaints were investigated and responded to.

Good

Is the service well-led?

The service was well led. There were up to date policies and procedures in place which the deputy manager was continuing to implement.

There were processes in place to monitor the safety and quality of the service.

The home had a positive and open culture. People and staff told us they could speak out and be listened to.

Good

Spetisbury Manor

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 28 April 2015 and was unannounced.

The Inspection was carried out by one inspector and an inspection manager for part of the day.

Before the inspection we checked the information that we had about the home. This included notifications we received from the provider. A notification is information about important events which the service is required to send us by law. 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.

We observed how the staff interacted with people and with each other. We spoke with seven people. We also spoke with the deputy manager and seven other staff and one visiting healthcare professional.

We reviewed three sets of care records, five sets of staff records, a sample of Medication Administration Records (MAR) and looked at policies and procedures as well as the staff training matrix, and duty rosters.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always stored appropriately. Medicines requiring refrigerated storage were not safely stored which meant that the efficacy of medicines could have been affected. There were some gaps in temperature recording, and some of the recorded temperatures were below the recommended temperature of 2-8 degrees, the fridge thermometer was a kitchen type and did not have a digital display. These issues were pointed out to the deputy manager who arranged for the fridge and thermometer to be replaced.

The Medicine Administration Recording (MAR) were stored in a ring binder and there were a number of the charts which had a hole punched through obscuring the name of the medicine and/or directions for administration. The deputy manager accepted that this was an issue and she arranged for the pharmacist to come that afternoon and the MAR were changed, while the inspection was taking place. We were unable to check whether this practice was sustained.

People were protected from abuse. The service had a policy protecting people from abuse and training records showed that staff had either undergone safeguarding training or were booked to do it. Staff understood what constitutes abuse and could recognise signs that someone may have been abused and action they should take. The deputy manager understood how to make referrals to the local safeguarding team, for example there was missing property, and this was appropriately referred to the safeguarding team and the police. The investigation was on-going at the time of the inspection and the service had put in robust measures to ensure people's belongings were protected. However, this incident was not reported to the CQC as is required.

People said they felt safe and were well looked after. One person when talking about staff said, "They're wonderful here, it can't get any better", other comments included, "I have no problems with any staff, I feel safe", "The staff are very good".

There were procedures in place on dealing with incidents and staff knew their own responsibilities when an incident occurred and how to report it. There was a risk register which showed that incidents were investigated, and what actions were taken. Monthly audits of accidents and incidents were up to date, they contained follow up forms which had an updated review and highlighted any learning which arose from the incident.

Care records included assessments covering risks such as nutrition, pressure areas and moving and handling. Specific individual risks were also assessed, for example one person requiring a diabetic diet was sweetening already sweetened food, which may have an adverse effect on their health. This was documented and talked about in the handover and there was a plan to stop sweetening the person's food in order for the person to do it them self and to refer to the Diabetic Nurse. Another person stated they went for a walk around the outside of the building, they knew that staff had some concerns about their safety however they had capacity to make this decision and staff supported them.

Staff all spoke positively about their work and felt there were enough staff to maintain the safety of people living at the home. Appropriate steps were made to provide sufficient numbers of staff, there was a senior carer on duty during the day. We looked at the rosters over a four week period and saw that the home observed their set minimum numbers of staff. The deputy manager informed us that staffing could be adjusted according to people's needs.

The home was reliant on some agency staff cover on night shifts, the deputy manager informed us that every attempt was made to ensure regular agency staff were used and they always worked with a permanent member of staff. There were up to date profiles for agency staff who worked at the home, these provided a description of their training, skills and competencies. The deputy manager told us they recruit through advertising and the job centre. All appropriate checks were carried out before staff started work. For example references and employment history were checked.

The home was well maintained, there was a service schedule, which included: fire risk inspection, bath seat and hoists, Portable Appliance Testing, all in date and at the same time as our visit there was a full electrical inspection taking place. Hoists had date of maintenance checks recorded on them and were all in date.

Infection control measures were in place and the home was clean and hygienic. People informed us that they were happy with the standard of cleanliness. There were

Requires Improvement

Is the service safe?

supplies of personal protective equipment such as aprons and gloves which were observed to be used as required by staff. Cleaning equipment was colour coded for each area in line with national guidance to reduce the risks of cross infection.

Good

Is the service effective?

Our findings

People received care from staff who had suitable knowledge and skills to meet their needs. Staff received induction training before they started work and there was an on-going programme of training for staff to develop their skills. One member of staff commented that the induction "was a bit short," but other staff informed us that there was "a lot of training." The provider informed us that staff have a mandatory one day induction and new staff do "shadow" shifts with regular staff. Staff told us they felt supported and there was a record of individual and group supervision, all staff had received an annual appraisal.

People felt staff knew how to care for them and one person told us that staff are "very vigilant" and described how "staff notice things about you before you do yourself". The provider told us that people needs were assessed prior to moving in, which included assessment of their physical, psychological, social, personal and emotional needs. There was a handover sheet with a summary of care needs and a daily record to aid communication between shifts, this was used as a communication tool during a handover.

The Mental Capacity Act (2005) (MCA) provides the legal framework for acting and making decisions on behalf of people lacking mental capacity to make specific decisions. Staff understood the principles of MCA and were able to explain how they integrated it into their day to day work. Staff described how they encouraged people to make choices about how they live their lives.

People were supported to make decisions about their care One person described being "supported to do things in my own order, for example, I can get up when I like. "There were three people living in the home who were assessed as lacking capacity to make specific decisions and best interests' decisions had been made for them. The correct procedures had been carried out with documentation to support it and involving people who knew the person. Staff were aware of who had best interests decisions in place and were able to describe what actions they would take when caring for people subject to a best interest decision, all staff explained they would offer the person choice and give them time if they needed it. Staff told us that the MCA was talked about in staff meetings.

Staff knew about the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospital being inappropriately deprived of their liberty. DoLS can only be used when there is no other way of supporting the person safely. The provider had made applications to deprive three people of their liberty and were awaiting the local authority to carry out appropriate assessments.

There was a choice of food on offer and the menu was on display in the dining room. People's needs in relation to food and drink were assessed and plans were developed to meet these needs. People told us they have a choice of good quality food. One person said, "the food is very good, I never leave anything, my daughter is very pleased, she doesn't have to worry." There were no restrictions on access to food and staff told us "people could order food any time they like." Menus were planned up to five days in advance. The chef was informed of special diets. People completed an initial nutrition assessment which asked about food/drink likes and dislikes as well as times people prefer to eat, they were asked "are times we serve food reasonably suited to you?" Mealtimes were observed as non- hurried and people could spend as much time as they liked, staff were available to assist as needed.

People told us that that staff were observant and they had help to go to appointments if needed. One visiting health professional informed us that people were referred in a timely and appropriate manner. One person told us that any health concerns were responded to quickly and that staff noticed if they were not well.

People were supported to maintain good health, the deputy manager told us that there was a range of visiting health care professionals. For example we saw from the care records that people saw their GP, mental health team and/or district nurse when needed. There were also examples of people having visited the optician, or dentist.

People told us that they have choice about how they spend the day and where, one person said they did not like getting up in the mornings, so they stayed in their room and had breakfast there.

The provider informed us that people view available rooms and choose one most suited to their needs and personal preferences, rooms were personalised and people had their own belongings. People were given the option of having their own furniture.

Good

Is the service caring?

Our findings

People were treated with consideration and respect. People told us the staff were “very good” and “very nice people”. Staff spoke warmly about people and this was observed during interactions. For example, when a member of staff assisted someone back to the communal area they took time to ensure the person was warm and comfortable and checked whether anything else was needed, they talked about activities that were happening that afternoon. It was clear from the communication between them that the member of staff knew the person as an individual and listened to them. A visiting health professional described staff as ”very helpful, kind and caring” and told us that care of a person at the end of their life was “excellent.”

People told us that living at Spetisbury Manor was as close to living at home as possible and they were provided with choices about daily routines for example, what time to get up. Staff told us visitors are always welcome.

People’s care records described their history, likes, preferences, needs and goals and had been reviewed monthly. Staff told us that care plans gave a guide about peoples likes and dislikes but they still ask people and give a choice, not wanting to become “complacent”.

There were residents meetings three times a year which were minuted and people told us they could make suggestions about activities or other issues relating to living in the home. People told us if they have any concerns they will talk to staff or the deputy manager.

People were treated with dignity and respect. All people we spoke with told us that staff were respectful when they assisted with personal care and promoted their privacy and dignity. We observed staff knocking on doors before entering rooms. Staff explained to people what they were going to do and if this was acceptable to them. People told us they choose what clothing they wanted to wear and staff supported them with this. The housekeeping staff ensured laundry was washed and returned to the correct person.

Good

Is the service responsive?

Our findings

Most people told us that they received care and support when they needed it, one person told us that staff, "notice if I am stressed and will respond." However one person commented that they would like "better communication". This person was unable to mobilise independently so when in the communal area, if there were no staff present they were unable to get up to press the call button on the wall. This was fed back to the deputy manager who was aware of the issue and informed us the call bell system was currently being reviewed by the provider who was exploring alternatives systems. Staff were frequently in and out of the communal area however the person did report feeling "chilly" and had to wait a few minutes for someone to come back in the room to ask to close the doors.

People told us they knew how to raise concerns or complaints and told us they would talk to the deputy manager, who would "help sort it out". We saw evidence of concerns/complaints which had been raised and actions taken by staff how to resolve them. For example, one person did not like how their bed was being made so the team clarified with the person and their relative how to make the bed and this was shared with staff. There was a complaints policy and staff knew when and how to escalate complaints.

Some staff had received training in dementia care and one staff member told us how this helped influence their practice. For example, one person was anxious and looking for his wife who had passed away, staff responded by asking him to tell her about his wife which engaged him in a discussion and settled his anxiety. The deputy manager informed us that more staff were booked to do the dementia training.

There was an activity co coordinator in post who worked part time hours, part of their role was to organise activities which people provided suggestions for and helped plan. The activity plan for May 2015 listed day trips/pub lunch, board games, and a variety of entertainers. One person told us that the exercise to music was particularly good. People said they had a choice to join in activities and their wishes were respected if they did not wish to participate. Staff were observed discussing activities with people and negotiating the afternoon's plans.

People received personalised care and their preferences were catered for, for example during the inspection a delivery of a particular soft drink arrived which had been specially requested, the person was informed it had arrived and was asked how they wanted it stored and if they wanted any now.

Good

Is the service well-led?

Our findings

The service was well led. People spoke positively about the home, the majority of responses were positive and people felt they could raise concerns and that they would be listened to. Staff spoke encouragingly about working in the home and also felt they could raise concerns one person told us that “I’ve had things to say, that’s OK management are open to hearing”. Observations and feedback showed us there was a positive and open culture. The deputy manager was approachable and the office door was kept open, we observed staff approaching the deputy manager to share information and staff were listened to and responded to appropriately.

Staff understood their individual roles and responsibilities and there were positive working relationships between staff at all levels. For example care staff told us their role was to provide care for people and one member of staff stated this was a priority, the domestic and housekeeping staff told us that their priority was ensuring the cleanliness and up keep of the home. Staff communicated well with each other, one person told us that “staff supports each other.”

The Registered Manager (RM) had left the service in the week prior to our inspection. The deputy manager was taking on the management role until a new RM could be appointed. The provider was actively recruiting for a replacement RM. One person told us they were concerned about her leaving because the home was “well run” however they told us "the deputy manager is doing a fantastic job”. The deputy manager was a longstanding member of the team and knew the service well. The RM gave three months’ notice and people and staff were prepared for her leaving. The deputy manager told us there were robust systems and processes in place to maintain smooth running of the home. The deputy manager told us they were supported well by the owners.

Recruitment is under way for a new RM, the deputy manager told us some interviews had taken place but there was not a suitable candidate and the provider was re-advertising. The provider mostly informed the CQC of incidents which occurred however on one occasion an incident of potential abuse was not reported. Although the provider had taken all other appropriate actions, there is a statutory duty to notify the Care Quality Commission of all abuse or allegations of abuse.

Policies and procedures were looked at and there were 56 in total covering all aspects of the service. Three policies were checked, care planning, safeguarding and DoLS they were signed and dated by staff to indicate that they had read and understood them.

There was a clear incident and accident reporting system which was subject to a monthly audit, this was up to date and showed evidence of learning from incidents. For example, additional training and staff supervision were put into place following a non-damaging drug error. There were regular audits and systems in place to monitor the safety and quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.