

Shaw Healthcare (Group) Limited

# Spinneyfields Specialist Care Centre

## Inspection report

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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 inspection took place on the 6 February 2017 and was unannounced.

The service is registered to provide accommodation for up to 51 older people who may require nursing care and rehabilitation. The people living in the specialist care centre have a range of needs including people living with dementia and people who have physical disabilities. The service provides rehabilitation for those people who may be recovering from surgery or illness, respite care and social rehabilitation. At the time of our inspection there were 31 people living there.

The service has a registered manager. 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.

People were cared for and supported by staff who were respectful of their dignity and who demonstrated an understanding of each person's individual needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the support their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

People received care from staff that knew them and were kind and compassionate. Their needs were assessed prior to coming to the Centre; individual care plans were in place and were kept under review.

Care plans detailed people's needs, their likes and dislikes and preferences. The information gathered ensured that people were cared for safely. Staff understood their role and responsibility to keep people safe from harm.

Staff were supported through regular supervision and undertook training which helped them to understand the needs of the people they were supporting. There were sufficient staff to meet the needs of the people; staffing levels were kept under review. There were appropriate recruitment processes in place which protected people from being cared for by unsuitable staff and people felt safe in the Centre.

People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

There were a variety of audits in place and action was taken to address any shortfalls. The registered manager was visible and open to feedback, actively looking at ways to 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.

People felt safe and staff understood their roles and responsibilities to safeguard people.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

### Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People were supported to access a healthy balanced diet and their health care needs were regularly monitored.

### Is the service caring?

Good ●

The service was caring.

People received their support from staff that were kind, who treated them as individuals and respected people's dignity and right to privacy.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they came to stay at Spinneyfields to ensure that all their individual needs could be met.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

The views of people's experience of the care and support were actively sought to enable the leadership to look at ways to continually improve the service.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Quality assurance audits were regularly undertaken to ensure that standards were maintained and action taken to address any shortfalls.

# Spinneyfields Specialist Care Centre

## **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 6 February 2017 and was unannounced. The inspection was undertaken by one inspector.

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 the previous inspection report and information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people staying at the Centre.

During our inspection we spoke with eight people who used the service, eight members of staff including two nurses, three support care staff, two team leaders, a housekeeper and the registered manager. We were also able to speak to five relatives who were visiting at the time and two health professionals.

We observed care and support in communal areas including lunch being served. We looked at records and charts relating to six people living in the home and three staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for staff, meeting minutes and arrangements for managing complaints.

A number of people who used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like; we undertook observations of care and support being given. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People looked relaxed and happy in the presence of the staff. The people we spoke with all said they felt safe at Spinneyfields. One person told us "All the staff are very good; they make me feel comfortable here and they all seem to want to do the best they can for you." A relative commented "The ambience is nice here, not one person has not acknowledged us when we have come; everyone is very pleasant."

The staff we spoke with all understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. Staff told us that if they had any concerns they would speak to the registered manager or deputy manager and if they were not satisfied with what happened they would report the incident outside of the Centre. We saw that the registered manager had contacted the local safeguarding team when any concerns had been raised and any investigations had been appropriately undertaken and actions shared.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided for example people were supported and encouraged to change their position regularly and had their food and fluid intake monitored to ensure their well-being. Care records demonstrated that the risk assessments linked to people's care needs had been regularly reviewed and revised when necessary.

People told us that they felt there was usually sufficient number of staff to assist them. One person told us "Staff come if I call; I need a little more patience at night as sometimes it takes them a bit longer to respond at times, it all depends on what other people need." Another person said "I feel response is good if I call; they [the staff] are good at night time." The staff we spoke to said they felt there were enough staff and that staffing levels were based around the needs of the individual people. As a rehabilitation unit the aim is to encourage people to do as much for themselves as possible to ensure they retain their skills and keep their independence for when they go home. We observed staff responding to call bells and spending time with individuals throughout the day. The number of staff in each area of the home was based on the needs of the individual people. Nursing staff were deployed in the areas of the Centre where people required nursing care. We saw from staff rota's that the level of staff was consistent and the registered manager told us they regularly reviewed staffing levels taking into account the level of needs of the people in their care. The nursing staff and care staff were also supported by catering and housekeeping staff and other health professionals such as a physiotherapist who visited the centre each day and a District Nurse.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the Centre.



People were assessed for their ability to self-medicate. Where it was considered appropriate and part of their rehabilitation programme they were supported to do this. People told us that they got their medicines on time. One person said, "I have Parkinson's so I need to take my medication within a time range; they [staff] are very strict on that."

People received their medicines, as prescribed, in a safe way and in line with the provider's policy and procedure. Staff spent time with people explaining what their medicine was and ensured they took it and had sufficient liquid to take them with. Medicine administration records provided staff with information about a person's medicines and how it worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was either stored securely in a locked cupboard within a locked air conditioned room or in a locked cupboard in their bedrooms. There were regular medicine audits that identified any issues in a timely fashion to ensure administration errors did not happen, and if they did they could be rectified. The registered manager had provided information in the PIR that a number of administration errors had been identified and staff had been given further training to ensure that such incidences would be minimised. We saw that improvements had been made and there were fewer incidents recorded where staff had not signed for the medicines they had administered. There was a system in place to safely dispose of any unused medicines.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis and took action as appropriate.

## Is the service effective?

### Our findings

People were supported and cared for by a well trained staff team who received on-going support from the management team. One person said "The staff are all alright; they know what they are doing and work very hard to help you." The relatives we spoke to all expressed their confidence in the staff caring for their relative. One relative said "We can see the difference in [relative] since they came here; we are very pleased with their progress so far."

All new staff undertook an induction programme which was specifically tailored to their roles and experience. Newly recruited staff also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were not allowed to care for people independently until they had undertaken all mandatory training which included moving and handling, safeguarding and infection control and shadowed experienced staff members.

Staff felt supported and listened to. Staff told us they received supervision regularly and had access to any training they needed. Training in key areas such as first aid, fire safety, medication, movement and handling and dementia awareness was refreshed regularly to ensure staff kept their skills and understanding up to date. We noted that staff had appropriate qualifications to reinforce their abilities in their work. The registered manager told us about training that all staff were currently undertaking in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards which had had a positive impact on how the staff supported people living with dementia. One member of staff described how they now felt more confident to support someone who may at times refuse their help; they spoke about leaving the person and giving them time and going back to offer their support. Staff told us that they were able to discuss and reflect upon their training needs in supervisions with their manager. We saw that the provider maintained a training matrix for staff which ensured that staff were booked on to any training they needed.

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 mental capacity to take particular decisions, any decisions 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 this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals. We saw that where best interest decisions had been made that this had involved the appropriate people and the decisions recorded within the care records.

People were involved in decisions about the way their support was delivered. Staff sought people's consent before they undertook any care or support and people were encouraged to do as much for themselves as possible. One person told us "The staff always ask me if I need help; I am much better now so don't need them so much."

People were regularly assessed for their risk of not eating and drinking enough; staff used a tool to inform them of the level of risk which included monitoring people's weight. Information about people's needs, likes and dislikes in relation to food was gathered as they came to stay at the Centre, this information was shared with the catering staff and used to ensure that people had access to the food they needed and wanted. Drinks and snacks were available throughout the day and staff encouraged and supported people to take fluids outside of mealtimes. One person told us "There is plenty of food, too much at times for me; if you are hungry between meals you can always get something, toast or a biscuit." Staff recorded fluid and food intakes where it was deemed necessary to record how much a person had eaten or drank. Advice had been sought from a Dietitian where it had been identified that a person was losing weight and we could see that the advice had been followed; charts were in place recording food and fluid intake.

Everyone we spoke to said how good the food was and they were offered a choice each day. One person told us "The meals are very good; I spoke to [name of registered manager] about the choices available at tea time and now we have some different choices." Another person said "The food isn't bad; there is always an alternative if you don't want what's on the menu." There was enough staff to support those who needed some assistance with their meals. We observed staff gently encouraging people to eat and the atmosphere in the dining areas was very social and relaxed.

People had access to physiotherapists, occupational therapists and other health professionals which assisted them in their rehabilitation. One person said "I have physiotherapy, its' not overdone and is pretty good; I can walk a bit further now."

## Is the service caring?

### Our findings

There was a warm, friendly atmosphere as you went in to Spinneyfields. Everyone we spoke to said how friendly and supportive all the staff were. One person said "The staff are lovely." A relative commented "The care is good and the staff are very patient." We read a number of comments people had sent in following their stay at the Centre these included 'The care and concern I have been shown has been remarkable; staff make every effort to learn people's names and generally show much understanding.' 'Staff are very helpful and polite.'

Staff knew people and had an understanding of people's individual needs. We observed some good positive interactions with people. For example at lunch time staff sat with people as they ate which encouraged a flow of conversation about what people cooked for themselves, memories of childhood favourites and places people had visited; a real social atmosphere was created. This was particularly helpful as it encouraged people to relax and eat their meals.

People were encouraged to express their views and to make choices. One person told us "I am able to go to bed when I want and get up when I want to; I had a bit of a lay in this morning which was fine." We observed people making choices as to where they spent their time. One person said "I like my own company so prefer to stay in my room for meals; my meals are brought to me." Another person said "It's nice to be able to socialise and spend time with people; we move round to different tables at lunchtime which is nice, you get to speak to different people."

Staff were respectful of people's dignity and protected people's right to privacy. We saw that when people were supported with personal care, doors were closed. Staff described how they ensured people were sensitively cared for and made to feel comfortable when being assisted with their personal care. People had their own room or apartment and staff were considerate of their wishes when asking if they could enter their rooms. Some people had brought in small items of furniture and pictures to help them feel settled during their stay.

There was information available about advocacy services so that if people were unable to express their views an independent advocate could be accessed to support them. At the time of the inspection no one needed an advocate.

Visitors were welcomed at any time. Relatives were very positive about the attitude shown towards them when they visited. One relative told us "Everyone is helpful and acknowledges you when you come in."

## Is the service responsive?

### Our findings

People's needs were assessed before they came to stay at Spinneyfields which ensured that their needs could be met. Detailed individual care plans were developed from the information gathered. One person told us "Me and my family are involved with my care plan."

Care plans detailed the care and support people needed which ensured that staff had the information they needed to provide consistent support for people. The plans were reviewed regularly and we saw that they had been updated to reflect the progress people had made or if any changes were needed to meet people's changing health needs. For example, following a visit from a District Nurse it had been identified someone required an airflow mattress to manage their skin integrity; the care plan was updated with information about the pressure required for the mattress. Any changes to the care plan were also communicated at staff handovers which ensured staff remained up to date with people's support needs.

We spoke to staff how they would meet people's cultural needs. One member of staff "At the moment we don't have anyone with any specific cultural needs; when we have had we have looked at menu's with people to ensure we have the right food for them and if people have needed any special time, for example for praying, we have ensured they have had the time and space to do this."

People undertook activities which supported their rehabilitation programme which had enabled people to regain skills and maintained their independence. If people wished to pursue their own interests they were encouraged to do so. A jigsaw puzzle was being put together by a number of people who enjoyed doing puzzles. One person was keen to show us how the puzzle was progressing and told us how much they enjoyed the fact a number of people joined in to do the puzzle. The aim was for people to remain as independent as possible and make choices and decisions for themselves.

People were offered the opportunity to spend time at the day centre which was based within Spinneyfields. On the day of the inspection people from the day centre had joined some of the people staying at the Centre for lunch; this not only enhanced the social opportunities for people but also helped some of the people to become familiar with the respite care area which they may use in the future. The staff also told us about the entertainment which came into the Centre, a singer was due in a few days and that to meet people's spiritual needs a multi-faith minister came in regularly.

There was information about how people could raise a complaint and people were encouraged to complete feedback surveys as they were discharged. People told us they were happy with the support they were getting. One person told us "I would recommend this place." Another person said "If I had a complaint I would speak to [name of registered manager], they are good." The provider had a complaints procedure in place and we saw that when a complaint had been made it had been appropriately addressed and any lessons learnt had been shared with staff.

## Is the service well-led?

### Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 spent time around the Centre and was approachable. One person told us "[Name of manager] they are very good at their job; spends time listening to you." We read a comment from a survey a person had completed following their stay at the Centre '[Name of manager] made me feel at home, spoke to me every time they walked passed; very friendly and made time to make me feel welcome.'

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people to feedback about the service they had received and listening to staff. People were asked to complete a survey as they were discharged; the information gathered from the survey was used to improve and develop the service. We saw from the most recent survey that overall people were very satisfied with the service. The registered manager had responded to comments people had made such as reviewing the choice of food available at teatime.

Staff attended regular staff meetings where we could see from the minutes that they had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. The staff told us they felt listened to. One member of staff said "[Name of registered manager] listens to what you say and works with you, especially when we are looking at whether we can accept a new admission."

There were procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing and safeguarding. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

The provider had recognised the need to enhance the knowledge around the Mental Capacity Act and Deprivation of Liberty Safeguards so had extended the training programme to all staff not just staff in a supervisory or management role. Staff told us that this would help them to better understand their own roles when supporting people, specifically those who may lack capacity. The registered manager and deputy manager had also undertaken observation audits and the outcomes had been discussed and shared with staff; the observations had highlighted the need for more positive, relaxed interactions with people living with dementia. We saw that people had benefitted from the feedback the staff had been given. Staff spoke positively about the feedback they had had and felt they had gained more confidence when supporting people whose behaviour may challenge the way they delivered care.

There were effective systems in place to monitor the quality of the service. The provider visited on a regular basis and undertook audits which ensured that the systems in place to monitor the standards and quality of

the service were being managed effectively and people's experience of the service was captured and acted upon.

As a specialist care centre, Spinneyfields worked alongside other health and social care professionals such as occupational and physiotherapists and care managers. Weekly meetings were held with health professionals to develop a holistic approach to supporting people to identify the best way forward for them. We observed that everyone working with an individual had a key role to play and their input was valued. One visiting professional told us "There is a very good rapport here between everyone and everyone is working in the best interests of people."