Derbyshire County Council

The Spinney Care Home

Inspection report

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Date of inspection visit:
16 June 2016

Date of publication:
24 October 2016

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 was unannounced and took place on 16 June 2016.

The Spinney Care Home provides accommodation and personal care for up to 37 older people, including some who may be living with dementia. At the time of our visit, there were 37 people living at the service. There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in October 2014 we found that some improvements had been made but people's medicines were not always being safely managed. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds with Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider told us about the action they were taking to rectify the breach. At this inspection, we found that the required improvements had been made.

People's medicines were safely managed and people were safely supported at the service. Risks to people's safety associated with their health condition, environment or care equipment were assessed before they received care and regularly reviewed. Staff understood and followed the care actions required for the mitigation of known risks to people's safety. Equipment used for people's care was regularly assessed and checked to ensure safe use.

Emergency contingency planning and staff recruitment, training and deployment arrangements helped to ensure that people received safe care at the service. People felt safe and both they and staff were informed and confident to raise any concerns they may have in relation to people's care and safety. This helped to protect people from the risk of harm or abuse.

People were happy with their care and enjoyed their meals provided at the service. People were supported to improve and maintain their health and nutrition in consultation with external health professionals when required.

People were provided with personal care in line with legislation and guidance in relation to consent. Staff understood the Mental Capacity Act 2005 and followed this to obtain people's consent or provide care in their best interests when required.

Staff were trained, informed and supported to provide people with the care they needed. Staff understood people's health, dietary and related care needs and the provider's care planning arrangements helped to inform people's individual care and health requirements.

Staff were helpful, kind and caring. They understood and actively promoted people's rights, choices and involvement in their care. People and relatives were complimentary about staffs' kind, caring and respectful approach towards them. People were supported to maintain their preferred contacts with family and friends, who were appropriately informed and involved in their care.

People received individualised, timely care that took account of their cultural and religious beliefs and their known lifestyle preferences and daily living routines. Staff understood people and knew how to communicate with them in a meaningful way.

A number of environmental aids, adaptations and equipment helped to promote people's independence, orientation and inclusion in home life. Planned improvements aimed to create a more tailored and supportive environment designed for people living with dementia.

Peoples' views about their care were regularly sought. People and their relatives knew how to raise any concerns or complaints they may have about the service and were confident these would be listened to and acted on. People's views and complaints received were used to inform service improvements when required.

People, relatives, staff and visiting professionals were confident about the management of the service. The management culture was open, visible and approachable with a strong ethos of 'teamwork.' Staff understood their roles and responsibilities for people's care and they were encouraged and supported to raise concerns or make improvements to this when required.

The provider had sent us written notifications when required, telling us about important events that occurred at the service, in accordance with their legal obligations to us.

Management arrangements to check the quality and safety of people's care helped to inform improvements that may be needed. Improvements made and assured from this helped to ensure the quality and safety of people's care.

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 were safely supported and protected from the risk of harm and abuse at the service. This was because the registered provider and manager ensured safe systems were followed in relation to people's care, medicines and the environment, as well as for staff recruitment and deployment at the service

Is the service effective?

Good

The service was effective.

People were happy with their care and enjoyed their meals provided at the service. Staff followed the law to obtain people's consent or to provide care in their best interests when required. Staff were trained and supported to understand and deliver people's care in a way that met with nationally recognised practice standards. People were supported to maintain and improve their health in consultation with external health professionals when required.

Is the service caring?

Good

The service was caring.

People received individualised care that took account of their rights and choices from staff who were kind, helpful and caring. People were informed and involved in agreeing their care and supported to maintain their contacts with family and friends as they chose.

Is the service responsive?

Good

The service was responsive.

People received individualised care at the times they needed it. Staff knew people well and they ensured people's inclusion and engagement in life within and outside the home in a way that was meaningful to them. People views about their care were regularly sought and people were confident and knew how to make a complaint if they needed to. Service improvements were

made from this when required.

Is the service well-led?

Good

The service was well led.

The service was a well-managed open culture with a strong ethos of teamwork. Staff who understood their role and responsibilities for people's care. Management met their legal obligations with CQC. The provider's quality assurance and risk management systems helped to ensure service improvements when required and enhance people's care experience.

The Spinney Care Home

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.

We visited The Spinney on 16 June 2016. Our visit was unannounced and conducted by one inspector. There were 37 people living at the service.

Before this 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 looked at notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. For example, notification of a person's serious injury from a fall. We also spoke with local authority care commissioners and Healthwatch Derbyshire who are an independent organisation that represent people who use health and social care services.

During our inspection we spoke with eight people who received care, two relatives and a visiting health professional. We also spoke with the registered manager and seven care staff, including a deputy manager and senior care staff member, a cook, a general housekeeping assistant and one of the provider's external senior managers. We looked at four people's care records and other records relating to how the service was managed. For example, medicines and staffing records, meeting minutes and the provider's checks of quality and safety.

Good

Is the service safe?

Our findings

At our last inspection in October 2014 we found that some improvements had been made but people's medicines were not always being safely managed. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds with Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider told us about the action they were taking to rectify the breach. At this inspection, we found that the required improvements had been made.

People's medicines were safely managed. People confirmed they received their medicines when they needed them. One person said, "Staff always make sure I get my medicines at the right time." Another person told us, "I have special cream for my skin; I can rely on staff; they put it on for me; they are very good." Staff supported two people to manage some of their own medicines. Related records showed that known risks to people's safety from this were assessed and regularly reviewed with each person to check their ability to do this safely.

We observed that staff gave people their medicines safely in a way that met with recognised practice. Records kept of medicines received into the home and given to people showed they received their medicines in a safe and consistent way. Staff responsible for people's medicines told us they received training for the safe administration of people's medicines, which included an assessment of their individual competency to do this. Related records reflected this and showed that arrangements were also in place for periodic training updates and further competency checks when required. The provider's medicines policy was subject to a periodic review and provided comprehensive guidance for staff to follow for the management and administration of medicines. This helped to make sure that people's medicines were safely managed.

We saw that staff supported people safely when required; such as supporting people to move, eat and drink or take their medicines. People's care plan records showed that known risks to their safety from their health conditions, environment or in relation to any equipment, were assessed before they received care. For example, risks from skin pressure damage or falls. People's care plans mostly showed the care actions required to mitigate any risks to their safety in relation to this, which staff understood. Although one person's care plan had not been updated to show recently revised care measures, which staff told us about to help reduce the risk of falls. We discussed this with the registered manager who agreed to take the action required to address this.
The registered manager also advised us of further measures taken and planned in relation to falls management and prevention, which included equipment, care planning and staff training. This helped to mitigate the risk to people who were at risk of falls from inconsistent or unsafe care.

People were provided with the equipment they needed to ensure their safe support. For example, special seat cushions or bed mattresses to help to prevent skin sores and mobility equipment to help people to mobilise safely. Records showed that hoist equipment used for people's care was regularly checked and serviced for safe use. This helped to make sure that people were safely supported.

People felt there was enough staff to assist them when needed. One person said, "Staff are very good; they check me at night and if I use my call bell." Another person told us, "They (staff) work hard and are always there to help me." Staff felt that staffing levels were generally sufficient to ensure people's safety. Throughout our inspection we observed that people received timely assistance from staff when needed.

Staffing levels were monitored and planned in a way that helped to ensure they were sufficient to meet people's needs. Information we received in the Provider's Information Return (PIR) told us they had conducted an extensive staffing review at the service. At our inspection we found that a revised staffing structure, with related role specifications, job profiles and descriptions was being introduced following a period of staff consultation. Staff planning and deployment arrangements took regular account of people's personal care and dependency needs and staff absence, such as holidays or sickness. Staff rotas showed that relief and agency staff were regularly utilised when required to support the transition phase of the staff changes. This helped to ensure sufficient staff to provide people's care.

Recognised recruitment procedures were followed to help ensure staff were safe and fit to work with vulnerable adults receiving care at the service, before they commenced their employment there. For example, relevant employment checks were made. This included checks with the national vetting and barring scheme to help the provider make safer recruitment decisions about an applicant's suitability. At least two work and character references were also obtained, which included the applicant's most recent employment.

People confirmed they felt safe at the service and were confident to raise any concerns if they felt unsafe there. Information was displayed to show people how to recognise and report witnessed or suspected abuse of any person receiving care at the service. Staff told us they received related training for this and knew the procedures they needed to follow in such an event. This included contact with relevant external authorities as may be required. This helped to protect people from the risk of harm or abuse.

Emergency contingency plans and procedures were in place for staff to follow, which they understood. For example, the procedure to follow in the event of a power failure. Clear information was also provided and displayed for people about key safety procedures, such as in the event of a fire alarm. Staff told us they received training and regular updates in emergency aid awareness, which records showed and they were provided with related policy and procedural guidance to support their knowledge and practice in any event. This helped to ensure people's safety in the event of a foreseeable emergency.

Good

Is the service effective?

Our findings

People and relatives were satisfied with the care and felt people's health care needs were being met. One person said, "Staff know what they are doing; I'm well cared for." A relative said, "The care is good here." Another person who had recent received a short period of respite care at the service wrote, "Thank you for looking after me so well for a few weeks; Can I come again?"
All of the people we spoke with said that staff supported them to see their own GP or other health professionals when they needed to. One person said, "The nurse comes and checks me out; it's all good."

People's care plan records showed the arrangements for their routine and specialist health checks such as optical care or mental health checks. They also showed that staff followed relevant instructions from external health professionals when required. For example, in relation to people's skin care or dietary requirements. During our inspection we spoke with two external health professionals who regularly visited people at the service. They told us that staff referred any changes in people's health to them and followed their instructions when required for people's care. The health professionals said, "Staff are absolutely brilliant here; I can't fault them; They are prompt to refer when needs change and always follow advice – definitely on the ball and well organised."

Staff understood people's health and related care needs and requirements and supported them to improve and maintain their health. People's needs assessments and care plans, showed their health needs; conditions and related care requirements, which were regularly reviewed. Staff told us about a revised care planning system that was being introduced which they felt was taking time to embed because of the increased time being taken to record this. However, all felt that that the revised approach would help to improve the content and accuracy of people's care plans.

People were supported to eat and drink meals they enjoyed in sufficient amounts. People said they were provided with meals they enjoyed. They also said that a choice of drinks and snacks were routinely offered and available to them. One person said, "The food is good; I enjoy it; It's what I like." Another person told us, "There is always a choice, they ask you each day; If you change your mind, that's ok; there is always plenty."

At lunchtime we observed that staff served most people's meals from a hot trolley delivered from the main kitchen in each of the four communal dining areas. A few peoples' meals were served to them in their own rooms as they chose. Dining tables were attractively set with the required cutlery, condiments and napkins and food menus showed a choice of hot and cold food at each mealtime and a varied and balanced diet. Staff chatted with people and took time to ensure they were happy with their meal and portion size.

People's dietary needs were catered for according to their individual beliefs, health requirements or food preferences, which the cook and care staff understood. People told us they were regularly consulted about meal choices. Staff made sure that people were provided with the support and equipment they needed to eat and drink. For example, by ensuring that adapted eating utensils and crockery were made available to support people's independence when required. This showed that staff supported people to enjoy their meals, which took account of their preferences and requirements.

Care and management records showed that people's weight and risks from poor nutrition were regularly monitored and managed in consultation with external health professionals when required. For example, people were provided with appropriate food consistencies when required, such as a fortified diet to increase their calorific intake or a soft diet to assist with chewing difficulties. We observed that drinks and snacks were routinely offered during the morning and afternoon. A fresh water dispenser was also provided in a communal area and fresh water was regularly supplied to some people in their own rooms to help themselves, as they chose. This helped to make sure that people received sufficient amounts of food and drink to protect them from any risk of poor nutrition.

People were provided with personal care in line with legislation and guidance in relation to consent. 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 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 procedures for this in care home and hospitals are known as Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there was no one living at the service who required care to be legally authorised under the DoLs in a way that restricted their individual freedom.

We checked whether the service was working within the principles of the MCA. During our inspection we saw that staff supported people to make choices and asked for their consent before they provided care We found that staff received training, understood and followed the principles of the MCA to obtain people's consent for their care. People told us they were asked for their consent to their care. People's care plans showed their agreement to their care, related information sharing with external health professionals when required and consent to their photograph for personal identification purposes. Where people were not always able to make such decisions because of their health conditions; their care plans accounted for any related decisions made in their best interests and showed that the MCA was followed

Some people's records showed they had made an important decision about their care and treatment in the event of their sudden collapse, which staff were aware of. Some people had designated others to make important decisions on their behalf, about their care, finances or both by way of legally appointed attorney powers. People's care plans identified where such arrangements had been made, which staff understood. This included any legally appointed attorney powers that enabled a persons' relative to act and make decisions on their behalf. For example in respect of their health and welfare or finances. This helped to ensure that appropriate decisions would be followed in relation to people's care, treatment or finances in their best interests.

Staff told us they received the training and support necessary to perform their role and responsibilities, which related records showed. A revised staff supervision programme was devised for introduction following staff restructuring and training for this, which helped to ensure staff received the supervision and support they needed.

Staff were supported to achieve a recognised vocational care qualification. Plans were in place to introduce the Care Certificate for new staff. This identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care.

Good

Is the service caring?

Our findings

People, relatives and a visiting professional said that staff were kind, caring. People and relatives felt they had good relationships with staff. One person said, "Staff here are lovely; they are so caring – in fact they are great; they make sure I'm well looked after." Another person told us, "Staff are wonderful, there's always a smile and a caring way." Throughout our inspection we saw that staff interacted and supported people in a gentle, patient and kind manner.

We saw that the service received many written compliments from people and their relatives about the care provided. Recent compliments included, "Thank you for giving my husband so much attention – care staff are angels – very special," and "Thank you for looking after me so well for a few weeks; all so caring and friendly – can I come again please?"

People confirmed that staff treated them respect and ensured their dignity, choice and rights when they provided their care. People made a lot of positive comments about this, which included, "Staff respect my requests and choices;" "They are always mindful of what's right for me and they know how I prefer things to be done" and "Staff respect my privacy and that's important."

Throughout our inspection we observed that staff interacted and supported people in a kind, caring and respectful manner. Staff were also mindful of and ensured people's dignity and privacy when required. For example, they made sure that bathroom or bedroom doors were closed when they provided people's intimate personal care or offered napkins to people at mealtimes to protect their clothing from food spillages.

Staff we spoke with understood the importance of ensuring people's rights and choices. This reflected the provider's aims and values for people's care as stated in their service literature. For example, ensuring people's preferred daily living routines, such as rising and bed times, personal hygiene routines and how to and where to spend their time. One person said, "There's plenty of choice – everything from meals to social and rest time. Another person said, "I exercise my right to vote in local and general elections; staff know it's important and help me." This showed that staff promoted people's rights and choices in their care.

We found a relaxed and sociable atmosphere at the service, where staff; people receiving care and their visitors were at ease and friendly with each other. People's relatives told us they were able to visit the home at any time to suit the person receiving care and they were invited to join key social events and seasonal celebrations.

People's care plans showed their agreement to their care and the involvement and contact information of family and friends who were important to them. A range of advisory literature such as health, safety, advocacy and other key service information was visible and accessible to people in a dedicated area of the home. People and relatives told us they were provided with the information they needed to help them to decide whether to live at the service. One person's care records showed they used a relevant local advocacy service to help them to make related decisions about this and their future care. This meant that people and

their relatives were provided with the information they needed about the service and its care provision.

Good

Is the service responsive?

Our findings

People felt that staff understood and supported their preferred daily living routines, lifestyle, cultural beliefs. One person said, "I love it here; I still get to do the things I enjoy and keep my own routines." Another person said, "I go to town regularly and enjoy a good game of dominoes – staff help me to do this." This person also told us how staff supported them to maintain their beliefs and cultural identity relating to their dietary needs, religious beliefs and heritage. This included supporting them to attend local celebrations for the most recent Black History month.

On our arrival at the service, we found that many people were either engaged or preparing to engage in a range of social and recreational activities. For example, dominoes, crafts, social groups and puzzles. A group of people said, "There is always plenty to occupy us here; we have a lot of fun," and "Lots of good entertainments; we are having another Motown Magic event – it was so good, we have asked for it again." People also said that a range of activities were routinely provided on a daily basis, which they could choose to join. For example, gentle exercise, memory and reminiscence sessions, arts and crafts, newspaper groups and beauty sessions.

A notice board showed a daily programme of activities and regular events were routinely offered, which people could choose to join. Minutes of meetings showed regular discussions and planning for this and related fund raising activities. A library corner was provided with a range of books and other materials and equipment were provided to support people's social and recreational engagement and interaction. This showed that people were supported to socialise and engage with others and participate in home life in a way that met their choices, preferences and interests.

We observed that staff spent time with people and supported them to do things at their own pace when they provided care. For example, helping people to move, eat and drink or take their medicines. People confirmed that staff acted promptly when they needed assistance and took time to complete their care. During our inspection observed this was so. For example, we saw that a care staff member responded quickly when one person asked for their pain relief medicines. They also took time with the person later to check their comfort and the effect of the pain relief. This showed that staff were mindful of people's individual needs and abilities and acted promptly when people needed assistance.

Staff promoted people's independence and inclusion. People's care plans were agreed with them or others acting on their behalf and they detailed people's known daily living routines, choices and lifestyle preferences. For example, peoples preferred times for rising and going to bed or individual support requirements to participate in their lifestyle interests and hobbies. One person told us how staff supported them to go into town, which they regularly enjoyed as they met friends there.

Staff told us about one person who had difficulty communicating with others because of changes in their health condition. We observed that staff understood how to communicate with the person in a way that was meaningful to them. They gave the person the time they needed and used simple words, sentences and gentle encouragement to enable their communication and the person's engagement with others. This

showed that staff understood the person's communication needs and supported them in a way that ensured their social inclusion at the home.

People were provided with equipment and support they needed to aid their independence, orientation and inclusion. A number of people were living at the service with sensory, mobility or dementia care needs. We observed that staff checked that people were wearing their spectacles or hearing aids and that people's walking frames were to hand when they needed them. We also saw that a range of environmental aids, adaptations and equipment was provided. For example, large faced clocks, adapted eating and drinking utensils, pictorial or large print environmental signage and a hearing loop system. The registered manager told us about the provider's service plans to develop and improve the home environment, following their successful assessment and funding award from the Kings Fund's Enhancing the Healing Environment (EHE). This aimed to develop more supportive environmental design for people living with dementia who often experience related problems, which can affect their perceptions of the environment.

People told us they knew how to raise concerns or make a complaint and were comfortable to do so if the need arose. The provider's records showed that two complaints had been made during the last 12 months. They also showed that the complaints were thoroughly investigated, recorded and responded to. This resulted in improvements to staff practice and conduct through staff instruction and training.

People's views were also regularly sought through their one to one care reviews, surveys and meetings regularly held with them. Recent improvements from this included changes to meal menus and garden development to ensure people's safe access and use. One person said, "It's made a huge difference; I can get out there in the sunshine."

Good

Is the service well-led?

Our findings

People, relatives and visiting professionals were confident about the management and running of the service. We received many positive comments about the registered manager, who was described as, "Always helpful," and "Supportive." People, relatives and visiting professionals knew the registered manager and staff and we saw that a staff photo board was displayed, which showed the names and roles of each staff member at the service.

There were clear arrangements in place for the management and day to day running of the home and external management support was also provided. The provider's area management lead was present for part of our inspection and records showed that they regularly visited the home to check the quality and safety of people's care. Staff said the registered manager was approachable and accessible and they were confident in the management and leadership of the home. One care staff member told us, "We have a supportive team here that's managed well; we all work well together. " Another said, "Senior care staff and management are always there for us; we support each other."

The registered manager told us that they carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines and safety needs. Records showed this and also included checks of the environment, equipment and the arrangements for the prevention and control of infection and cleanliness in the home. This helped to identify and plan any improvements needed. For example improvements to the environment, care planning measures and staff supervision arrangements.

However, we found that some of the provider's external management checks were either delayed or not consistently undertaken. We discussed this with the provider's external manager who explained the reason for this, together with their interim and planned measures to resume and further ensure the quality and safety of people's care.

Checks of accidents, incidents and complaints were regularly monitored and analysed to identify trends or patterns to help inform any changes or improvements needed to people's care. A recent management incident review resulted in a revised approach to one person's care plan in relation to their falls prevention. Related staff training was also planned, which helped to mitigate the risk to the person's safety and also the safety of others who were at risk from falls associated with their health condition or their environment.

Staff we spoke with understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported staff and informed them about their rights and how to raise serious concerns about people's care if they needed to.

The provider had sent us written notifications telling us about important events that had occurred at the

service when required to help meet their legal obligations with us. For example, a notification of serious injury to a person following a fall.