Spinnaker Lodge Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

Spinnaker Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to nine people. There were eight people living at the home at the time of the inspection.

Accommodation is arranged over two floors with stair lift access to the second floor and there were two communal areas available for people to socialise.

The inspection was conducted on 30 May and 4 June 2018 and was unannounced. At the time of the inspection there was a registered manager in post who was also the provider. Throughout this report we will refer to them as the 'Provider'.

At our last inspection in March 2017, we gave the service an overall rating of 'Requires improvement' and identified a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to display the CQC ratings in the home. The provider wrote to us, detailing the action they would take to address the concerns. At this inspection we found that ratings were displayed appropriately and therefore were no longer in breach of this regulation.

However, at this inspection additional concerns were noted. For example, safe and effective recruitment processes were not always followed. Staff employment histories and appropriate references were not always being obtained. This meant that the provider could not be assured that the staff they employed were of suitable character to work with the people they supported. Additionally, although oral medicines were managed safety, we found that where people were prescribed topical creams these were not always managed safety.

Environmental and individual risks to people were managed effectively. There was a process in place to monitor accidents and incidents that occurred in the home to identify any patterns or trends and mitigate risks.

People were protected from the risk of abuse and staff knew how to identify, prevent and report abuse. Staff understood how to keep people safe in an emergency.

There were enough staff to keep people safe and meet their needs in a relaxed and unhurried way.

People's needs were met by staff who were competent, trained and supported appropriately in their role. Staff followed the principles of the Mental Capacity Act 2005 (MCA) and sought verbal consent from people before providing care.

People were supported to have enough to eat and drink and had access to health professionals and other specialists if they needed them. Staff worked in partnership with healthcare professionals to support people at the end of their lives to have a comfortable, dignified and pain-free death.

Staff showed care, compassion and respect to people who spoke positively about the attitude and approach of staff. There was a relaxed and calm atmosphere within the home. People were cared for with dignity and respect and their privacy was respected.

People were encouraged to be independent and the staff supported people to meet their cultural and spiritual needs.

The service was responsive to people's needs. Staff demonstrated that they knew people well, understood their needs and had knowledge of their likes and dislikes. There was a person centred, individualised approach to care.

People told us they were provided with appropriate mental and physical stimulation that met their needs and wishes. People were listened to by staff and their views and wishes were respected. People were encouraged to make decisions about their care.

People and their relatives felt the service was run well. Staff were organised, motivated and worked well as a team. There was a clear management structure in place and the provider had access to appropriate support.

People described an open and transparent culture within the home, where they had ready access to the management and visitors were welcomed at any time.

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.

Safe and effective recruiting practices were not in place to help ensure that staff employed were of suitable character to work with the people they supported. This was immediately addressed by the provider during the inspection.

Prescribed topical creams were not always managed safety.

Environmental and individual risks to people were managed effectively.

People felt safe at the home and staff knew how to identify, prevent and report abuse.

There were enough staff to keep people safe and meet their needs in a relaxed and unhurried way.

Is the service effective?

Good

The service was effective.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and were aware of people's rights to refuse care.

People received effective care from staff who were competent, suitably trained and supported in their roles.

People were supported to have enough to eat and drink.

People had access to health professionals and other specialists if they needed them.

Procedures were in place to help ensure that people received consistent support if they were admitted to hospital.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

People's specific communication needs were understood by staff.

Staff understood the importance of respecting people's privacy.

Staff respected people's independence and encouraged people to do things for themselves.

Is the service responsive?

Good

The service was responsive.

People received personal care in line with their individual preferences. Care plans contained detailed information to enable staff to provide care and support in a personalised way.

Staff responded promptly when people's needs or preferences changed.

People received appropriate mental and physical stimulation and had access to activities they enjoyed.

People were supported at the end of their lives to have a comfortable, dignified and pain-free death.

People knew how to raise a complaint and the provider had a process in place to deal with any complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were a number of robust systems and processes in place to monitor the quality and safety of the service. However, we found that the provider's medicine and recruitment audit had failed to identify concerns in these areas.

The provider was fully engaged in running the service and staff understood and worked in accordance with the provider's vision and values.

Staff were organised, motivated and worked well as a team. They

felt supported and valued by the provider.

People, their families and staff had the opportunity to become involved in developing the service.

Spinnaker Lodge Limited

Detailed findings

Background to this inspection

We carried out this comprehensive 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 was unannounced and took place on 30 May and 4 June 2018 and was completed by one inspector.

The home was last inspected in March 2017 when it was rated as 'Requires Improvement' overall with a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to display the CQC ratings in the home.

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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with five people who used the service and two family members. We also reviewed written feedback that the service had received from four family members.

We observed care and support being delivered in communal areas of the home. We 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. We spoke with the provider who was also the registered manager for the service, two staff members, the domestic support worker and the administrator.

We looked at care plans and associated records for six people and records relating to the management of the service. These included staff duty records, three staff recruitment files, records of complaints, accidents and incidents and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People and their families told us they felt that the service was safe. One person said they felt "Very safe." Another person told us that when the staff used specialist equipment to help them mobilise the staff knew how to use this appropriately to ensure their safety. A family member said, "I'm really happy with the care [relative] receives, they are safe and well looked after."

At our last inspection in March 2017 we noted that some recruitment practices were not robust and documented references and information with regard to telephone references received was not always complete. At this inspection we found that safe recruitment processes were not always followed. For example, two of the three staff files viewed did not have copies of references from their previous employers. Within both these files it was documented why these references were not requested by the provider, however the provider had not sought references from employers that preceded the most recent ones. Additionally, both these staff files did not have any information in relation to these staff members' employment history. This meant that the provider could not be assured that the staff they employed were of suitable character to work with the people they supported. This was discussed with the provider who took immediate action to address this concern.

Other appropriate checks, such as obtaining up to date Disclosure and Barring Service (DBS) checks were completed for all the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

We found that where people were prescribed topical creams this was not always managed safely. For example, there was not individual guidance available to staff as to when, where and how these creams should be applied. This was discussed with the provider who told us that because there was a small, regular staff team working at the home staff were quite aware of how the creams should be applied.The provider added that staff would not apply creams without knowing where or why they were needed. Systems were not in place to ensure that people's prescribed topical creams were labelled with their name and opening and expiry dates. This meant staff were not aware of the expiration date of the item when the cream would no longer be safe to use. In one bedroom we found three unlabelled but partly used bottles/tubes of cream. This was a shared room so could place people at risk of developing skin conditions or skin breakdown if the incorrect cream was applied. Additionally, in this same room we found a bottle of cream which was prescribed to another person who was no longer living at the home. The expiry date on this bottle was 2016. This bottle was empty yet we could not be assured that it had not been used with either of the people that accommodated this room. In a cupboard in another area of the home we found a number of part used and unlabelled bottles of cream. This placed people at risk of cross infection.

By the second day of the inspection clear individual guidance was in place in relation to topical creams, containers were clearly labelled and all opened cream that was not labelled had been discarded. A cream auditing process had also been implemented to ensure that topical creams were appropriately and safety managed.

All other medicines were managed safety. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly. Stock checks of medicines were completed monthly to help ensure they were always available to people. We checked the Medicine Administration Records (MAR) for six people and no gaps were identified. This demonstrated that people had received their medicines as prescribed. Medicines were administered by staff who had received appropriate training and staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them. People also told us that they could access pain relief when required.

Individual risks to people were managed effectively. Risk assessments had been completed for all identified risks, together with possible triggers and action staff needed to take to reduce the risks. For example, where people were at risk of developing pressure injuries, we saw special pressure-relieving mattresses had been provided and these were set at the appropriate setting in accordance with the person's weight. Where people were cared for in bed, their pressure areas were monitored closely by staff, they were supported to change their position regularly and guidance from healthcare professionals was followed. For people who had specific mental health conditions, risk assessments and care plans in place reflected the support people needed to meet these needs. For people who behaved in a way that might present a risk to the person or others, the behaviours and triggers to these had been identified and these were clearly understood by staff. The provider explained actions they would take if a person was experiencing falls. This action included updating the person's risk assessment, reviewing accident and incident logs for any patterns or trends, acquiring additional equipment such as pressure alert mats and contacting healthcare professionals for advice and input if required. Other risks were monitored and managed and risk assessments in place included moving and positioning, nutrition and safe use of equipment such as electric beds and bed rails.

The provider reviewed all accidents and incidents that occurred in the home monthly to identify any patterns or trends. The provider described the action they would take if a common theme emerged.

There were sufficient numbers of staff on duty to meet people's needs. People and their families told us that they felt there were enough staff available to meet their needs. One person said, "There is usually plenty of staff." Another person told us, "The staff are here when I need them." A family member said, "There is definitely enough staff, people get the help they need, when they need it."

The provider told us that staffing levels were based on the needs of the people using the service. They often worked as part of the care team and this enabled them to have a clear understanding of people's needs and times of particular pressure on care staff. There was a duty roster system, which detailed the planned cover for the home. Staff absence was usually covered by existing staff working additional hours or a core group of agency staff who had worked at the home previously.

During the inspection staff were visible and responded quickly to people's needs. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff felt that the staffing levels were suitable to meet the needs of the people.

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff knew how to identify, prevent and report abuse and all the staff had received appropriate training in safeguarding. One staff member told us, "I would speak to [name of provider] if I have any concerns". Another staff member said, "If I had concerns I would talk to the manager or go to safeguarding. I would whistleblow if I needed to." The provider explained the action they would take when a safeguarding concern was raised with them and records confirmed appropriate action had been taken.

The home was clean and systems were in place to ensure that all areas and equipment were cleaned on a regular basis. Domestic staff told us they felt they had sufficient time to complete their cleaning routines and we saw that staff had attended infection control training. A person told us they thought the home was, "Very clean." A family member said, "There is never any smells, it's clean." Staff had access to personal protective equipment (PPE) and wore these when appropriate. The staff described how they processed soiled linen, using special bags that could be put straight into the washing machine to avoid the risk of cross contamination. A clear system was in place in the laundry room to help prevent cross contamination between soiled linen entering the laundry and clean linen leaving the laundry.

Environmental risks were managed effectively. Environmental risk assessments and general building and health and safety audits were completed regularly. Gas and electrical appliances were serviced routinely and fire safety systems were checked weekly. There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal evacuation and escape plans (PEEPs) had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Good

Is the service effective?

Our findings

People and their families told us they received effective care from experienced and competent staff. A person said, "They [staff] work so hard, they know what they are doing." Another person told us, "I am grateful for the way they [staff] look after me." A family member said, "[Relative] is well cared for and staff will always listen to them. They are always kept clean and nothing is too much trouble." Another family member told us, "[Relative] can have a bath or shower whenever they want. Staff do a really good job. I would definitely recommend the home, it is lovely."

Staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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. We found assessments of people's capacity had been completed, where needed. Records showed that where people lacked capacity, decisions made on their behalf was done so in their best interest and with the support of people who had the legal authority to make decisions on their behalf.

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 homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection five people living at the home were subject to a DoLs and the staff were aware of any conditions that were attached to these. The provider was also aware of when these authorisations expired and the need to reapply within an appropriate timeframe. This demonstrated that the provider and staff had a good understanding of the DoLs process.

Throughout the inspection we heard staff seeking verbal consent from people. Staff often used simple questions and always gave people time to respond. Staff were aware of people's rights to refuse care and were able to explain the action they would take if care was declined. Staff told us that if people declined care and support they would return later or ask another staff member to try if care was essential such as continence needs.

New staff completed a comprehensive induction into their role. This included time spent working alongside experienced staff, known as shadowing, until they felt confident they could meet people's needs. The provider told us the length of the induction period was dependent on the abilities of the staff member. The provider said that they also completed direct observations of new staff during the provision of care to people. This helped them to ensure that new staff were competent in providing effective and appropriate care to people. Staff who were new to care work were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.

Staff were appropriately trained and people and their families had confidence in the staff's abilities. One person said, "The staff are well trained; yes, they are." A family member told us, "The staff are well trained, they know what they are doing." One staff member said, "We are always doing training" and another staff member told us, "I like doing training and learning new things."

Improvements had been made in the monitoring of staff training which helped to ensure that staff received new and refresher training in a timely way. The training staff had received included safeguarding, manual handling, first aid, dementia awareness, infection control and continence management. Staff demonstrated an understanding of the training they had received and how to apply it. For example, they used moving and positioning equipment in line with best practice guidance.

Staff felt well supported in their role and told us that they received regular supervision from the provider. A staff member told us, "I feel absolutely supported." Another said, "I feel 100% supported." Face to face supervisions were provided to staff on a three-monthly basis and provided an opportunity for the provider to meet with staff individually, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. The provider also confirmed that regular group supervisions were provided which often coincided with staff meetings and allowed the opportunity for staff and the provider to have open discussions about the running of the service and to discuss any concerns or new ideas.

People told us they enjoyed the food provided at Spinnaker Lodge and that they were offered choices about what they ate and drank. One person said, "They [staff] would offer me something else [to eat] if I didn't like what was on offer." Within the latest quality questionnaire which was completed in February 2018, all people responded positively to the questions about the food provided. Comments included, 'I really like my meals', 'I think the meals are varied' and 'I get my meals hot and am always told to be careful, which I think is kind.'

People were supported to maintain a healthy and balanced diet and received enough to eat and drink. Throughout the inspection we saw people had cold drinks within reach at all times. People were also provided with hot drinks at regular intervals in addition to when they requested these. We observed that people were encouraged to eat and drink in a kind and caring way. Where assistance was required with eating or drinking, this was provided in a respectful, gentle way and staff did not hurry the person.

Staff recorded people's food and fluid intake when they were at risk of malnutrition and dehydration and we found that these records were robustly completed and demonstrated that people were receiving adequate amounts of food and fluids. Staff were able to describe the action they would take if people were identified as suffering from unplanned weight loss. Where people had specific dietary needs, these were catered for and understood by the staff. Each person had a nutritional care plan in place which identified their specific dietary needs and likes and dislikes.

People were supported to access appropriate healthcare services when required. One person told us, "If I need to see a doctor they [staff] will always help with that." People's care files showed they had regular appointments with health professionals, such as chiropodists, opticians and GPs. Information in relation to people's health needs and how these should be managed was clearly documented and we saw that people's health was closely monitored by staff. Staff demonstrated that they knew and understood people's health needs well and were able to describe the action they would take if they had concerns about a person's health.

There were clear procedures in place to help ensure that people received consistent support when they moved between services. The provider told us that new services were provided with up to date information

about the person. This information included their medical history, information about the person's capacity, medicine charts, their personal preferences; including their likes and dislikes and information about their abilities and the level of support they required. The provider also confirmed that if required the person would be accompanied by a member of staff.

Spinnaker Lodge was a domestic house which has been converted into a residential home in the 1980s. As is consistent with conversions of this type, the rooms vary in size and aspect and some corridors were narrow. The provider showed us plans that were in place to make the home more conducive for people living there including people with dementia. At the time of the inspection there were two communal areas available for people. People were encouraged to choose where they spent their time and were supported to freely access the area of their choice. People and their family members described the environment as "homely" and "like a family home." There was a calm and relaxed atmosphere. People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions. Some adaptations had been made to the home to meet the needs of people living there. For example, some doors had signs on which helped people to find the bathrooms and their bedrooms.

Good

Is the service caring?

Our findings

Staff showed care, compassion and respect to the people living at the home and people and their family members were positive about the attitude and approach of staff. One family member described the staff as, "going the extra mile" to provide effective care to their relative. A person said, "We couldn't have a better bunch [of care staff], they are the best." The provider recently received a thank you card from a family member which read, 'We cannot thank you enough for your love, care and affection, which you gave our dear [relative].' Other written feedback stated, 'I find the care and compassion from all members of staff exemplary, there is a sense of true teamwork and real care for the residents.' There was a relaxed and calm atmosphere within the home and people, their families and staff described the home as having a family atmosphere. People and their family members confirmed that they would be happy to recommend the home to others.

Staff and the provider expressed a commitment to treating people in a kind and caring way. The provider said, "We treat people, as people, they need and deserve to be respected." A staff member said, "It's a lovely place to work, we all want to provide a personal service to people." Another staff member told us, "It feels like my second home here. We don't just provide care to people, we provide friendship as well."

People were cared for with dignity and respect and all interactions we observed between people and staff were positive and supportive. On both days of the inspection we saw staff spent time with people chatting and laughing whilst supporting them with their needs. The atmosphere in the home was calm and very friendly with staff supporting people to interact with each other. We saw staff kneeling down to people's eye level to communicate with them. People were listened to by staff who gave them the time they needed to communicate their views and wishes. Staff respected people's property and kept their rooms tidy; for example, people's clothes were hung neatly in wardrobes. Two people remained in their rooms and staff visited them frequently to check if they required assistance and to help prevent them from feeling isolated. The provider told us that staff would often visit people in their rooms, sit with them and talk about topics they had particular interest in.

Where people had specific communication needs, these were recorded in their care plans and known by staff. A communication care plan for a person; who found it difficult to follow verbal conversations and instruction, gave tips to staff as to how best to communicate with them. It stated; 'please talk clearly and softly.' For another person their care plan stated, 'Please can one person talk to me at a time.' Staff followed the guidance within people's care plans, including speaking clearly and giving people time to answer. People's communication needs were discussed at the time of admission and reviewed regularly to help ensure that their communication needs continued to be met effectively. At the time of the inspection, no one living at the home required the support of specific communication devices to aid communication such as computerised support or picture cards but the provider advised that support would be provided to access these if required.

Staff understood the importance of protecting people's privacy. During the inspection we saw that staff knocked on people's doors and asked their permission before entering their rooms. When staff supported

people to use bathrooms this was done discreetly and respectfully to ensure the person's privacy and dignity was maintained. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. This included ensuring doors and curtains were closed.

Staff respected people's independence and encouraged people to do things for themselves when able. A person told us, "I do what I can, staff give me the help when I need it." At meal times, we saw that staff would encourage people to eat independently and were supported to make choices. People were encouraged to stand and walk on their own using walking aids, such as frames and sticks. Staff did not rush them and allowed people to go at their pace.

People were supported to follow their faith and the provider said that they explored people's cultural and diversity needs by talking to them and their families and by getting to know them and their backgrounds. This information was then documented within the person's care plan. If people followed a particular faith that the staff lacked knowledge of, they would research this by looking for information on the internet and speaking to followers of that faith to help ensure that people could be effectively supported.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Staff provided flexible and individualised care and support for people. During the inspection, staff demonstrated that they knew people well, understood their needs and had knowledge of their likes and dislikes. Family members told us staff knew their loved ones well and ensured they received the care they needed. Written feedback received from one family member stated, '[Name of provider] knows the residents extremely well and knows when something is wrong.' Other feedback stated, 'staff are very adaptable' and 'very person centred in their approach.'

People's care records clearly reflected the care and support they required. Care and support were centred on the individual needs of each person. Assessments of people's needs were completed by the provider, before they moved to the home. This information was then used to develop an appropriate care plan in consultation with the person and their relatives where appropriate. Care plans contained detailed information to enable staff to provide care and support in a personalised way according to people's individual needs. They included people's normal daily routines, their backgrounds, hobbies, interests and personal preferences; such as when they would usually like to get up or go to bed and when they would prefer to have a bath. People confirmed that although this information was recorded in their care plans, they were able to receive care at chosen times. This demonstrated that staff were adaptable to meet people's wishes. Care plans were reviewed and updated by the provider monthly or as people's needs changed.

People and their family members confirmed that the service was responsive to people's changing needs. Written feedback about the service from one family member read, "[Provider] has always been proactive when it comes to [person's] changing needs.' Feedback from another family member said, "I have never known anyone to act so quickly to get the GP in." Records showed that when people's health deteriorated, the service referred people to relevant health care professionals appropriately and in a timely manner. During the inspection one person became distressed and this was immediately noticed by a staff member who sat with them, engaged them in a book the person particularly enjoyed and provided reassurance.

Staff were kept up to date about people's needs through handover meetings which were held at the start of every shift. These meetings provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

People and their families told us they were fully involved in the planning of care and were encouraged to express any views or concerns they had about the service with the provider or staff. Written feedback from one family member described how the provider had responded quickly and proactively when they raised concerns about an incident that occurred involving an outside organisation. One family member said, "I am always kept up to date and have been invited to care reviews." Another family member told us, "I can meet with [provider] at any time." Written feedback from a family member read, 'I am involved with any care concerns, I regularly liaise with [provider] and can always talk to the staff.'

People were provided with appropriate mental and physical stimulation. Activities were impromptu and in line with people's requests and preferences each day. One person, who mainly spent their time in their

bedroom told us, "They [staff] will ask me if I want to join in things." The provider told us that in the past they had a more 'arranged' plan for activities but found that this was not meeting people's needs and wishes. The provider said, "We will just ask people what they want to do, its dependent on them. We might all decide that we want to have a quiz or pub night or do some art." During the inspection we saw a staff member looking at a book with a person and people had access to games and art supplies. Whilst there was not an organised program of social activities and events, we saw people enjoyed staff's company and were supported to participate in activities when they chose to. People's care plans highlighted their social interests and past hobbies. Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice.

People were supported to maintain important relationships. People's family members and friends confirmed they were able to visit at any time, made to feel welcome and kept updated about any changes of need for their loved one, where appropriate.

At the time of the inspection no one living at Spinnaker Lodge was receiving end of life care. However, the provider and staff were able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death. Some staff members had received training in end of life care and demonstrated that they understood this. People's care records contained some information about how and where they wished to receive care at the end of their lives.

The complaints policy was displayed throughout the home and the provider told us they worked closely with people to enable concerns to be addressed promptly and effectively. No formal complaints had been received since the last inspection. The provider was able to explain the actions they would take should a complaint be received. This included meeting with the person who had made the complaint and keeping them updated, conducting a full investigation if required and implementing remedial action. There continued to be effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. The provider and staff had a proactive approach to dealing with concerns before they became complaints. For example, staff continually interacted with people and their relatives and kept then updated on any changes in care needs.

At the time of the inspection there was a limited need for the use of technology to support people. Special pressure relieving mattresses had been installed to support people at risk of pressure injuries. The provider said that pressure mats would be used to alert staff of the need to support people when they moved to unsafe positions if they were required.

Requires Improvement

Is the service well-led?

Our findings

People and their families spoke very highly of the provider and staff. One person told us, "They are the best." A family member said, "The provider makes me feel that nothing is too much trouble, they really listen to us and to [relative]." They added, "The service is well run, [provider] is involved in every level and will always be at the end of the phone if not in person." Another family member told us, "The provider is really on the ball, absolutely brilliant in that respect. The staff are accommodating and always willing to talk to me."

At the last inspection in March 2017 we found that the provider had failed to display the CQC ratings in the home which was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that these were now displayed appropriately and the service was no longer in breach of this regulation.

There were a number of auditing process in place and we saw robust audits were completed for most areas. These audits included fire safety, care planning, environment, cleanliness and infection control. Audits demonstrated that action was taken where concerns were noted in a timely manner. We also saw that incidents and accidents were logged and then analysed to see if there were any common themes and if there could be any learning from these events. However, we found that the provider's auditing processes had failed to identify that the management of topical creams was not safe and that safe and effective recruitment processes were not always followed.

The provider of the service was also the 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 and associated Regulations about how the service is run. The management structure of the home consisted of the provider, a senior staff member, care staff, one administrator and a domestic support worker. The staff team at Spinnaker Lodge was a small yet stable team who worked well together. The provider encouraged staff and people to raise issues of concern with them, which they acted upon and staff felt valued and respected by the provider. Staff member's comments included, "We all look after each other", "We can always talk to [provider] if I had any concerns, they would do something, definitely" and "We are a really close and supportive team."

The provider was fully engaged in running the service and their vision and values were built around providing people with a good standard of care that was effective and safe, promoting people's independence and providing people with a high quality of life. The provider said, "I want people to have the best quality of life they can. Just because they are older and are in a home, they haven't come here to die, they still want a purpose and we need to help them achieve this." The provider also told us, "I really do care about the people living here." Staff were aware of the provider's vision and values and how they related to their work. Staff meetings provided the opportunity for the provider to engage with staff and reinforce the values and vision.

Observations and feedback from staff and visitors showed the home had a positive and open culture.

Visitors were welcomed at any time and people and visitors said the provider was always around and they felt able to talk to them about any concerns. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. Duty of candour requirements were being followed; these required staff to act in an open and transparent way when accidents occurred. The provider understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

The quality of the service provided to people was monitored both formally and informally. The provider sought feedback regularly from people and family members when they met in the home. A family member told us, "I am often asked for verbal feedback when I visit." A person also confirmed that the provider met weekly with them to discuss their care. The provider told us that they would also meet with family members approximately three monthly and verbally asked them a set of prearranged questions about different aspects of care provision. There was a comments box available for people, families and staff members to access if they wished to make any anonymous comments about the service and care. People and relative's meetings were held on a six monthly basis and these meetings provided people and their families the opportunity to give feedback about the culture, quality and development of the service.

The service worked in partnership with the local authority, healthcare professionals, GPs and social services to help ensure that people received effective and safe care. The provider was also aiming to further develop more robust links with the community, including with local churches, schools and charities. □