

# Country House Care Limited

# Spetisbury Manor

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Spetisbury Manor is a residential care home providing personal care for up to 25 people older people. At the time of our inspection there were 16 people using the service.

### People's experience of using this service and what we found

People, relatives, staff and professionals spoke positively about the culture and atmosphere in Spetisbury Manor. All felt it was a pleasant place to live and work.

People felt safe living at the home and their relative's expressed confidence in the quality of care their family member received.

People had personalised risk assessments to help reduce risks in their lives and general risk assessments were undertaken to help ensure the safety of people and visitors.

There were enough staff on shift to meet people's needs in a timely way. People received their medicines on time and as prescribed from staff with the relevant training and ongoing competency checks.

People had personalised care plans which were regularly updated to help staff provide care that recognised people's needs, abilities and preferences. People's communication needs were known and met.

People and staff knew how to complain and felt they would be listened to. Complaints were managed in line with the home's complaints policy.

People had the opportunity to take part in a range of group and one to one activities which recognised their abilities and interests. Relatives were encouraged to visit the home and told us they were always made to feel welcome and involved.

People, relatives, staff and professionals felt the home was well managed and spoke highly of the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Staff told us they felt supported, appreciated and enjoyed working at the home. They were encouraged to develop new skills and obtain further qualifications.

The home had developed and maintained links with other organisations and the local community.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 27 February 2020).

#### Why we inspected

We received concerns in relation to the culture of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the well led section of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Spetisbury Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Spetisbury Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Spetisbury Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Spetisbury Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager had submitted an application to register with CQC and this was being considered.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 April 2023 and ended on 5 May 2023. We visited the home on 28 April 2023.

What we did before the inspection

We sought feedback from partner agencies and professionals. We reviewed information from on-going monitoring. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 5 relatives about their experience of the care provided. We spoke with 2 members of staff including the manager and nominated individual.

We received written feedback from 8 staff including care assistants, senior care assistants, housekeeping and maintenance. We also received feedback from 2 health professionals who work closely with the home.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Their relatives agreed. Comments included: "I feel very safe here", "Yes, I feel safe. My family are happy for me to be here because they know I am safe", "I feel very lucky to live here. Everyone is so kind to me", "I do indeed feel [family member] is safe", "I feel [family member] is absolutely safe. No qualms about that."
- Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC. A staff member said, "I am confident that fast and appropriate action would be taken."
- Staff told us they would feel confident whistleblowing if they observed or heard about poor practice. They felt confident they would be listened to, and action taken in a timely way if they raised concerns. A staff member said, "If I believed something was wrong, or being done wrong, I would speak up."

Assessing risk, safety monitoring and management

- People had regularly reviewed risk assessments. These covered areas including mobility, repositioning, skin integrity and use of paraffin-based products. A professional had fed back in a survey, "Risk management is of a very high level with patient and staff safety at the upmost importance." Relative's comments included: "[Family member] had a couple of falls when they first came here and staff dealt with them really well", "I think they absolutely know how to help [family member] manage the risks. Staff know what they are doing" and, "They tend to look ahead...they've just organised a frailty mobility assessment. They are proactive. That's reassuring."
- Competency checks were carried out to ensure staff were providing good quality, safe care. A staff member told us, "Management and senior team do regular spot checks while we are working." Records confirmed this.
- Risks within the home environment were well managed. General environmental risk assessments had been completed to help ensure the safety of people, staff, relatives and visiting professionals. These assessments included: legionella, repositioning equipment and electrical equipment.
- Risks to people from fire had been minimised. Fire safety records evidenced regular fire drills, equipment tests and servicing. In addition, people had personalised evacuation plans that detailed how they should be supported in the event of an emergency such as a fire. The manager had recently contacted the local fire service to check if any further actions could reduce risks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs. A dependency tool was used to help determine numbers of staff required. Extra staff were deployed when people's needs increased. A staff member said, "We are never left short staffed." The home was actively recruiting for additional staff including for night shifts for when they were required.
- People told us staff attended to their needs in a reasonable time when requesting their assistance. The manager told us the provider was investing in a new call bell system as a part of the modernisation of the home. Call bell response times were audited by the management.
- The home had safe recruitment practices including checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People told us they received their medicines on time. Medicines were only administered by staff who had received the relevant training and competency assessments.
- People's electronic medicines administration records were complete and easy to follow. These were regularly checked by management to ensure compliance.
- For each person prescribed medicines they only needed to take occasionally; guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines requiring stricter security were stored appropriately with stocks matching records. The manager told us they were looking to increase the safe storage space for these type of medicines as the current area was limited.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A healthcare professional stated, "The environment is clean with well-maintained equipment."
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with current guidance. One relative said, "I visit my [family member] regularly probably 3 times a week."



### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed. This supported the timely identification of themes and trends and the action required to help prevent a recurrence. Learning was shared in the home and with the provider's other location. A staff member told us, "Accident forms are always filled in, care plans updated, and information shared on handovers, so everyone is aware."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People living at the home and their relatives had no complaints about the care and knew how to raise a complaint or concern if they needed to. Comments included: "I have never had a problem but if I did, I would talk with the staff", "I feel I can say if I am unhappy and I think they would sort things out" and, "I have never been unhappy, but [if I was] I would talk to the manager."
- The home had a complaints tracker which helped ensure any complaints were acknowledged, investigated and resolved in line with the home's complaints policy.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed, personalised and regularly updated as required. This helped staff meet people's current and emerging needs. A person told us, "They understand my needs. They listen to me when I talk to them." A staff member said, "We are always given relevant information about each resident when they move in, and this information is updated when their needs change."
- Relatives told us they and their family members were involved in care planning and reviews. They commented: "I was involved in [family member's] care plan", "My [other relative] has input into [family member]'s care" and, [Family member] was loved, consulted, as a real person with a past life and treated with a winning blend of dignity and fun."
- People were supported to make decisions by staff who understood the importance of choice in all aspects of the care and support they received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed in their care plans. This included their preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them. A staff member said, "If a resident struggles with verbal communication, we can adapt our care by using visual aids, speaking more slowly and clearly so they can better understand. This is important because it keeps the resident calm and allows us to better care for them." Our observations confirmed staff communicated with people in their preferred way.
- People's preferred methods of communication were shared with health and social care professionals

when required, for example when people required admission to hospital. These are sometimes referred to as care passports.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to take part in a range of activities. These included: flower arranging, visiting musicians and trips out for lunch or to garden centres. We observed people happily interacting with a visiting musician, spending time in the extensive and well-tended gardens and being able to have time to spend as they wished.
- A person told us, "The grounds are beautiful. It is lovely sitting out and watching the swans come and go." Relative comments included: "The grounds are stunning. We sit by the river in the summer" and, "I get the activities list every week. [Family member] does some of the body movement classes. I think there are enough activities."

End of life care and support

- There were currently no people with end of life care needs. Staff had received end of life training and had a good understanding of how to meet people's and their relative's needs at this difficult time.
- People and relatives were given an opportunity to express their preferences with regards to how they wish to be treated at this time. A relative told us, "We were included in advance care planning."
- The home had received positive comments for their end of life care. One comment stated, "I was phoned on their instinct that a [number] year old might very suddenly be near the end. A wonderful moment was given to me to speak to [family member]. I was told [family member] nodded in recognition of my voice from 200 miles away. I will always be indebted for their vigilance and professionalism and instinct. They are my family too."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The inspection was carried out to look into a concern about the culture at the home. The inspection did not find any evidence to substantiate the concern.
- Staff spoke positively about the culture of the home and told us they enjoyed working there. Their comments included: "Everyone is supportive and friendly. I am proud of the team we have become since [name] has been manager, along with [nominated individual]'s ongoing support", "It's a very good working environment. We all work as a team within the home" and, "[Name of manager] has the home feeling like the residents are at home and not in a home. There is support from each other as well as management and I have personally made some close friends here."
- Staff told us they felt appreciated and received praise for good work. One staff member said, "We regularly receive thanks and praise from management, seniors, and the [nominated individual]. We all come together to celebrate special occasions, such as birthdays, and this includes celebrating the residents. I know I can always rely on my colleagues." Another told us, "There are sometimes goodies waiting in the office - a homemade cake always goes down a storm."
- People and relative comments included: "It is a pleasant place to be and is probably far and above anywhere else" and, "It is homely, the staff are attentive, warm, polite, helpful and caring. You can feel how relaxed the home is when you walk in."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had a good understanding of the duty of candour. They said, "It is our responsibility to be transparent with people and families about any serious injuries, deaths. Keep them up to date, admit any errors and apologise."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and staff had a clear understanding of their roles and responsibilities.
- The manager started in their role in April 2022 having previously been a senior carer at Spetisbury Manor. They were applying to be registered manager, and this was being considered by CQC.
- The manager had a good understanding of CQC requirements, in particular, to notifying us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

- Staff and professionals spoke positively about the manager and nominated individual. Their comments included: "[Manager] is very professional, calm and cool", " Since [manager] has taken over, the home runs more smoothly, the staff are happy with their management, [manager] has a great rapport with residents and staff", "[Name of manager] is superb at resolving things", "I heard [nominated individual] speaking to someone and it seemed very resident focused and, "[nominated individual] is very hands on in regard to the running of the home, and is supportive of [manager] and the staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual surveys were completed to seek feedback and drive improvements at the home. The last was done in March 2023. Feedback was followed up at a subsequent resident's meeting and had resulted in improvements to the variety of activities. The manager had developed a survey for visiting professionals. One professional had commented, "I have found the staff to be so very welcoming and openly communicative of my patients' care needs. Not only verbally but through good patient notes and the governance demonstrated in the general management of the home."
- People and relatives felt the home was well managed. Comments included: "From what I can see the home is well managed" and, "I would recommend the home. I feel [family member] is lucky to be living at Spetisbury Manor." A professional said, "[Name of manager] is a delight. The [nominated individual] is very pleasant. I wouldn't hesitate to put a relative there."
- Relatives told us communication with the home was good and they were kept well informed. Their comments included: "They always keep us up to date", "Communication is very good, and we get regular emails and updates", "[Name of manager] will always make time to speak with me. Senior carers also keep me updated" and, "I'm treated well by [name of manager] and [name of nominated individual]. [Name of nominated individual] has been very polite when I've spoken with [them]."

Continuous learning and improving care

- Various audits took place which included medicines records, infection control and health and safety. Responsibility for completing these was shared with senior care staff, housekeeping and maintenance. A recent audit had identified one person with a worn mobility aid, this was refurbished and reduced the risks of this person experiencing a fall.
- Staff were actively encouraged to develop new skills and do further qualifications. A staff member told us, "We are encouraged to apply for different positions throughout the home. We are also encouraged to gain further qualifications and move up within the home if we wish."
- Team meetings were held and were well attended. Staff commented: "We are encouraged to speak up and suggest new ideas."

Working in partnership with others

- The home had established and maintained good working relationships with other organisations such as GPs, physiotherapists and the local frailty team.
- The home understood how it could contribute to the local community and had opened its facilities for seasonal events. A relative told us, "Last year they hosted the village fete in the grounds. It was a lovely community event."