Care Quality Commission

Pearlcare (Spratslade) Limited

Spratslade House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 27 October and was unannounced. Spratslade House Care Home is a residential home for up to 30 people who have support needs. There were 27 people living there at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines had not always been stored in line with guidance and some medicine was being given to a person that did not have the correct prescription label on. Some people that needed 'as and when required' (PRN) medicine had protocols in place for staff to follow, but they were not consistently available. Therefore, people were at risk of not always getting their medicine as prescribed.

Staff were aware of what constituted abuse and what to do if they suspected someone was being abused. Appropriate safeguarding referrals had been made to the local safeguarding authority.

People felt safe living in the home. The risks people may face had been assessed and plans put in place to reduce the likelihood of them occurring, such as falls and the use of equipment. We observed staff undertaking safe moving and handling practices when supporting people.

The likelihood of emergency events occurring in the home had been reduced with appropriate fire checks being in place and personal evacuation plans were in place for people. Other safety checks had been completed such as on the gas supply and whether call bells worked so people could summon assistance.

There was enough staff to meet people's needs in a timely manner and people did not have to wait for support. Staff were deployed effectively and had the flexibility to move to different parts of the home to attend to people who had varying levels of support needs.

Staff were recruited safely with references sought, identity checks being carried out and checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Staff were suitably trained and were supported to refresh their training. Staff also felt supported by the registered manager and had regular supervisions to discuss progress and options for improvement in how they support people. Staff also told us they were checked to ensure they had understood their training and were delivering care correctly to people.

People were protected as staff acted in accordance with the Mental Capacity Act 2005, with appropriate assessments in place and referrals made to the local Deprivation of Liberty Safeguards team. Staff offered choice and checked consent prior to supporting people.

People enjoyed the food and were offered a choice in what they had to eat.

People had access to health professionals and regular visits were undertaken by GPs, District Nurses, dentists and opticians.

The service was very caring, as staff took their time with people, choices were regularly offered and staff explained things to people. People told us they liked the staff and were happy living at the home. People were encouraged to retain their independence and to do as much as they could for themselves.

People were supported to discuss their end of life preferences and this was respected and documented within their care plans.

The service was responsive and catered for the ranges of peoples differing needs, such as providing suitable implements to eat with and updating care plans and risk assessments following a change in a person's needs.

There were activities and events that people could participate in, with plans to further extend the availability of hobbies and interest for people to partake in. People told us they could access the community and they liked the parties that took place.

Complaints had been taken seriously and action taken to resolve them. People told us they felt able to complain. Feedback from people and relatives was also sought through meetings and surveys.

Auditing systems were in place regarding the monitoring of the changing of people's needs, accidents and incidents, care plans and the environmental aspect of the building which had documented when there had been a change or action had been taken.

There was a positive and open culture in the home. People had confidence in the management team and felt both the registered manager and deputy manager were approachable and acted upon feedback.

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 not consistently safe.

Peoples' medicines were not always administered and managed safely and not always stored correctly.

People were protected from harm by staff that were aware of different types of abuse and how to report concerns.

There were sufficient staff to support peoples' current needs.

Safe recruitment practices were followed to ensure appropriate staff were working with vulnerable people.

Is the service effective?

The service was effective.

Staff had been trained sufficiently to support people effectively.

Peoples' consent was gained and people were encouraged to make decisions where possible. The principles of the Mental Capacity Act 2005 were being followed.

People had adequate amounts of food and their preferences were catered for.

People had access to health care services and were supported by staff where required.

Is the service caring?

The service was caring.

Staff knew people well and supported people in a caring manner.

Peoples' views were sought and taken into account in their care.

Privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and regularly reviewed.

People were supported to undertake activities of their choice.

The service had a complaints policy, and people knew how to complain.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post who knew the people well.

Quality monitoring systems were in place to ensure the home was being managed appropriately.

Staff felt supported by the manager and had confidence in them.

Care Quality Commission

Spratslade House 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 October 2016 and was unannounced. The inspection was carried out by two inspectors.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked commissioners and Healthwatch if they had any information they wanted to share with us about the service. Healthwatch is an organisation that gathers information from people and relatives who use services and provides feedback to commissioners and regulators (like the CQC) about those services.

We spoke with five people who use the service, three relatives, four members of staff that supported people, a staff member that worked in the home helping with domestic tasks, the deputy manager and the registered manager. We also made observations in communal areas. We reviewed the care plans and other care records (such as medication records) for seven people who use the service and looked at management records such as quality audits. We looked at recruitment files and training records for six members of staff.

Requires Improvement

Is the service safe?

Our findings

Peoples' medicines were not always stored, managed and administered safely. Controlled drugs were prescribed to some people. Controlled drugs are a type of medicine that have extra guidelines in place to be followed in order to protect people and ensure they are used safely. They should be locked away when not in use however, we observed them being kept in an unlocked cupboard during the day. This meant it could be accessed by staff or people and there was a risk that the medicine could be taken by people who did not have it prescribed, or too much could be taken by someone who does have a controlled drug prescribed.

We saw that one person was prescribed a medicine that needed to be refrigerated. The date should be noted as to when the medicine container was opened, as the guidance stated it should not be open for longer than four weeks. We saw that the medicine had not been labelled so it was not clear as to when the container had been opened and it had not been stored at the correct temperature within a refrigerator, which means the effectiveness of the medicine could have been affected. We also observed a box of medicine for one person had a hand written label on it, which was not a prescription label. This meant the person was at risk of receiving medicine that was not prescribed for them and the medicine may not have given as per the instructions.

Some medicine is applied or taken as and when required, called 'PRN medicine'. There were not always protocols in place to help staff identify when a person may need or not need their PRN medicine. People who are not able to communicate if they are in pain would need a personalised PRN protocol to help staff identify when they need to have their medicine and these were not always in place. Other people, who were able to state whether they needed their PRN medicine or not, did have protocols in place. We did observe the people who were able to communicate their needs being asked if they needed their PRN medicine and they were given it if they wanted it. This meant some people were at risk of not receiving their medicine when they needed it or receiving it when they did not need it as there was not consistent guidance for staff to follow, particularly for those who could not always communicate their needs.

People told us they had their medicines each day. One person we spoke with said, "I get my medicines on time every day". Another person we spoke with told us, "I get my medicines three times a day". We observed medicines being given by members of staff in a manner that was not rushed and at the pace of the person they were supporting. We also observed staff explaining what the medicine was to people so they knew what they were taking it for. Pain relief was also offered to a person who said they were in pain.

People felt safe living at the home. Both people and relatives told us they felt the service was safe. One relative we spoke with told us, "My relative is safe as there is someone around and is looked after at night too." People were protected against the risks of potential abuse. Staff had a good understanding of how to keep people safe and their responsibilities for reporting incidents or concerns. Staff also knew about the whistleblowing policy and they told us they felt confident in being able to raise concerns within the home.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person who was at a high risk of falling had a sensor for them to sit on that alerted the staff

when to assist the person to stand up. We also observed staff following people's risk assessments and supporting them in a safe way. For example, we saw in some plans that a stand aid and hoist were needed for some people and we witnessed these same people being supported to use that equipment and staff were patient and were encouraging towards people. We saw that after a person had experienced a fall and their needs had changed, the new support needed was risk assessed, plans updated and precautions put in place to reduce the risk to the person. We also saw that plans were in place to support people who had behaviours that may challenge for the staff to follow. This meant people were supported to maintain their independence and use equipment safely where they needed to use it and staff had detailed plans to follow to help them keep people safe.

People were protected against hazards such as falls, slips and trips. We saw that if an incident or accident had occurred, then action had been taken to protect the person immediately and then action had also been taken to try and minimise the likelihood of the same incident occurring again. For example, we saw that one person had fallen and was taken to A&E, when they returned a sensor was put in place so staff knew when the person started to walk so they could go and assist them whilst walking to reduce the possibility of them falling again. This meant people were protected from the likelihood of incidents occurring again as steps were taken to reduce risk and support staff to assist people in a timely manner when they needed it.

People were kept safe from the risk of emergencies in the home. There were checks in place such as the fire equipment, gas supply and ensuring the call bells were working so people could summon a member of staff if they needed them. There were also evacuation plans in place to be used in the event of an emergency which detailed the support a person would need.

People told us there were sufficient staff to meet their needs. One person we spoke with told us, "I use my call bell if I'm in bed and want to get up, I don't have to wait long." Another person we spoke with said, "Oh yes, I think there are enough staff, they're all pretty good." A relative we spoke with said, "On the days we visit there is enough staff." A member of staff we spoke with said, "I feel there is enough staff." We also observed during lunch time that people were not left waiting and that when people pressed their call bell in their rooms, they were responded to quickly. We also observed that staff moved between areas of the home depending on the needs of the people and at different times of the day. This meant the service was flexible and people had their needs met in a timely manner.

The service followed safe recruitment practices. Staff files we viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. This meant that people were supported by staff who were suitable to work with the people who use the service.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they felt the staff had enough training. Staff also told us they had the training and skills they needed to meet people's needs. Comments included: "We do a questionnaire after training and can bring it to the office to go through with a manager if we have questions" and "I've been observed [in the caring role] to check I do things correctly". Another member of staff told us, "I do knowledge checks regularly." We also observed staff using correct techniques when supporting people, such as moving and handling, offering choices and respecting people's dignity. This meant staff had training to enable them to effectively carry out their caring role and their knowledge was checked to ensure they were doing things correctly.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had and that they felt supported by the registered manager. One member of staff we spoke with said, "I get supervisions every three months, I get to talk about how I am feeling, what I am succeeding in and what I could improve on." Another member of staff told us, "I feel supported. If I'm not sure of something I can go to the senior or the manager." This meant staff could discuss any concerns or support needs they felt they had in order to enable them to care for people well and in the correct way.

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. A person who has Lasting Power Of Attorney (LPOA) has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions.

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest decision was carried out which involved multiple professionals and the staff at the service. People were also supported to make decisions whenever they could. We saw people were offered choices throughout the day, such as where they would like to spend their time and what food they would like to eat and staff helped people make these decisions by explaining things to them. We also saw that people had access to an advocate should they need one, to help people communicate their decision. One member of staff we spoke with said, "The MCA is about choices and rights, there can be different situations where there is an advocate in place or we can ask the family. Most people can make simple decisions." We also saw in some people's documentation that when they had consented to care then this was clearly documented how this consent was gained. We saw that people who did not have an LPOA to support them did not have inappropriate representatives signing documentation and making decisions on their behalf. This meant people's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 and people were supported to make their own decisions.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that appropriate referrals had been made in relation to DoLs with referral forms being thoroughly completed and being detailed. Mental capacity assessments had been carried out prior to a referral being made. This meant people's rights were protected and referrals had been made to verify this.

People told us they were able to make choices about what they had to eat. We saw staff offering choices to people as to what they had to eat and drink. One person told us, "The tables are set out neat and tidy and I get to choose what I have to eat." Another person told us, "I get to choose my food". A member of staff we spoke with told us, "We go through the menu [with people] and explain the choices." People also told us they liked the food, one person was offered a choice for their lunch and when it was brought to them they said "Ooh, it looks lovely" and they went on to say, "They ask me what I would like to eat, the food is perfect here." When people had finished eating they told us "I enjoyed that" and "That was lovely." One relative we spoke with said, "The food is wholesome, seems nice and they are given a choice." People who had dietary requirements, such as they needed to eat softer food were served with food appropriate to their needs. We observed staff offering a range of drinks to people and drinks and snacks were readily available throughout the day. People's dietary preferences were also clearly recorded in their care plans. This meant people were offered a choice of what to eat and they enjoyed the food served.

People had access to health and social care professionals. People told us, and the records confirmed people had access to a GP, dentist, district nurses, physiotherapists and an optician and could attend appointments when required. One person told us, "I had my eyes checked, they came to the home to do it, I see my GP too" and they went on to tell us they were taken to appointments at health centres also. People were also weighed regularly to ensure they did not lose too much weight so that it may affect their health and this was documented. There had been no weight loss noted in the records viewed. This meant people were supported to maintain their health needs and other professionals were involved when required.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said to us, "I do like living here, they treat me very well." Another person told us, "I am happy here, the staff are nice." Another person also said, "They're lovely [the staff], they treat me with respect." When we asked a relative if they felt their loved one was treated with dignity and respect they answered, "Absolutely. The staff call [relative's name] by their proper name, my relative is always dressed well and never left inappropriately." Relatives also told us they were happy with the care and felt supported and people were able to visit their relatives in the community where possible. People had also been able to bring pets from their previous homes so they could stay together. This meant people were happy and supported to have care that was personal to them.

People's dignity was respected by staff. Staff were very caring towards people and did not rush their support for people. We saw staff sitting down with people. We observed that staff would bend down so they were at the same level as the person and spoke quietly and respectfully to people. Staff were able to give us examples of how they supported someone to keep their dignity with things such as ensuring people were covered during personal care and doors are kept closed. This meant people were not rushed and could do things at their own pace according to their needs and staff supported them to retain their dignity.

People received care and support from staff who had got to know them well. One relative we spoke with said, "Staff seem to know [relative's name] well, they know what they like." The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff asked questions such as, "Would you like fresh tea as that cup has gone cold" and "How's your back? Do you want some tablets for it?" This demonstrated that staff were thoughtful and considered people's needs. A person had said thank you to a member of staff and they responded "It's been a pleasure". We also saw two people had their hair styled and they were complimented by staff, this made the people happy. The catering staff also had a list of people's birthdays so that they could provide appropriate food on those days for people.

People were encouraged to be as independent as possible and staff were very patient with people. For example, one person was trying to eat their mash potato with their fingers and a member of staff was able to encourage them to use a spoon and took their time to assist the person. One person we spoke with said, "I get myself dressed and undressed and they help me [with personal care]." They went on to say, "They explain things to me when they help me." We also observed staff explaining things to people, one staff member said "Pick your feet up for me" when they assisting someone to move and "Can I just move this table so it's not in the way?" When people were being supported to move, such as standing up or sitting down, the staff explained the process to people. This meant people were supported to retain as much independence as they could and had explanations at the time they needed them.

People were also supported with their religious preferences. One person said, "A priest comes to visit me here". People also had support to discuss their end of life preferences. One person we spoke with told us, "They [the staff] know what I want when I pass away". We also saw that plans for end of life care had been discussed with people and their choices recorded. This meant people were supported to discuss their

preferences and these were documented for staff to follow, whenever the time came.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. People had their needs assessed before they moved to the home. Plans were reviewed regularly, both by staff and also with involvement from other professionals and staff responded to people's changing needs. We saw documented that one person had experience behaviour that challenged and directed it towards a member of staff, this was recognised as unusual for this person and staff determined what the issue was and supported the person to resolve it.

We also observed on the day when staff responded to a person who was struggling to eat and they tried different cutlery with the person to find the best option for them. People also had crockery that was appropriate to their needs whilst they were eating; most people ate from china plates, used metal cutlery and drank from glasses, whereas those who needed plastic plates and lidded cups to help them drink were catered for. Staff told us that people could choose when they got up in the morning, one staff member said, "There is no set time to get people up, they press their buzzers [call bells] to ask to get up." We saw when a review took place changes were made to people's care plans were updated where necessary. For example, one person had previously only needed one member of staff to support them to walk and this was increased to two members of staff as risk to the person had increased. This meant people were receiving care that was personal to them and this was reviewed when people's needs changed.

Although there were no specific activities being undertaken at the time of the inspection, people told us they could partake in activities and hobbies. One person told us, "If I want to go shopping my carer [key worker] takes me, I will be going out before Christmas." A relative we spoke with said there were events for people to attend, such as visiting singers. A staff member also confirmed that people were supported to go out shopping and there were different events that took place within the home, such as seasonal parties. Feedback in resident's meetings had been positive about these and people had said they enjoyed them. There was also a hairdresser that visited and we saw people having their hair styled. People were encouraged to stay awake so they could spend time with staff chatting over a drink, one member of staff we spoke with said, "We have more time to spend with people in the afternoon." An activities coordinator was due to start shortly to further increase the availability of things to do for people.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. One person we spoke with said, "I feel able to raise concerns." A relative we spoke with told us, "I'd go to the manager to complain, I feel it would be dealt with but I've never had to." Another relative said they would speak to the registered manager if they had any concerns but they didn't have any concerns. Any negative feedback that had been received had been documented and action taken also recorded. For example, a concern was reported about towels being left on the floor and a laundry basket was put in place in the area so this would not happen again. This feedback had been received via relative meetings and there was also the opportunity to feedback through a suggestion box in the reception area. There were also meetings available for staff to attend so issues could be discussed, such as staff becoming key workers. A key worker is a named member of staff that was responsible for ensuring people's care needs were met and ensure

documentation reflected their preferences. One person we spoke with said, "I have a chat to my carer [keyworker] when they're here." Having newspapers available for people was also discussed and we observed these papers being available during our inspection. This meant when feedback was received, it had been acted upon and people, relatives and staff felt able to raise concerns or make suggestions.

Good

Is the service well-led?

Our findings

Quality assurance systems were in place which monitored care plans and medicines documentation. Issues had been identified and action recorded, such as when signatures were missing from documentation regarding the administration of medicines, staff were spoken to and we saw that MAR charts were now being fully completed and signed by staff. Other monitoring systems were also in place, such as the monitoring of people's weight to check they were not losing weight and if people's needs had changed in relation to their skin integrity to ensure people received timely support if it was required. The registered manager also did 'walk arounds' throughout the home with surveys to complete to check the home was in an appropriate condition, such as if fire exits were clear etc. Accidents and incidents were thoroughly reported and had been analysed and action taken where necessary. Support mechanisms were in place such as individual supervisions and staff meetings to enable staff to discuss their needs and make improvement to how they supported people. Staff told us they had their knowledge checked to ensure they understood their training and that they could go to the management team to discuss any questions they had. People's experience of care was monitored through meetings and surveys and if an area for improvement had been suggested, then this had been acted upon. The survey results were very positive and people felt listened to and felt included in their care. We noted that improvements had been made since the previous CQC inspection. There was also an improvement plan in place which was used to plan the audits to carry out through the year, training events, resident's meetings, staff supervisions and appraisals, checks to be carried out to ensure the safety of the building itself and environmental projects throughout the home.

The service had a positive culture that was person-centred, there was a pleasant atmosphere and people and relatives knew who the registered manager and deputy manager were and felt about to go to them with concerns. Management knew people well. One member of staff said, "[Registered manager] is approachable, they know all the ins and outs of our residents." One person we spoke with said, "I know who the manager is and I don't have to worry about anything." Staff told us they felt supported and also able to go to the registered manager and deputy manager. One member of staff told us, "The door is always open for the manager, they're brilliant" and they went on to say, "[Deputy manager] is amazing, I can go to them about anything." We observed numerous examples of caring and gentle care that valued people and showed the positive culture within the home. People and staff had confidence the registered manager would listen to their concerns and that they would be dealt with appropriately.

The registered manager had notified CQC about significant events that they are required to notify us of by law. We used this information to monitor the service and ensure they responded appropriately to keep people safe.