Mr R M & Mrs P P Duffy

The Spinney Residential Home

Inspection report

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Date of inspection visit: 5 June 2015
Date of publication: 31/07/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected the service on 5 June 2015. The visit was unannounced. Our last inspection took place on 13 and 17 October 2014 and at that time we found the service was not meeting the regulations relating to care and welfare of people who used services, consent to care and treatment, safeguarding people who used services from abuse, management of medicines, requirements relating to workers, meeting nutritional needs, supporting staff and assessing and monitoring the quality of service provision. We asked them to make improvements. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations. On this visit we checked and found improvements had been made in all of the required areas.

Summary of findings

The Spinney Residential Home is a large detached home in Armley. The home is registered to provide accommodation for up to 30 persons who require personal care.

At the time of our inspection there was no registered manager in post at the home. 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.

We found the service was meeting the legal requirements of the Mental Capacity Act 2005. However, we felt staff lacked confidence in using the Act to make a best interest decisions for one person who lacked the capacity to make decisions relation to their care.

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. Appropriate arrangements were in place for the ordering and disposal of medicines however, we found there were issues relating to the storage of medication and written guidance was not in place for staff to follow when giving 'as required' medicines.

People received sufficient amounts to eat and drink. We found the dining experience for people who used the service was pleasant.

Robust recruitment processes were in place which ensured staff were suitable to work with vulnerable adults. Staff received regular supervision and annual appraisals. This gave staff the opportunity to discuss their training needs and requirements.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. We observed interactions between staff and people living in the home and staff were respectful to people when they were supporting them. Staff knew how to respect people's privacy and dignity. Staff demonstrated they knew people's individual characters, likes and dislikes and had good relationships with the people living at the home and the atmosphere was happy and relaxed. Care plans were person centred and individually tailored to meet people's needs.

Staff demonstrated a good understanding of how to protect vulnerable adults. They told us they had attended safeguarding training and were aware of the policies in place regarding reporting concerns.

People who used the service and their relative had opportunity to give their views and opinions on the service provision. There were regular resident and relative meetings and satisfaction surveys were also distributed to people who used the service on an annual basis.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service however, the audit tool used did not cover all areas of practice and did not allow the service to demonstrate areas of good practice within the home.

People's health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

A programme of activities was in place which meant people had their social needs met.

Summary of findings

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 always safe.

We looked at the storage of peoples medicines and found items which did not require refrigeration were being stored in the refrigerator.

There were sufficient numbers of staff on duty to ensure people's safety.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Requires improvement

Is the service effective?
The service was not always effective.

The service met the requirements relating to the Mental Capacity Act 2005.

Staff training provided did equip staff with the knowledge and skills to support people safely and staff did not have the opportunity to attend regular supervision.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs.

Requires improvement

Is the service caring?
The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff.

Good

Is the service responsive?
The service was responsive.

People received support as and when they needed it and in line with their care plans.

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with their preferences.

People who lived at the home told us they felt comfortable raising concerns and complaints.

Good

Summary of findings

Is the service well-led?

The service was not always well-led.

There was no registered manager in post at the time of our inspection.

There were procedures in place to monitor the quality of the service however, where issues were identified, we saw there were action plans in place to address these but these did not show when action had been taken.

Accidents and incidents were monitored by the provider however, we saw that no analysis was being carried out to ensure any trends were identified and acted upon.

Requires improvement

The Spinney Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 June 2015 and was unannounced. The inspection team consisted of three adult social care inspectors a specialist advisor with a background in governance and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 16 people using the service. During our visit we spoke with five people who used the service and three relatives/visitors to the home. We also spoke with four members of staff, the deputy manager, the HR manager and the provider. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at people's care records. We also spent time observing care in the lounge and dining room area to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms and communal bathrooms.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, "Oh, yes I feel safe." "Yes, you couldn't have a nicer place. My daughter is a nurse and she wouldn't have me in anywhere but a nice place." "Yes, I'm settled, this is my home." "I've never seen anything to upset me." We spoke with one person's relative who told us, "I have never seen anything to concern me and Mum has never complained."

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The provider said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people well and to ensure their care needs were met safely. This was confirmed by our observations during the inspection. We spoke with one person's relative who told us, "Mum rings the bell and they come straight away; if she rings the bell, they will come." Another person's relative told us, "Its ok, one or two staff have left. The staffing is never that low where there is only two on, there are always three or four." Two people using the service also told us, "I don't have to wait long as a rule. You can't expect them to come straight away; you have to be reasonable" and "It doesn't take 'em two minutes; there is always someone about. There is definitely enough staff on duty."

We looked at the recruitment records for one staff member. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. One staff member told us safeguarding was about when people had bruises, falls or illness. Another staff member we spoke with said they were now able to report safeguarding incidents directly to the local authority safeguarding team. We also saw a safeguarding flow chart was pinned to the notice board in the reception area of the home for anyone to read. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Staff records confirmed that all but one staff member had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in people's care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to pressure care, food and fluids and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

Records showed an up to date fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced weekly and also at unannounced intervals. The home had care plans in place for each person who used the service which provided staff with guidance on how to support people to move in the event of an emergency.

People received their medicines safely and when they needed them. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system. We checked the stock levels for three people against their medicine administration record (MAR) and found they were correct. We looked at seven MAR charts and saw there were no gaps where staff were required to sign to say they had given people their medicines. We saw on the reverse of the MAR there were notes made to evidence decisions to omit medication and where people had received 'as required' medication. We saw each person had a medication care plan and identity record in place. This held information regarding people's GP and known allergies. However, we found there was no guidance in place for staff to follow for administering 'as required' medicines. This meant staff may not know the signs to look out for when making decisions around administering 'as required' medication. We discussed this with the deputy manager and one senior care staff who told us they would

Requires improvement

Is the service safe?

address this immediately. They said they were confident that staff knew people using the service well enough to know the signs of when they needed their 'as required' medicines.

We inspected medication storage and saw that the medication refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. However, we found there were a number of items which did not require refrigeration were stored in the refrigerator. We spoke with the deputy manager about this who told us there were no items requiring storage in the fridge at the time of our inspection. They said health care professionals who visited the home used the fridge and they did not know what they were placing in the fridge. The deputy manager told us they did not know the content of the fridge at the time of our inspection and there was no audit in place for this purpose. This demonstrated to us that appropriate arrangements were not in place in relation to the storage of medicines.

We saw ordering systems ensured people did not run out of their medicines. We observed staff administering people's medication and saw they wore a red tabard saying, 'Do not disturb; medicine round in progress.' We also saw staff stayed with people while they took their medication. They used this as an opportunity to engage with the person and asked how they were feeling. We spoke with one person who told us, "I understand my medication and I get them on time." We saw the person's care records reflected this.

During our look around the premises we saw the home was clean and tidy and free from malodours. We looked at various areas of the home including the communal lounges, dining room and bathrooms. We also with people's agreement looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained well and looked in a good state of repair. We looked at maintenance records and saw all necessary checks had been carried out within timescales recommended in guidance and legislation. For example, manual water temperature checks were carried out on a monthly basis. The provider told us each water supply had an individual thermostat to control the temperature.

Requires improvement

Is the service effective?

Our findings

People had access to healthcare services when they needed them. We saw evidence in four people's care records which showed they regularly visited other healthcare professionals such as dentists and chiropodists. We spoke with one visiting healthcare professional who told us, "The care here is marvellous. I have looked at the risk assessments and care plan in place for the person I am visiting and they have got it spot on, they are so good. They are keeping the family up to date with good communication. It's absolutely fantastic." This showed people using the service received additional support when required for meeting their care and treatment needs.

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, dementia awareness, health and safety, management of medicines, infection control, safeguarding adults and meeting nutritional needs. The HR manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. Staff we spoke with told us they had completed several training course and these included medication, pressure care, palliative care and one person told us they were in the process of completing a diploma in management. One staff member said, "Training has improved dramatically." One staff member told us they had completed moving and handling training and was due to attend basic food hygiene and personal care in the next two weeks.

We were told by the HR manager staff completed an induction programme which included information about the company and principles of care. We looked at one staff file and were able to see information relating to the completion of induction. This included the completion of several individual modules for communication, privacy and dignity, mental health and Dementia, infection control and safeguarding. However, the HR manager told us they did not have staff members trained to assess the modules once they had been completed. They said this was going to be a priority for the new manager when they start working at the home in July 2015. One staff member told us, "I shadowed another staff member for one day and this was like a 'day in the life of a care home'." We were told by one staff member they had received a staff handbook when they first started working at the home.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Two members of staff confirmed they received supervision where they could discuss any issues on a one to one basis. However, one staff member told us, "I have had no formal supervision since starting at the home this year." The HR manager told us this was done on an informal basis and was not recorded. They said they would implement a supervision recorded immediately for new staff. We noted this had been completed before we left the home. We looked at two staff files and we were able to see evidence that each member of staff had received supervision in 2015 and had completed a self-appraisal process. We saw staff had received an annual appraisal in March 2015.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We asked the deputy manager about DoLS. They told us no-one using the service currently had a DoLS in place. We spoke with staff about their understanding of the Mental Capacity Act (2005), one staff member said, "I am not sure what Deprivation of Liberty Safeguards means." We were told by another staff member they were in the process of applying for a DoLS for one person due to them being diabetic. We asked the provider and deputy manager about this and they said they were unsure of the process to follow with respect to ensuring the person maintained an appropriate nutritional intake. They said the person did not have the mental capacity to make decisions about what they ate but could make other decisions for themselves. On further discussion with the deputy manager it was clear that they had the required knowledge with respect to the requirements of the Mental Capacity Act 2005 however, we felt there was a lack of confidence in relation to the process of 'best interest' decisions being made. This is where decisions can be made in the best interests of the person if they are unable to make a particular decision for themselves.

The Mental Capacity Act (2005) covers people who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. Three staff members told us they had not received training in the Mental Capacity Act (2005). We looked at staff training records and saw six out of 14 staff had completed the training. This meant some staff did not have the appropriate skills to ensure the requirements of the Mental Capacity Act (2005) were followed.

Requires improvement

Is the service effective?

People's care plans showed each person had been asked to give their consent to their care and support. One person told us, "I have choices in everything I do."

We saw drinks and treats were offered to people throughout the day. People we spoke with said they enjoyed the meals and always had plenty to eat and drink. In the entrance of the home there was a daily menu showing two or three choices per course and people told us that they had a choice. They said, "I get a choice. If I didn't like it, they would make something." "You can have something else if you don't like it [the food]. There are always choices." One person's relative told us, "I can vouch for the food, its lovely. For their tea they can have tomatoes on toast."

We observed the lunch time meal and saw all the tables were set with tablecloths, condiments, placemats, jugs of juice and napkins. We saw the staff brought people into the dining room and were respectful and kind towards throughout offering people assistance. We saw that not all of the people using the service ate in the communal dining room; some ate in their rooms. This helped demonstrate some freedom of choice. The lunch was served from a trolley and it was fish, chips and mushy peas which was as per displayed on the menu. We saw in care records that people's dietary needs were recorded in care plans and people's weights were monitored monthly and records showed they remained stable with weight gains for some people.

Good

Is the service caring?

Our findings

People we spoke with said they liked the staff and described them as 'very good'. They said staff knew them well and were kind and caring. People also told us, "Happy? I am. They do everything for you but breathe for you. We are like one big happy family. That's the only way I can describe it. If everyone were in somewhere like this, it would be wonderful." "They are not intrusive." "I wouldn't change a thing; it's perfect." "I'm happy here; I have my own bits and pieces in my room." "The staff are wonderful, I couldn't fault one person, the staff are lovely." "They are kind. They see that you have a bath and they would get the doctor to me." "I thought it was time that I was looked after now and they look after me here." "Your room is your domain, your home." "Yes, I'm happy." "No, we wouldn't change anything, everything is fantastic." One staff member told us they believed all of the staff at the home really cared about the people they supported. They said, "Care is next to none. Care is really, really good. It is amazing."

We saw people looked well dressed and cared for. For example, we saw people were wearing jewellery and had their hair nicely styled. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity.

People also said staff supported and encouraged them to do things for themselves and we saw this happen throughout the inspection. They also described ways in which they felt the staff treated them as individuals and knew their preferences. For example, one person said, "They shower you, they bath you when you want; they help me to get dressed." Another person told us, "I've had a sore mouth. They have been so good to me. They gave me soft things like jelly." They also said that they had recently been given the opportunity to move to a room with a better view.

We also received feedback from people's relatives who told us, "I think it's a lovely place; it's nice and bright." "People are well looked after, I genuinely think that" and "Staff are helpful and friendly." "Mum is very happy here and she is well liked. They made her a birthday cake and two singers came, they do it for everyone [on their birthdays]." "Everything is lovely, it's a lovely home. The staff are lovely and I want to come here when things get too much for me."

We spent time with people in the communal areas and observed there was a happy atmosphere and people were comfortable and relaxed around staff. There was laughter and banter between people as they chatted with one another and staff. We saw staff encouraged people to express their views and listened calmly and patiently to their responses. We saw staff was skilled in communicating with people and discussing choices with them.

We looked at the care records of three people and found evidence which showed the involvement of the person concerned. We saw that where documents required signing by the person this had been done. People we spoke with told us they knew they had records which the home kept about their care. We also spoke with one person's relatives who told us, "They ask us to come in, they have meetings. We had a meeting when they were in for respite." This meant that people, or where appropriate their relatives, had been involved in their care.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out where possible to make sure all people who used the service were compatible and to give opportunity for people to get to know each other. We were told by one person's relative that they had stayed in the home with their relative when they were being settled in which had really helped them.

People were encouraged to maintain and develop relationships and to visit their family members and to keep in touch. One person we spoke with told us their family member who visited them on a regular basis was always made to feel welcome by staff. The relative of one person told us, "Yes, we can visit when we want and my brother comes too."

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the care plans for the three people who currently used the service. The care plans were written in an individual way, which included people's preferences, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

Activities were meaningful and arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. People told us they enjoyed the activities on offer. They told us, "I like jigsaws and knitting. They have bingo and snakes and ladders." "You can go out and sit in the garden. I can go out with my daughter any time." The relative of one person told us, "They play bingo, snakes and ladders and carpet bowls. There is music; I heard 'em all singing a Max Bygraves song."

At the time of our inspection a game of bingo had started and the staff participated and helped people along with the game. At least six people took part and it seemed to be a regular event which everyone engaged with. Records were also available which showed people who used the service were involved in a range of activities. One staff member said, "We do loads of activities. We recently had memory boxes from the library. Staff are definitely aware of people's likes and dislikes."

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. We spoke with people who used the service who told us, "I have no complaints and if I had I would tell the staff."

There was a complaints file in the service with all information and documents available should any complaints be made. The provider told us they had not received any complaints since October 2014.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection there was no manager in post at the home. The provider told us they had recruited to this position and the new manager was due to start in July 2015. The provider dealt with day to day issues within the home and with the assistance of the deputy manager oversaw the overall management of the service. They worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them. Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere, which was inclusive. One staff member said, "It is great working here, I love it", "It is like a family, they made me really welcome" and "[Name of owner] comes into the home every day." Another staff member said, "There have been improvements since your last inspection the manager has gone. The managers are now listening to us and we get praise" and "We work as a team."

We looked at the policies and procedures in place at the home and found they were very difficult to navigate and there were several versions containing different information. We also saw documents in staff files that did not contain the same information. For example, one staff member's supervision agreement dated 12 January 2015 stated 'care staff will receive a formal supervision at least six times per year'. However, the contract of supervision dated 7 October 2013 stated 'a minimum four times a year, more would be arranged if the situation required it'. The action plan submitted by the home following our inspection in October 2014 stated supervision would be carried out four times per year. We discussed this with the HR manager and the provider who told us they would ensure these issues were addressed following the inspection.

We saw there were systems in place to enable people living at the home to comment on the service provision. We saw that regular residents meetings were held every two months at the home. We looked at the minutes of the meetings from January and April 2015 which showed a good level of attendance by people using the service. The minutes from the meeting held in January 2015 showed that people using the service had said that they would like grapefruit and prunes added to the menu. The provider told us that this had been done after the meeting. The next meeting was planned for June 2015.

We saw that the service had distributed a satisfaction survey in November 2014. These were sent to people using the service and their relatives/representatives. The survey results showed overall satisfaction with the service was good to excellent. There were three areas identified for improvement. These were; the gardens – plan to incorporate raised flower beds, remove round picnic table to front of building and install window boxes. Activities – ideas for improving to be discussed with people and it was agreed for there to be a mobile phone made available for people using the service so that they could keep in touch without affecting main incoming line. This showed that people's views and opinions were taken into account in the way the service was provided.

We looked at the quality assurance system in place at the home and saw improvements had been made in relation to how the service assessed and monitored the quality of the service. We saw a 'monthly home manager audit' had been completed on a monthly basis since January 2015 with a small action plan arising from these audits. For example, the care planning section of the audit appeared to be effective in improving care records and had been followed through to staff meetings where indicated it would be.

The scoring derived from the audit in each section was not fully understood and therefore inaccurately completed in some instances. For example, for March 2015 there were 21 reported accidents/incidents, 11 of which did not result in injury. This would indicate that 10 did result in injury but there was no provision in the audit to identify this conclusion. In the audit completed 30 March 2015 one of the actions was to 'discuss care plans at next staff meeting'. We looked at the minutes of the staff meeting on 27 April 2015 and found this had been done. This showed the provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others however, it was not robust.

We looked at the way accidents and incidents were monitored by the service. We found this system was not robust. Where documentation had been completed by staff and reported to the management team at the home we found the section requiring management input was often not completed and left blank. We also found that there was

Requires improvement

Is the service well-led?

no evidence of trend analysis however; each person using the service did have a 'log' of accidents/incidents. Trend analysis of incidents that may result in harm to people allows changes to their care and treatment to be made where needed. We felt improvements were required in this area.