

# **Progress Care and Education Limited**

# The Spinney

#### **Inspection report**

The Spinney
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Preston
Lancashire
PR5 6AQ

Tel: 01772629131

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#### Ratings

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

## Summary of findings

#### Overall summary

The Spinney is a residential care home which provides accommodation, personal care and support for up to three younger adults with learning disabilities, including Autism Spectrum Disorder. At the time of our inspection there were three people living at the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

We found that staff had been recruited safely and were aware of how to safeguard people living at the home from abusive practice. Staffing levels at the home were appropriate to meet people's needs. There were safe processes in place for the management and administration of medicines. This helped to ensure that people received safe care.

Staff had received appropriate training and had the knowledge and skills to provide people with safe care and to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems at the service supported this practice. People received appropriate support with eating and drinking and their healthcare needs were met at the home

People living at the home were encouraged and supported by staff to develop their life skills and be as independent as they could be. Visual aids and information provided in a pictorial, easy read format were used to help people to make choices and to support effective communication. We observed staff at the home communicating with people in a kind and caring way. Conversations were often affectionate and playful and we observed people smiling and laughing throughout our inspection.

Staff knew the people they supported well. We saw evidence that people received individualised care that reflected their needs and preferences. People were supported by staff to access a wide variety of activities and they went out into the community regularly.

Feedback had been sought from relatives who expressed a high level of satisfaction with all areas of the service. Relatives and staff were happy with the management of the service. At our previous inspection on 11 August 2014, we found a breach of our regulations relating to a lack of effective systems in place to monitor the quality of the service delivery. At this inspection we found that audits and checks of the service were completed regularly and were effective in ensuring that appropriate levels of quality and safety were maintained.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

Is the service safe?	Good •
The service remains Good	
Is the service effective?	Good •
The service remains Good.	
Is the service caring?	Good •
The service remains Good.	
Is the service responsive?	Good •
The service remains Good.	
Is the service well-led?	Good •
The service remains Good.	



# The Spinney

**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 checked 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 was a comprehensive inspection.

This inspection took place on 23 and 24 January 2017 and was announced. We gave the provider 48 hours' notice because the location is a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the information we held about The Spinney, including previous inspection reports and notifications received from the service. A notification is information about important events which the service is required to send us by law. We contacted five community health and social care professionals who were involved with the service for their comments, including two social workers and a consultant psychiatrist. We received feedback from one professional. We also contacted Lancashire County Council contracts team for information. None of the agencies we contacted expressed concerns about the care and support provided at the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person who lived at the home. It was not possible to gain the views of the other two younger adults living at the service due to their complex needs. We also spoke with one relative who was visiting the home. We spoke with three members of support staff, the deputy manager and the registered manager. Following the inspection we contacted two relatives by telephone for their views about the service

We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of two of the people who lived at the home. We also looked at service records

ncluding staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety and fire safety records.	



#### Is the service safe?

#### Our findings

The relatives we spoke with told us their family members received safe care. One relative said, "I'm very happy with [my relative's] care. Staffing levels are always good at the home". Another relative told us, "[My relative's] always kept safe and there are always enough staff".

The staff we spoke with understood how to protect people from abuse and were clear about the action they would take if they witnessed or suspected abusive practice. A safeguarding policy was available and the contact details for the local authority safeguarding team were displayed on the office wall.

We saw evidence that staff had been recruited safely and checks had been made of their suitability to support vulnerable adults.

Detailed risk assessments and risk management plans were in place for each person living at the home, including those relating to the environment, stranger awareness, behaviour and finances. We found that the risk assessments were detailed and provided information for staff about the nature and level of each risk and how best to support the person to reduce those risks.

We reviewed the staffing rotas for a three week period and found that there were sufficient staff on duty to meet people's needs. The staff we spoke with told us staffing levels at the home were always appropriate and this view was shared by the relatives we spoke with.

We found that there were safe and effective processes in place for the management of medicines. Records showed that staff who administered medicines had completed the relevant training and their competence to administer medication safely was assessed regularly. We observed one staff member administering medicines during our inspection and found that this was done safely and sensitively.

During both days of our inspection we looked around the home and found that it was clean and tidy. We noted that liquid soap and hand towels were available in communal bathrooms and toilets, which ensured that people living at the home and staff could maintain appropriate levels of hand hygiene and avoid the risks associated with poor infection control. The staff and relatives we spoke with told us that hygiene levels at the home were always good. One social care professional who provided feedback about the service commented that, "The house is always very clean and comfortable".

We noted that the people living at the home looked clean and seemed comfortable in what they were wearing. Staff told us that people received support with their personal care daily. Relatives told us that their family members were always clean and well dressed when they visited them.



#### Is the service effective?

#### Our findings

Relatives told us that staff at the home were able to meet their family members' needs. One relative said, "I'm happy with the staff. They have all the knowledge they need to meet [my relative's] needs and support him well". Another relative told us, "[My relative] is well looked after. Staff have the balance right between the support and structure they provide. [My relative] has lots of freedom".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. The staff we spoke with felt they had completed all the training they needed to support people living at the home effectively. They told us they could ask for additional training if they needed it.

People who lack the mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that appropriate procedures had been followed where it was felt that people living at the home needed to be deprived of their liberty to keep them safe. We found that capacity assessments had been completed and relatives had been involved in best interests decisions relating to their family members' care and support. The relatives we spoke with told us their family members' needs were discussed with them regularly and they were involved in decisions about their family members' care.

People's care plans and risk assessments included information about their nutrition and hydration needs, including any allergies and people's likes and dislikes. The relatives we spoke with felt that people were supported appropriately to eat, drink and maintain a balanced diet. One relative told us, "The staff encourage [my relative] to try new foods and to drink plenty. He needs prompting when he's anxious. The staff are very good". One person living at the home told us they liked the meals. They said, "The food's nice".

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We found evidence that appropriate referrals were made to a variety of healthcare agencies including GPs, mental health services, dentists and opticians.

One social care professional told us, "About the quality of service at The Spinney, I have nothing but praise. My client has made strong improvements in performance and livings skills in this placement. I know he is well cared for".



## Is the service caring?

## Our findings

Relatives told us that staff supported their family members in a caring way. One relative commented, "The main core of the staff [my relative] depends on have been consistent. That's very important to [my relative]. It takes time for him to trust them. The staff are caring. [My relative's] happy here. I can tell by the way he reacts to the staff". Another relative told us, "The staff are really caring. I've got real peace of mind that [my relative's] living in such a lovely place". One person living at the home told us he liked the staff. He told us he liked the manager and the deputy manager and named two staff who he told us were his favourite.

Staff told us that people living at the home were encouraged to be independent and to develop life skills. We saw evidence of this during our inspection, including people being encouraged and supported to clean their rooms and help with meal preparation. Staff told us they respected people's privacy and dignity, for example by giving them personal space when they wanted it and only supporting them when they needed it.

We saw evidence that people living at the home were encouraged to make everyday decisions such as what they wore, what they ate at mealtimes and where they went on trips into the community. We noted that visual aids were used to help people make choices and to support effective communication. We reviewed the service user guide which was kept in people's rooms. The guide was provided in an easy read, pictorial format and included information such as what to do if there was a fire and what to do if they were unhappy about something. This meant that people had access to information in a format they could understand.

During our visits we observed staff interacting with people in a kind, patient and sensitive way. Staff used affectionate language and were often friendly and playful with the people they supported. It was clear that the staff we spoke with knew the people living at the home and were familiar with their needs, risks, perferences and how best to support them. People living at the home moved around as they pleased and looked relaxed and comfortable in the home environment. We observed them seeking support from staff when they needed it. We saw lots of smiles and laughter during our inspection.



#### Is the service responsive?

#### Our findings

The relatives we spoke with felt that their family members received care that was individualised and reflected their needs and preferences. One relative said, "The staff provide very personalised care. They know [my relative] well". Another relative told us, "When I visit, I can see that staff know [my relative] well. They know what he likes and they try new ideas with him regularly".

The staff we spoke with were able to tell us about people's risks, needs, likes and dislikes. One member of staff told us that strategies to support people effectively when they were upset had been used well at the home. The staff member told us, "There's very little challenging behaviour here. The behaviour support strategies have worked really well with people". We noted that one person living at the home wore ear plugs as he struggled with noise and wore ear defenders in addition when he hoovered his room. He told us that he did not like noise and that the ear plugs helped. During our inspection we saw that people asked staff for support when they needed it.

We noted that each person living at the home had a weekly activities planner. Activities included local walks, shopping, cooking/baking, domestic tasks, trips to the library, gym, swimming, trampolining, horse riding and visits to the local pub. The relatives we spoke with were happy with the support their family members received with activities and getting out into the community. One relative told us, "[My relative's] social life is good. There are lots of activities. He likes walks and meals out and the staff know that". During both days of our inspection, each of the younger adults living at the home were supported by staff to go out.

A complaints policy was in place and included timescales for a response. The contact details for the Commission and the Local Government Ombudsman were included. The manager advised that there had been no complaints in the previous 12 months and the relatives we spoke with told us they had not made any complaints. One relative told us they felt their family member went to bed too early and they had raised this with staff and the deputy manager. We discussed this with the deputy manager and the registered manager who explained that this issue had been addressed previously and some progress had been made. They assured us that they would discuss the matter further with the person's relative. The deputy manager showed us a collection of thank you cards and emails from relatives. Comments included, "Thank you for all your hard work and dedication, our relative is living in a lovely place" and "The Spinney is a credit to you".

We noted that each person had a hospital passport in their care file. This included information about 'Things you must know about me, things that are really important to me and things I would like to happen'. This helped to ensure that relevant information about people's needs, risks and preferences was made available to hospital staff when people attended hospital.



#### Is the service well-led?

#### Our findings

At the time of our 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.

The relatives we spoke with were happy with how the service was being managed. One relative told us, "I'm very happy with the management. The manager and deputy are very approachable and the deputy manager is like a second mum to [my relative]". One person living at the home told us they liked the registered manager and the deputy manager.

The staff we spoke with were clear about their roles and responsibilities. They knew the people living at the home well and how to support them effectively. They understood the importance of person centred care and supporting people in a way that reflected their needs and their preferences. They felt that the home was being managed well. They told us, "The manager and deputy are very approachable. They have an open door policy, we can speak to them at any time" and "We've seen more of the new manager than we did of the previous manager. He's arranged cover when we've needed it and covered shifts himself when we've been short staffed".

We observed the deputy manager and the registered manager interacting with people who lived at the home and saw that they were friendly, caring and patient. They knew people well in terms of their personalities, preferences, needs and risks and were knowledgeable about how to support them.

Records showed that the service sought feedback from relatives about the care and support being provided at the home. We reviewed the results of the questionnaires issued to relatives in October 2016. A high level of satisfaction had been expressed about the service in all areas including staff knowledge, involvement in their family member's support and satisfaction with activities. Comments made included, "The staff continually strive to improve [my relative's] quality of life by introducing new opportunities to him. I cannot thank the staff enough for looking after [my relative] so well".

At our last inspection on 11 August 2014, we found one breach of our regulations, relating to a lack of effective systems in place to monitor the quality of the service delivery. There were no formal audits or checks of the service being completed by the registered manager or the provider. At this inspection we found that improvements had been made. A variety of audits were completed regularly by the deputy manager or the registered manager, including those relating to infection control, the safety of the home environment and the management of medicines. Where improvements were identified as necessary, action plans were in place. In addition, a service review had been completed by the regional manager for the service in October 2016. We found evidence that the audits being completed were effective in ensuring that appropriate levels of quality and safety were maintained.

Records showed that the service worked in partnership with other agencies including mental health

services, GPs and social services to ensure that people received high quality, safe care.