

Spennymoor Care Home Limited

# Spennymoor Care Home Limited

## Inspection report

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Date of inspection visit:  
05 January 2017

Date of publication:  
27 January 2017

## 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

Spennymoor Care Home is a large detached property in the Smithills area of Bolton. The home is registered to provide personal care and support for up to 19 older. This was an unannounced inspection that took place on the 5 January 2017. There were 19 people using the service at the time of the inspection.

We last inspected the service on 17 July 2015 and there were three of our key questions that required improvement. At the time of this inspection the home had two breaches of the Health and Social Care Act (Regulated Activities) Regulation 2014 in relation to governance and staffing. At this inspection we found that improvements had been made and the breaches had been addressed.

The home had a manager registered with the Care Quality Commission (CQC). The registered manager is also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. On the day of the inspection the registered manager was on annual leave. The deputy manager assisted with the inspection.

Staff were able to demonstrate their understanding of the whistle-blowing procedures and they knew what to do if an allegation of abuse had occurred.

We found people were cared for by sufficient numbers of staff who were safely recruited. We saw that staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

People who used the service and their relatives told us they felt the staff had the skills and experience to meet their needs. People were happy with the care and support they received and spoke positively of the kindness, compassion and caring attitude of the staff.

We found the systems for managing medicines were safe and we saw how the staff worked in cooperation with other health and social care professionals to ensure people received appropriate care and treatment.

Risk assessments were in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent the risk of cross infection. The service had scored 100% in the last infection control audit completed by Bolton Council in November 2016.

People's care records contained sufficient information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to reduce or eliminate risks. We saw that people and their relatives, where appropriate were involved and consulted about their care. This help to ensure the wishes of people who used the service were considered.

We saw that arrangements were in place to assess whether people were able to consent to their care and treatment. We found that some care records would benefit from more detailed information when relatives were acting in people's best interest.

The service was working within the legal requirements of the Mental Capacity Act (MCA) (2005). Deprivation of Liberty Safeguards (DoLS) authorisations were in place where required and staff were aware of the implications of these.

People's nutritional and hydration needs were assessed and recorded appropriately. We saw a selection of hot and cold drinks and snacks served throughout the day.

We saw that staff were kind and caring and there were good interactions between staff and people who used the service. People who used the service and their families were involved in discussions about the delivery of their care. Staff respected people's dignity and privacy.

People who were nearing the end of their lives were cared for, as far as possible, in accordance with their wishes.

There was a programme of activities at the home and people were encouraged to participate if they were able to. Some one to one activities were undertaken with people who were unable to participate in group activities.

There was an appropriate complaints policy and this was displayed throughout the home.

We saw evidence that audits were now being completed and follow up actions were being undertaken.

## 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 was safe.

There were enough staff on the day of the inspection.

Satisfactory recruitment procedures were in place.

People received their medication in a safe and timely manner.  
Individual and general risk assessments were in place.

The environment was clean and tidy and a recent infection control audit had been carried out by Bolton council infection control team.

### Is the service effective?

Good ●

The service was effective.

A induction programme helped ensure new employees were given appropriate training to work at the home. Staff had undertaken training in appropriate subjects.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Deprivation of Liberty Safeguards (DoLS) authorisations were in place where required.

People's nutritional and hydration needs were assessed and recorded where required.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and there were good interactions between staff and people who used the service throughout the day.

People who used the service and their families were involved in discussions about the delivery of their care. Staff respected people's dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information fully reflected the person's current needs.

In the event of a person being transferred to hospital, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The provider has systems in place for receiving, handling and responding to complaints.

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

The service was well-led.

Systems were in place to assess and monitor the quality of the service.

Staff spoke positively about working at the home. They told us the manager gave them help, support and encouragement.

**Good** ●

# Spennymoor Care Home Limited

## **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 inspection took place on 05 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the previous inspection report and notifications that we had received from the service. We spoke with the Local Authority commissioners of the service to seek their views about the home. They told us they had no concerns. We also received a copy of the enter and view report from Healthwatch. Healthwatch England is the national consumer champion in health and care. The report stated that the home was operating to a very good standard of care with regard to dignity and respect.

During the inspection we spoke with nine visitors, four people who used the service, three members of staff, the cook and the deputy manager. We did this to gain their views about the service provided. We looked around the home, looked at three care records, three staff files, management of medicines, training records and records about the management of the home.

# Is the service safe?

## Our findings

### Our findings

Discussions with the people who used the service, visitors to the home and the staff told us they felt there was enough staff on duty to meet people's needs. Staff told us, "Staffing levels are fine at the moment. We have a number of people who are able to move around the home on their own. Other people need more support".

We asked people who used the service if they felt safe and well cared for. One person told us, "I feel really safe living here. The staff are wonderful, they are very kind and caring", "They [staff] can't do enough for you. They are always smiling and the care they provide is 100%". "The staff are very respectful and considerate which in my book goes a long way". Another said, "There is no place like home, however this is the next best. I feel much safer being here as I was struggling at home on my own. All the staff are lovely".

We received positive feedback from visitors. Comments included, "Staff are very good at communicating information. They let us know immediately if [relative] is not well". "The staff do an absolute marvellous job". "I have no worries about [relative] being here, I can go away with peace of mind knowing how well they are looked after".

We looked at the recruitment files for three members of staff. We saw that the recruitment systems helped to protect people from being cared for by unsuitable staff. Files contained a completed application form, proof of identification and references. Checks had been carried out with the Disclosure and Barring Service (DBS). A DBS check identifies people who are barred from working with vulnerable people and informs the provider of any criminal convictions against the applicant.

We looked around the home and saw bedrooms, bathrooms, toilets, lounges, the dining and the kitchen were very clean and fresh. One person who used the service told us, "The home is very clean, my room is lovely, there are no nasty smells". A visitor told us, "The place is spotless".

We saw infection prevention and control policies and procedures were in place. Infection control audits were undertaken and infection control training was part of essential training. An infection control audit carried out by the infection control team from Bolton Council on 24 November 2016 and received a 100% score rating.

We saw that staff wore protective clothing of disposable gloves and aprons when carrying out personal care tasks and serving food. We saw that hand sanitizers, liquid soap and paper towels were available around the home. This helps to prevent the spread of infection.

Records showed that risk assessments were in place for general areas of the home. The records showed that equipment and services within the home were serviced in accordance with the manufacturers' instructions.

We saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used

the service. These were seen in the care records. We discussed with the deputy manager that a central grab file with all the updated PEEPs should be easily accessible in the event of an emergency. The deputy manager agreed to action this immediately following the inspection.

Suitable arrangements were in place to help safeguard people from abuse. Staff had received training in the protection of vulnerable adult. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse Staff spoken with were able to tell us what action they would take if abuse was suspected or witnessed.

Staff had access to the whistle-blowing procedures. Staff were able to tell us who they would contact outside the service if they felt their concerns would not be listened to.

The care records we looked showed that risks to people's health and well-being, such as poor nutrition and the risk of identifying pressure ulcers. Where necessary referrals had been made to the speech and language therapy team (SALT) and appropriate equipment such as pressure relieving mattresses were in place.

We looked at how medicines were managed. The service used the Biodose system. This is where medication is stored in a pod. Each pod contained either tablets or liquid. There was photographic identification on the front of each person's tray, this helped minimise medication mistakes. We saw medication was checked before offered to people and then recorded on the individual's medication administration record sheet (MARs). We saw that medicines including controlled drugs were securely stored. Controlled drugs were recorded in the controlled drugs register and these had been signed and countersigned when administered. Staff who administered medication had undertaken relevant training. We found there was a discrepancy on one person's medication administration record sheet (MARs) This was an error by the pharmacy, the deputy manager agreed to discuss this with the pharmacy immediately following the inspection and in the interim period had amended the MARs to inform staff.

We looked at audits and saw that the service were in the process of improving these to ensure they reflected a true picture and were followed up with actions in a timely manner. Audits we looked at included activities, accidents and incidents, dining room and care plans. These already evidenced better identification of issues and actions to address these.



# Is the service effective?

## Our findings

People who used the service and their relatives told us the staff had the right attitude, skills and experience to meet individual needs. One person told us, "The care is great, [relative] has not looked as well for a long time". Another said, "It's so difficult to find the right home, we feel very lucky that [relative] managed to get a place here. I am delighted with the care provided, the staff are lovely". Following our inspection we received written feedback from a relative who told us how good the home was.

We asked the deputy manager how they ensured people received safe care that met their individual needs. We were told that either the deputy manager or the registered manager undertook a full assessment of needs before people were admitted to the home. This was to help decide if the placement would be suitable and also to ensure the person's individual needs could be met by staff.

We saw consent forms in people's records for them to agree with their care. Some were signed by the person who used the service. We saw that some were not completed fully. If the person who used the service was unable to sign there needs to be clear documentation about the reasons for this and to what extent they had been involved in discussions and decisions.

We saw that the staff induction booklet that all newly employed staff completed when they first started work at the home. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and people who used the service. A recently employed member confirmed they had completed a full induction on starting work at the home. We also saw evidence of recent staff training. This included end of life care, fire awareness, dementia, safeguarding, infection control, first aid and moving and handling. Staff spoken with confirmed that they had received the relevant training to enable them to do their jobs effectively and safely.

We saw the service had achieved a 4 Star food hygiene rating by the food hygiene standard agency, the highest rating being 5 stars. Nutritional information for people had been recorded in their care records. We saw that people's weights were recorded on a monthly basis and all records we looked at were complete and up to date. We spoke with the cook who had a good understanding of people's likes and dislikes and any special diets for example pureed meals or diabetic diets. We observed the cook going round to people mid-morning asking people their preferred choice of the lunch options.

At lunchtime we saw the dining room tables were nicely set with table cloths and napkins. Staff were calm and efficient and people were given the choice of whether to sit in the dining room or the lounge for their meal. We observed staff sitting with people to assist them and this was done sensitively and discreetly. People we spoke with told us the food was very good, and the menu was varied.

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.

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 is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There was an up to date policy and procedure for MCA and DoLS. People who were subject to DoLS authorisations had completed paperwork within their files. Some staff had undertaken training around MCA and DoLS to ensure they had an understanding of the principles and how to apply them. Other staff spoken with had an understanding of MCA and DoLS and one person told us they thought they would benefit from training in this area.

At our last inspection we found that staff were not receiving formal supervisions or appraisals. In the staff files we looked at we saw that where required staff had received annual appraisals. The registered manager should continue with recorded supervisions to sustain these improvements.

# Is the service caring?

## Our findings

People who used the service, who were able to, told us they were happy and content at the home. We observed staff interactions with people who used the service and saw that these were friendly and respectful. During the day we observed that staff were sitting with people who used the service chatting about daily events. We witnessed people being cared for with dignity, staff ensured people were appropriately covered and offering support with personal care tasks in a discreet and polite way.

We noted that staff had a good understanding of the people they were caring for and their personal requirements. Information was recorded within people's care plans to help guide staff in how to administer care. Staff we spoke with were able to explain people's particular care requirements and how they were supported.

We saw that the people who used the service were presented well and looked clean and well cared for. People were dressed appropriately and all were wearing either slippers or socks to help ensure they were warm and comfortable. The hairdresser attended the home on Tuesdays and most people had visited the hairdresser the week of our inspection. We saw that care and attention was given to hand and nail care, most ladies had nail varnish on.

The care plans we looked at evidenced involvement of people who used the service and their relatives in the care planning process. Some relatives had contributed to life stories and background information for inclusion in care plans, which helped staff understand each person better as an individual.

There were no restrictions of visiting times, however visitors were asked to try and avoid mealtimes when visiting. Visitors were made welcome on arrival at the home and were offered refreshments. One visitor told us, "I come at all different times and have never seen anything I would give me cause for concern". We observed a significant number of visitor during the day and spoke with most of them. All expressed praise and positive comments about the care and commitment from all the staff. One said, "The care given to people living here is wonderful".

We asked the deputy manger about how staff cared for people who were ill and at the end of their life. The deputy manager was the home's end of life champion and shared their knowledge with other staff. The deputy manager had completed the Six Steps end of life training. The Six Steps programme guarantees that every possible resource is made available to facilitate a private, comfortable dignified and pain free death.

Care plans we looked at evidenced discussions about advance care planning to outline people's preferences as they neared the end of their lives. People were involved in discussions about their preferences in this area, if they were able to express themselves. Relatives were involved where appropriate. We saw that, if people did not wish to discuss this, their decision was respected.

## Is the service responsive?

### Our findings

We saw that staff responded swiftly and efficiently to people's needs. Comments made included, "I am looked after very well" and "They get the doctor out for me if I am not well".

We looked at the care records for three people who used the service. The care records contained enough information to guide staff on the care and support to be provided. There was good information about people's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs.

We looked to see what activities were provided for people. There was a plan of daily activities displayed, these included arts and crafts, gentle armchairs exercises, dominies and manicures. There was a record in people's care record of the activities they had been involved in.

There was an appropriate complaints policy in place and this was displayed prominently around the premises. There was a complaints file to record and log any complaints or concerns received. There were no complaints documented. We asked people who used the service if they knew how to make a complaint. One person told us, "I would speak with the manager if I have any complaints. There is nothing to complain about here. The staff are lovely and we are well cared for". Another said, "I have no worries or concerns, the home is well run and the girls are kind and considerate". A relative told us, "I have been in other homes, this is the best, it's homely and all the staff are great. They do everything they can to make [relative] as comfortable as possible".

We saw that the service had received a number of compliment cards from relatives thanking the registered manager and staff for the care and support provided by the home. Comments included, "I cannot thank you all for the care, love and attention you not only gave to [relative] but also to my family. Spennymoor is truly a home. A home in which my [relative] felt secure, loved and cherished. The dedicated staff go above and beyond". Another said, "To all the staff at Spennymoor. Thank you for all the magnificent care and attention you gave to my [relative]. Words can never express the depth of my gratitude. Another said, "Thank you for all the love and care that you gave to my [relative] over the last few years". The relative had scored the home in the format similar to CQC ratings for care, quality, comfort, cleanliness, catering, coffee and friendship, all scored as good.

Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

In the event of a person being transferred to hospital, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

## Is the service well-led?

### Our findings

The home had a manager registered with the Care Quality Commission (CQC). The registered manager is also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. On the day of the inspection the registered manager was on annual leave. The deputy manager assisted with the inspection.

Staff spoken with spoke positively about working at the home and that they were supported by the management team. One member of staff told us, "If I had a problem I would go to the manager or the deputy manager"

The staff turnover was low with some staff having worked at the home for a number of years. This helped to provide continuity of care for people living at the home.

We were told that formal team meetings were held. Minutes of the meetings were available. The registered manager operated an 'open door' policy at the home so that people could approach them at any time. People who used the service and their relatives confirmed there was always senior management available to speak with.

We asked the deputy manager how the service monitored and reviewed the quality of the service to ensure that people received safe and effective care. We were provided with evidence of some of the quality check. At our last inspection we found that audits and checks were not being recorded. At this inspection we saw improvements had been made and audits and checks were being documented. These included: medication (another audit was due), infection control, hand hygiene, environmental checks, bathrooms and laundry. The registered manager should ensure that the improvements made to the quality monitoring are sustained.

We saw maintenance checks for the service including fire equipment, gas and electrical, lift and hoists had been undertaken and certificates were valid.

We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.