

Milford Care Limited

Spencer Grove Care Home

Inspection report

Springwood Gardens
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Date of inspection visit:
27 July 2016

Date of publication:
27 March 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

Spencer Grove is registered to provide personal and nursing care for up to 68 older adults, which may include some people living with dementia. This inspection was unannounced and took place on 27 July 2016. At the time of our inspection there were 58 people living there.

There was a registered manager at this service. 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. At our last inspection in January 2014 the provider was fully compliant in all areas inspected.

During our inspection visit we observed that staff were friendly and approachable. They spent time sitting with people to offer them comfort or stimulation. We observed staff delivering care which met people's individual needs and which supported them in a respectful and appropriate way.

There were training and processes in place for staff to follow to keep people safe and staff followed these. People's physical and mental health was promoted. Staff were trained to care for people living with dementia. Medicines were stored appropriately and were administered and recorded as prescribed.

We saw staff ensured people were comfortable and had a familiar object such as a photograph or a magazine that offered them comfort or stimulation. We saw people were supported in a relaxed and unhurried manner. Staff were caring and communicated well with people. However, lunch for people on the ground floor was more relaxed and more of an occasion than for those on the top floor.

Staff focused on people they were caring for rather than the task they were carrying out. Staff spoke in a positive manner about the people they cared for and had taken the time to get to know people's preferences and wishes. Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support.

People's privacy was respected. People had their independence promoted. Where possible they were offered choice on how they wanted their care delivered and were given choices throughout the day. Staff responded to body language of people who were without verbal communication.

People were supported to maintain relationships with family and friends. Visitors were welcomed at any time and were invited to join their family member for meals so that family time could be enjoyed. Records we looked at were personalised and included decisions people had made about their care including their likes, dislikes and personal preferences. There was a varied activity programme for people based on individual and group preferences. Suitable occupation was offered to people living with dementia. This included reminiscence and other therapies. Activities also included one-to-one time and outings, or time

in pursuit of personal hobbies or interests

People, relatives and staff spoke very highly of the registered manager and felt the home was well-led.

The service was managed in an inclusive manner. People and staff had their wishes and knowledge respected. Staff were aware of their roles and responsibilities for people's care. The registered manager had systems in place to review the service and to ensure the service responded to ongoing needs of people.

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.

Staff knew how to keep people safe and how to report any concerns. Risks were identified and managed which meant people were kept safe from potential harm. There were systems in place for the storage and administration of medicines. Staff understood these and administered medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received training to meet the varied and specialised needs of people using the service. Staff knew people and their individual care needs. People's nutritional needs were understood and met. People were supported to ensure their physical and mental health was promoted.

Is the service caring?

Good ●

The service was caring.

Staff knew what was important to people. The manager and staff ensured important aspects of people's lives were recognised and responded to. Staff were caring and compassionate and spent time sitting with people. They ensured people were not isolated and had the opportunity to have an enjoyable experience while using the service.

Staff ensured they always had people's consent, either verbally or by understanding their body language prior to assisting them. They ensured the privacy and dignity of people using the service was always promoted

Is the service responsive?

Good ●

The service was responsive.

Staff assisted people and their relatives, where possible, to draw up their own care plan. The care plans were informative, easy to read and easy to obtain information from.

People were offered the opportunity to participate in their interests. They were offered stimulation and the home used recognised therapies to occupy people living with dementia.

Is the service well-led?

Good ●

The service was well led and there was a registered manager in post.

People and their needs were put at the centre of the service. This created an open culture that invited the opinions of people, relatives and staff. This left people, relatives and staff feeling valued. Staff felt supported by the manager who was available to staff for support and guidance. There were quality assurance systems in place.

Spencer Grove 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 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.

The inspection took place on 27 July 2016 and was unannounced. It was carried out by one inspector and one specialist advisor whose speciality was the care of older people.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Also before the inspection visit we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As some people were living with dementia at Spencer Grove, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with six people and four relatives. We spoke with four staff members, senior managers from the provider and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at four staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People who lived at Spencer Grove told us they felt safe. One person said, "Oh my it is just as safe as it gets." Another said, "It's as safe as houses. Yes you can see and feel how nice and safe it is here." A third person said, "The staff are always around, we are as safe as houses." A relative told us, "They look after [relative] so well." Another said, "We never have to consider safety, we know it as safe as possible."

Staff were trained to keep people safe and how to recognise and respond to signs of abuse. Staff told us, "We know we are the only ones some people have, so we have to keep them safe." Another said, "That is the most important thing we do, the manager makes sure we know what to do if we are worried".

All the staff we spoke with said they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to do this. All knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns until they were sure the issues had been dealt with. The registered manager was aware of their duty to report relevant incidents of concern to the local authority and to the Care Quality Commission and had done this.

The service was proactive in assessing and managing risk. People had individualised risk assessments which looked at risks to their health and well-being. Each assessment identified the risk to people, the steps in place to minimise the risk and the steps staff should take if an incident occurred. Risk assessment was ongoing and we saw that where possible people were included in identifying and managing risk to them. For example, staff were given step by step direction on how to move people safely. We saw people were assisted to move safely and records showed people whose mobility was restricted were turned on a regular basis to ensure skin breakdown was minimised. The equipment used to assist people to stay safe was well maintained. These included pressure relieving mattresses and hoists. People who needed assistance with moving provided with their individual sling. People were provided with wireless pendants to call for assistance should this be necessary.

People who were prone to falls were reviewed on a regular basis. This ensured that the level of risk to people was still appropriate for them. Staff understood and respected people's right to take reasonable risks so that their independence was promoted. The garden was accessible to all people. People who were living with dementia were closest to the garden to ensure they could see out and more easily be encouraged to spend time in the fresh air. It was made safe by having an even surface and an abundance of sitting areas, this allowed people to use the garden in a safe manner.

There were risk assessments for moving and handling, risk of pressure areas, falls and malnutrition, and there was evidence that these risk assessments were reviewed and people's weight was monitored on a monthly basis. We saw that staff understood the risk to people and followed written risk reduction actions in the care plans. There were systems in place for staff who cared for people on a daily basis to input their observations on people's safety and welfare.

People were protected from risks posed by the environment because the provider had carried out

assessments to identify and address any risks. These included checks of window restrictors, hot water and fire systems. The provider had contingency plans for staff to follow in the event of an emergency such as a gas or water leak. Staff were aware of these plans and what they needed to do. This enabled staff to know how to keep people safe should an emergency occur.

The registered manager used a recognised tool to assess staffing levels. We found this was effective and there was enough staff around to call on should people need assistance. People we spoke with confirmed this also. This meant staffing numbers and the deployment of staff met the needs of people and kept them safe. This approach to care protected people from avoidable harm.

We found thorough recruitment procedures in place. These ensured the staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. We saw from staff records that they did not commence employment until all the necessary checks were completed.

People's medicines were administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols (medicine plans) were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). Routine reviews by psychiatrist, community nurses, annual reviews by the GP and diabetic clinics were carried out.

Is the service effective?

Our findings

People told us they were happy with the way staff cared for them. One relative said, "In all the time [relative] has been here I never had to worry about her. They look after her so well." They (the staff) are the best group of girls you could meet." A person said, "I love it here, I can have my own privacy and I can come into the sitting room when I feel like a bit of company. No one minds as long as you are happy."

Staff we spoke with understood the requirements of the Mental Capacity Act (MCA) and the importance of acting in people's best interests. The assistant manager told us how they put the principles of the MCA into practice when providing care for people. Records we looked at showed where people lacked capacity to make a decision about their care or support, mental capacity assessments had been completed and decisions made in their best interests.

The 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.

The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. 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 saw that they had done this appropriately and were in the process of assessing and referring a number of people for a DoLS assessment. This meant that people's rights were protected.

Forms in relation to 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) were included in four people's care plans. These had been completed by the visiting GP, in conjunction with people or their representatives.

Those people without family or representatives had access to advocates who gave independent advice and acted in their best interest.

Staff told us they were happy working in the service and that they felt supported. They said training was a "Biggie we all have to do it." One staff member who had worked in several other services said, "The training was such a shock, but in a good way." All the staff we spoke with including the registered manager enjoyed training and they were able to tell us how it helped them to change their practice and improve the care they gave to people. They said this was especially true of the advanced dementia training (validated by the University of Sterling) they were completing or had completed. They said it had helped them get an understanding of how the condition effected people's behaviours and therefore helped them to offer better care. For example, a person who fell because they forgot to use their frame, following the training staff devised a method of assisting them. Staff received extensive training in end of life care. Staff said there was

always something to learn and they were encouraged to share experiences to enhance people lives.

New staff received induction training before they cared for people. This included time to get to know people through interaction and by reading all the information the home held on them including care plans and risk assessments. The staff we spoke with, were confident their training had given them the required skills to be able to care for people. Records we looked at confirmed that staff had access to a variety of training courses felt necessary by the provider and the local authority. This included end of life care, validated by Derbyshire County Council and Macmillian Derbyshire end of life service. The service had recently achieved the Derbyshire End of Life Quality Award.

Nursing staff were supported to complete their professional revalidation of their professional qualifications so that they can continue practicing as a nurse.

The registered manager and staff confirmed staff supervisions and appraisals were taking place on a regular basis. Supervision is a supportive meeting held with a senior staff member and an individual or group. We saw team meetings took place regularly and staff said they were very useful and good for keeping up with changes in care practices and training available. This meant that staff had been supported to deliver effective care to meet people's needs.

People told us the food was good. One person said, "If it's Friday it's fish and chips; I love fish and chips." We saw they ate all their meal and were offered more." People had access to drinks and snacks throughout the day. They told us they had 'themed meals' the most recent was a 'trip to the sea side.' This was fish and chips and ice cream eaten outside in the garden.

People were assisted to eat in a manner that encouraged them to have optimum nutrition. This included preparing a soft diet for people or where people had swallowing difficulties pureed food. The service referred people for an assessment with swallowing difficulties to the appropriate health care professionals and then followed their advice and guidance.

People with poor appetites were identified and were gently encouraged to eat. One person said they had just had breakfast and they would eat later. Staff said this would not be a problem. This showed people were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes.

The service was visited monthly by the local GP and district nurse. People were supported to have good health. Opticians and staff who supported good foot health visited the home on a regular basis. This meant people were supported to have optimum health. We spoke with a visiting health care professional who assured us their directions were always followed and they were called to the service appropriately.

Is the service caring?

Our findings

People told us staff were caring and very kind. One person said, "You couldn't get nicer more caring staff." A relative said, "I have never seen anyone being unkind." Our observations supported this. We saw staff show kindness and compassion to people. For example, one person was showing signs of confusion. We saw staff talk to them until they understood what they wanted and then the staff assist them until they were settled.

The provider a recognition scheme for all staff, called 'the extra mile award.' This is used for residents and relatives to nominate staff that they feel have gone the extra mile in their role and provided excellent levels of care.

People showed signs of being happy with their care. We saw people smile and laugh and joke with staff and each other. We saw staff offer people's relatives a drink and snack so they could share time together. The service provided a mobile shop to allow people to continue to shop for their toiletries and snacks. People said they like this.

People's independence was encouraged. For example, the doors to the garden were open and there was comfortable furniture for people to use. We saw people walk outside and use this. One person said, "I like the garden, I don't mind the weather," and another said, "This is such a lovely place I really like being out here."

People told us staff always check with them before starting their care. One person said, "Of course they ask." A relative said, "They know exactly what [relative] wants, even though it takes a long time they do what is important for [relative]." We saw staff get people's permission before they moved them in their wheelchair. Not all people we spoke with remembered if they were involved in care planning however all said they were happy with the care. Relatives were able to confirm that care planning was conducted in an inclusive manner. People who did not have a representative had access to an advocate service. At the time of the inspection visit no advocates were needed. This helped ensure their views were sought and where possible respected.

Staff created a pleasant environment for people to eat their lunch. They did this to encourage people to eat well and to enjoy the occasion and make lunch one of the highlights of the day. People who normally stayed in their rooms liked to have lunch in the dining room. One said, "I love my room and my personal space, but it's nice to have lunch with everyone and have a bit of a gossip."

Staff were continually kind and compassionate and continually got people's consent to care before they offered assistance. We saw staff ensured they knew people's needs and wishes before proceeding. For example they repeated what they understood the person to have said to ensure they knew what was needed. We saw people smiled to show staff had got it right. People's skills were respected and staff encouraged people to do as much as they wanted or could do.

People's independence was promoted and staff were aware of the effort some people had to put into

everyday living. For example they said if it took a person 30 minutes to button their shirt they would not correct it, if for example it was buttoned wrongly. Instead they would congratulate the person on the task they had completed. This approach meant people were more inclined to continue to dress themselves for as long as possible.

Staff communicated with people effectively and used different ways of enhancing communication by touch, ensuring they were at eye level with those people who were seated, and altering the tone of their voice appropriately.

Is the service responsive?

Our findings

People had their needs assessed and a plan of care drawn up to assist staff to look after them.

Two people and one relative said the staff made sure they go through the care needed together so the staff can be sure they or their relative were been cared for as they wished. The plans included information on people's care needs, how they communicated, what their behaviour may indicate and detailed how people wished to be supported. People and their relatives had also been included when the plans were developed and updated. This ensured the care delivered was what people wanted.

Care plans were easy to read and to follow. They contained clear and concise directions to staff on the delivery of care, how best to deliver it and how to keep people safe and well. This included daily records of people's care and welfare. For example how wounds were managed. Daily turning records were up to date and were fully completed. This ensured staff had up to date information on how to care for people. Staff were proactive in caring for people, for example, the records showed people's skin was routinely 'blanch' tested. This is a simple test which involves pressing on the area with your finger and can proactively identify skin integrity issues.

As well as their care needs, staff were aware of people's interests and hobbies. The care plans included people's social care plans. For example some people were assisted in their interest in gardening, others were assisted to enjoyed crafts and other activities such as baking and chair based exercises. Staff knew what was significant to people in assisting them to live well. There was specialised staff who ensured people were supported to pursue their hobbies and interests. Special care was taken to ensure people who were living with dementia were assisted to engage with their surroundings. We saw they had objects nearby that were important to them and gave them comfort. If people were unable to leave their chairs they could see items and memorabilia relating to the royal family and items they would recognise from their past to engage them. Staff had drawn up personal histories to enable staff to understand what was important to people.

Some people were also supported with quieter activities such as jigsaws and reading. Families and friends were welcomed to the home at all times. The service was proactive in assisting people to stay in touch with families and friends via IT systems such as Skype. This approach to care helped to ensure people had the opportunity to live a full life.

Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift. Records supported this. This meant staff were made aware of changes in people and were able to respond appropriately.

There was a complaints process in place. The provider was proactive in receiving feedback people, their relatives, healthcare professionals and staff. The registered manager was open to listening and making changes, before they became a problem. For example the registered manager had an open door policy. They also chatted to all people on a daily basis to ensure they were happy with their care. Details on how to make a complaint were freely available. At the time of the inspection there were no outstanding complaints.

The registered manager was available to people and staff and issues were resolved with minimum fuss without them escalating. The service had many complements of the care they offer or have offered in the past.

Is the service well-led?

Our findings

The service had a registered manager. They had a quality assurance system in place to ensure all aspects of the service were reviewed by the register manager and the provider on a regular basis. This included reviewing care plans, risk assessment, how people's medicines were administered and ensuring the environment was safe and hygienically clean.

The provider also had a proactive approach to managing the service. For example there was electronic equipment in place to review how long it took staff to answer call bells and how long the responsive call took overall. This information was part of the information used to inform staffing numbers and the deployment of staff. This approach to management of the service helped ensure people using the service had optimum care and their welfare was at the centre of how the service was managed.

The service had a learning culture. Staff were empowered to address poor practice as they encountered it. This was done in a manner that promoted good care and staff said they appreciated being told if they got something wrong. All staff were aware of the need for training and had an open mind to new learning.

The registered manager ensured staff had the training they needed to care for people in a manner that recognised and met their needs. They had recently launched a programme to ensure nursing staff met the requirement for their re-validation to continue to practice as a registered nurse.

There were residents and staff meetings. The staff meetings included how to keep people safe and how staff should respond should they have concerns about how people were cared for. This included ensuring staff understood their duty of care to people under the provider's whistleblowing policy. Resident's meetings were held on a regular basis. Menus were reviewed and outings and events planned. They were currently looking at Christmas celebrations in the service.

Staff said they felt well supported and had sufficient guidance from senior staff on how to meet people's needs. They said the senior staff provided advice and guidance to care staff when required and were always willing to see a person if there were any concerns. We saw the staffing group worked well as a team and ensured people received optimum care.

Staff said that the registered manager was very approachable, supportive and receptive to new ideas. They spoke positively about working in the service and said that the team is really good and staff worked well together. This helped ensure people were receiving care to match their needs and wishes.

The registered manager was aware of their duty to report incidents to CQC. A review of evidence held by CQC supported this.