

Panchadcharam Jegamuraleetharan Spencer House

Inspection report

Spencer Road
Birchington
Kent
CT7 9EZ

Tel: 01843841460

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26 July 2019

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29 August 2019

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

About the service:

Spencer House is a residential care home providing accommodation and personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

People's experience of using this service:

People were treated with kindness, respect and compassion. We saw staff listening to people, answering questions and taking an interest in what people were saying.

People were supported to express their views and be actively involved in making decisions about their care and support. People's privacy, dignity and independence were respected and promoted. One person said, "I cannot fault it here, I am safe, happy and content living here."

People were protected from abuse. Staff received regular safeguarding training, knew how to identify potential signs of abuse and knew how to report concerns. Risks to people and the environment were assessed and minimised. Risks associated with people's care had been identified and appropriate risk assessments were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider policies and systems in the service supported this practice.

People's needs were met by the adaptation, design and decoration of the service.

People had good relationships with staff, who were knowledgeable of their support needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs. If needed, they sought advice from relevant professionals.

There were enough staff to keep people safe and meet their needs.

The registered manager recruited staff with relevant experience and the right attitude to work with people. New staff were given an induction and all staff received on-going training.

People's needs were assessed, and their care was delivered in line with current legislation.

People felt included in planning their care. The care plans used were consistently reviewed and updated.

Care planning informed staff what people could do independently and what staff needed to do to support people.

People could involve relatives and others who were important to them when they chose the care they

wanted.

People told us they were listened to by the management of the service.

Staff supported people to maintain a balanced diet and monitor their nutritional health. People had access to GP's and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Medicines were stored and managed safely. There were policies and procedures in place for the safe administration of medicines. People received their medicines when they needed them from staff who had been trained and competency checked.

People were protected by the prevention and control of infection.

People felt comfortable raising any complaints with staff and the registered manager.

People were asked for feedback about the service they received.

People said the registered manager was approachable and supportive.

Accidents and incidents were reported by staff in line with the provider's policy, and the registered manager took steps to ensure that lessons were learned when things went wrong.

The provider and registered manager made sure they monitored the service in various ways to ensure they continued to provide a good quality service that maintained people's safety.

The provider, registered manager and staff were working with a clear vision for the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was rated, 'Requires Improvement' at the last inspection (published on 25 July 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At this inspection, we found the service met the characteristics of 'Good' in all key questions.

Why we inspected:

This was a comprehensive inspection scheduled based on the previous rating.

Follow up:

We will continue to monitor the service.

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led
Details are in our Well-led findings below.

Spencer House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector and an Expert by Experience carried out this inspection on the 25 and 26 July 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Spencer House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Spencer House accommodates up to 25 older people in one adapted building. At the time of the inspection 19 people were living at the service.

The service had a manager registered with the Care Quality Commission. This means that they together with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a comprehensive inspection and was unannounced.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last comprehensive inspection on 13 and 14 June 2018. This included details about incidents the provider

must notify us about, such as abuse or serious injury.

We used all of this information to plan our inspection.

During the inspection, we spoke with 13 people that used the service and four relatives of people that used the service. We spoke with the provider, the registered manager, three staff and the activities organiser. We reviewed a range of records. This included four people's care records and medicine records. We also looked at three staff recruitment records, assessment, supervision and support records and reviewed records relating to the management of the service, staff training and policies and procedures.

After the inspection we continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People told us they felt perfectly safe when being supported by staff.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had now improved to Good.

This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess and monitor the risks relating to the health and welfare of people as accidents and incidents had not been recorded and analysed to identify any trends or patterns. Since our last inspection the registered manager had kept comprehensive records of all accident and incident together with any actions taken to reduce risks. We found that improvements had been made.

- A system was in place to record accidents and incidents. Accidents and incidents were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong. Actions were taken to reduce the risk of recurrence.
- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person said, "They (staff) look after us admirably and always have our safety top of the list." One relative said, "Mum is most importantly safe now that she is living here, but she is also well looked after and happy too."
- Staff knew how to identify different types of abuse and were confident that any concerns they had would be managed appropriately by the provider and registered manager. People and their relatives knew who to contact outside of the service if they had concerns, for example, social services safeguarding team.
- Training was on-going, so staff could keep up-to-date with changes to legislation and best practice. The registered manager and provider liaised with the local authority safeguarding team when required.
- Staff were able to provide examples of pro-active actions they had taken to protect people from bullying and harassment. When we spoke to staff they were clear about how important it was to ensure that people were protected and the steps they had taken to protect people were evidenced in people's support plans and other documents.
- Staff were supported to understand how they could 'whistle blow' to external organisations such as social services if they had concerns. Staff told us that they had not had any concerns about people's safety.

Assessing risk, safety monitoring and management

- The risks involved in delivering people's care had been assessed to keep people safe. Risks to people and the environment were assessed before people moved in. The assessments included assessing and recording actions to reduce risks. Staff assessed people's mobility, nutrition and health needs and staff

knew what actions to take to minimise risks. For example, if people needed support with mobility. The care records included instructions on what action to take if any changes in mobility were noted.

- Individual assessments were carried out for those who required it. This included how to support a person who may only wish for female staff to support them with personal care.
- The maintenance of the premises was planned to reduce risks. The premises needed refreshing and the provider had prepared a twelve month improvement plan. Small repair works were attended to promptly.

Using medicines safely:

- Processes were in place to make sure people received their medicines safely. People's ability to manage their own medicines was assessed before they were admitted to the service. People were supported when taking their medicines. One person said, "I always get my medicines on time and help when or if I need it.
- Medicines were stored safely and were currently being re-located in order to provide a larger storage area that was secure.
- Staff described how they kept people safe when administering medicines. 'As and when' required medicines (PRN) were administered in line with the provider's PRN policies.
- Processes were in place to safeguard people and staff when medicines were being administered. Staff supporting people with medicines had undertaken medication training.
- End of life care medicines were in place as and when needed.

Preventing and controlling infection

- People were protected from the risk of infection. There were daily, weekly and monthly cleaning schedules which were followed by staff.
- Staff were provided with infection control training.
- There was a legionella risk assessment in place and water temperatures were checked regularly. This ensured that water quality was maintained and reduced the risks of exposure to waterborne illness.
- The kitchen and food storage areas were clean and free from clutter that could cause bacteria to build up. The dining space was clean.
- People and their relatives told us that although the service was not modern or newly decorated or renovated, they were pleased with the cleanliness of the service and told us that their rooms were cleaned thoroughly daily.

Staffing and recruitment

- There continued to be enough staff to keep people safe. One person told us, "I can always use my bell and that makes me feel safe because someone will always come when I use it." During the inspection, staff answered call bells quickly.
- Staff were able to spend time with people in the communal lounges and in the garden. Duty rotas showed that any holiday or sickness had been covered and that staffing levels had been constant. Staff confirmed that the staffing levels were constant and if required, such as staff sickness, registered manager or provider would provide support. The registered manager was able to deploy more staff as and when people's needs changed.
- Staff continued to be recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable. We reviewed four staff files for the newest members of staff and evidenced that a robust recruitment procedure was in place. Most staff had worked at the service for several years.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection the recording of decisions was an area highlighted for improvement. Since our last inspection the registered manager has kept comprehensive records of any decisions made. We found that improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and found that they were. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. We observed people choosing where they wanted to go, what they wanted to eat and what they wanted support with. Staff were respectful of people's choices and decisions.
- Where people did not have the mental capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests. The registered manager recorded this information clearly in the plans of care for the individual.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs and choices had been assessed before they received any care, so that care achieved effective outcomes in line with guidance.
- Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care. One person said, "The staff are very well trained and look after my every whim."
- We evidenced from the staff training records and staff confirmed that training had been updated and was regularly undertaken.
- Staff received a mix of online and face-to-face training regularly, including subjects such as first aid, fire safety and health and safety. When people had specific needs, staff were provided with specialist training in

order to effectively care for them. For example, dementia awareness.

- Staff received supervision and an annual appraisal and told us they felt well supported. Staff continued to have the support they needed to enable them to develop into their role with the skills and confidence required to support people well.
- Staff we spoke with had good knowledge and understanding of their role and how to support people effectively.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People's health needs were assessed in line with guidance from the National Institute of Clinical Excellence (NICE) which states that risks to people's health such as skin damage, falls and malnutrition should be assessed using a recognised tool. Each person had an assessment for nutrition, falls and skin integrity and the results were used to plan the person's care.
- Staff continued to support people very well with their health needs.
- People had access to healthcare to maintain their health and well-being. We saw in people's support plans that they had accessed services such as GP, dentists, and dietitians. One person said, "We can see our GP whenever necessary and they do not make you wait or hang about. It is always just booked for us."
- When needed external support and equipment had been secured promptly and helped people continue to live independently and safely. For example, supported to access equipment to help people to move around safely.
- Staff knew people well and people's health continued to be regularly monitored. For example, staff supported some people to check for signs of ill health or injury when they were unable to do this for themselves. Where people needed to monitor their weight to stay well they were weighed regularly and changes were recorded. This information was recorded and monitored by staff. If there were concerns about the persons weight staff told us that they would contact the relevant health professional.

Supporting people to eat and drink enough to maintain a balanced diet

- People said, "The meals are top class, I could not ask for more" and "We have plenty to eat and drink whenever we want it and cook will always add a little something or other if we ask." Relatives said, "There is always a good choice of meals on offer" and "They (staff) make sure mum has enough of what she likes and sneak in the good stuff to keep her a balanced diet."
- People did not always require assistance with nutrition or hydration. People were able to choose what they ate and when they ate, although staff encouraged people to eat at regular times in order to remain healthy.
- Staff told us that sometimes people would eat the same meal and other times they all ate different things and staff supported them to do so.
- Staff spoke kindly to people and prompted them when needed support with eating.
- Where people were at risk of choking whilst eating staff had made a referral to the speech and language therapy team (SaLT). There was clear guidance for staff on how to support the person to manage this risk.

Adapting service, design, decoration to meet people's needs

- Spencer House is a large converted house that has been adapted to meet the needs of people living at the service. There were stair lifts so that people could access the upper floors.
- The providers had continued to adapt the house. A new bathroom had been completed recently on the ground floor which included an easy access shower and bath. The provider had further improvements planned.
- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.
- The garden was secure and accessible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff continued to treat people with compassion and kindness in their day-to-day care. Staff spoke calmly and patiently to people with language that was appropriate to their needs. Staff told us they knew people well, it was a small service and staff said people received consistent support.
- People were comfortable and at ease in the company of staff. The atmosphere at the service was relaxed and calm. People said, "The staff always go out of their way to be helpful and friendly and keep us safe and happy living here" and "The care is fantastic, we have a good laugh and a lot of care."
- Staff sought accessible ways to communicate with the people they supported as some people needed support to communicate and express their views. Staff had worked with people to identify how they wanted to communicate and how best to support them. We observed that staff would communicate with people about what they were going to do before they did it. This was detailed in care plans which explained when people needed reassurance.
- People were asked about how they wanted to be supported to meet their equality and diversity needs such as support relating to their religion or sexuality. One person said, "I am spoilt here, we all are. The staff are kind, caring and really do want to make out lives meaningful and happy."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support. People said, "I am, always listened to and know they care about my opinions and what I say" and "I do feel well cared for. I feel that I am listened to and that they (staff) take heed of my ideas and thoughts."
- Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care. One relative said, "I feel welcome at all times day or night. It is the little things that count like a cup of tea and biscuit without having to ask. Being told how he is doing in detail and always knowing us when we arrive."
- If people did not have relatives to support them, the management team would refer to external advocates for support. Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to be as independent as possible. Care plans considered people's strengths

and abilities, such as how they took part in making decisions about their care, or what aspects of the care they could complete themselves.

- People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support. One relative said, "The staff are simply amazing and so very caring and thoughtful and very aware of the person's privacy and dignity."
- People at the service were being supported to maintain independence.
- The registered manager made arrangements which ensured that private information was kept confidential. Care and staff records containing private information were stored securely at the office when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff told us they would not share information about a person without their consent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control At the last inspection there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to maintain accurate, complete and contemporaneous records in respect of each person. Since our last inspection we found that comprehensive records had been maintained. We found that improvements had been made.

- People continued to receive support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a personalised way.
- Family and friends who were important to people were recorded in the care plan. For example, different family members such as brothers and sisters as well as close friends who played an important role in people's lives. Support networks were clearly set out so that staff knew the relationships and who to contact.
- Care plans were regularly reviewed and any change in information was updated immediately by staff.
- Care plans were drawn up with people, taking into consideration information and advice from health professionals such as district nurses and occupational therapists.
- The provider met the principles of the accessible information standards 2016 (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in easy read format when appropriate and staff supported people to understand information.
- Staff knew people well and how they liked to be supported, staff described how they supported people and this was observed during the inspection. People we spoke with confirmed that staff supported them in the way they preferred.
- People took part in activities they enjoyed. There was an activities organiser in post and there were activities available each day. They (staff) told us that the provider was supportive of them trying new activities including baking. There was also a timetable of outside entertainment for people to enjoy. One person said, "There is usually something being organised to do. We can take it or leave it, but she (activities organiser) is most accommodating and will not let anyone get left out if they want to join in."

Improving care quality in response to complaints or concerns

- The complaints procedure was detailed, giving the information needed if people wanted to make a complaint. Guidance was given about where to take their complaint if people were not satisfied with the response, such as the Local Government Ombudsman (LGO).
- The registered manager told us that they encouraged people to complain and express their views when

they were unhappy or wanted something to change.

- People and their relatives told us that they knew how to complain and would do so if they felt the need. One person said, "I have never had a complaint or even a grumble, but of course if I did, I know that the manager or any one of the staff would be there to listen and get it sorted out post haste."
- There had been one complaint received and this had been investigated following the providers policy.

End of life care and support

- People were asked about their end of life wishes; some people did not want to discuss their wishes and this was respected. Staff recorded people's wishes when known.
- The GP and community matron visited regularly and staff discussed people's changing needs.
- When appropriate; a plan was agreed with the person and their family for end of life care. Staff liaised with the GP and district nurse to ensure that medicines to keep people comfortable were available and used when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to maintain accurate and complete records and had failed to monitor and mitigate the risks relating to the health and welfare of people. Since our last inspection the registered manager had maintained accurate and complete records. We found that improvements had been made.

- The registered manager continued to monitor the quality of service provided.
- The registered manager worked alongside staff on a regular basis and was able to lead, review and understand staff practice.
- Appropriate procedures were in place for investigations, staff grievances and disciplinary matters.
- Checks and audits continued to be completed. The registered manager audited aspects of care such as medicines, health and safety, support plans, training, infection control, fire safety and equipment. These checks ensured that people were getting the right support, that the service was safe and that medicine was being managed safely.
- Regular staff meetings were held. Changes to people's support and other areas of the service were discussed at these meetings. We saw detailed minutes of meetings held and confirmed that these took place. Staff told us they felt comfortable raising issues and ideas with the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear vision for the service which was based on providing a service which respected people's rights and supported them to maintain independence, make choices and express their views.
- The registered manager had the skills they needed to manage an older person service. They were experienced and demonstrated that they were caring. One relative said, "The manager is just fantastic. She is always mucking in and her door is always open".
- Staff were aware and understood the vision and values of the service. One relative said, "They (staff) work well as a team now and all get on so well together that makes for a happy home."
- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within the service, which were accessible to the

public.

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy. Staff had a good understanding of the values that were expected of them and agreed that a good quality service was what they all strived for.
- The registered manager checked if staff followed the values held by the provider by discussing them in supervisions. Staff told us, "The registered manager is very supportive."
- Staff told us they thought the culture at the service was transparent and open, and the registered manager was available if they had queries or concerns.
- People who lived in the service said the service was well led. One person said, "I do not think that this place could be managed any better than it already is."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager continued to carry out audits and checks to make sure a safe and effective service was provided. For example, medicine, care plan, and health and safety audits. Additionally, the views of people, their relatives and staff were gathered and acted on to help improve the service. One person said, "We are asked for our views and ideas, everything from the toilet paper and soaps to what is on the menu. After all we are the ones who have to live here."
- Arrangements had been made for the staff in the service to learn, innovate and ensure sustainability.

Working in partnership with others

- The registered manager and staff worked in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes.
- The registered manager and staff helped people to be part of their community, using local resources and keeping close contact with health and social care professionals to make sure people had access to joined up care when necessary.