

Country House Care Limited

Spetisbury Manor

Inspection report

Spetisbury
Blandford Forum
Dorset
DT11 9EB

Tel: 01258857378
Website: www.spetisburymanor.co.uk

Date of inspection visit:
10 December 2018

Date of publication:
29 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Spetisbury Manor is a large converted property set in spacious well-maintained grounds providing residential care for up to 25 older people. 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.

At the time of this inspection there were 11 people accommodated at the home. The service had been without a registered manager for nine and a half months; however, a new manager had been appointed. They had just finished their 5 week induction and were in the process of registering to become registered manager. 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.

This focused, unannounced inspection was carried out on 10 December 2018 by two inspectors. The inspection was carried out because concerns had been raised about the management of the home and the care people received. The concerns were not substantiated at this inspection, although some areas for improvement were identified. The management team took immediate action to address the issues we identified.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The management team had systems in place that ensured most aspects of safety were addressed to promote safety in the home. Some hazards were identified during the inspection and the management took immediate action to address these.

The delivery of people's care had also been risk assessed to make this as safe for people as possible.

Staff were recruited in line with robust policies and all the necessary checks had been carried out by close of the inspection.

Medicines were well-managed and people received their medicines as prescribed by their doctor.

Staff had received training in safeguarding and were aware of their responsibility to report concerns.

Records we asked to see during the inspection were up to date and readily available on request.

Since the last inspection, the registered manager had ceased working at the home and a new manager had been appointed. They were in the process of registering to become registered manager and had kept us informed of progress. The period when there was no registered manager in post had led to some lack of leadership and instability in the running of the home.

There were auditing and monitoring systems in place seeking overall improvement. These could be improved to ensure that all areas of safety were addressed and actioned.

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 ●

By close of inspection the service was safe with the management taking immediate action to address the areas of concern we identified.

Staffing levels were appropriate to meet people's needs and staff had been recruited in line with legislation.

Staff were knowledgeable and trained in adult protection.

People's medicines were managed safely.

Is the service well-led?

Requires Improvement ●

The service had recruited a new manager and was well led at the time of our inspection. However, the period without a registered manager had led to a period of instability at the home.

The auditing systems required improvements as the systems in place had not identified some shortfalls found at the inspection.

Spetisbury Manor

Detailed findings

Background to this inspection

We carried out this unannounced 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.

At the last comprehensive inspection of the home, published in January 2016, the home was rated as 'Good' with no breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This latest inspection was carried out by two inspectors on 10 December 2018.

Before the inspection we reviewed the information we held about the service. This included 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. We also liaised with local authority to obtain their views.

The management team, consisting of the newly appointed manager and a registered manager from another service within the organisation (referred in the report to as the interim manager), assisted us throughout the inspection. We spoke with four members of the staff team, five people living at the home and two visiting relatives. We spent time in communal areas and observed the care and support people received. We looked at samples of two people's care records, everyone's medicine administration records, three staff recruitment files, staff rotas and other records relating to training, supervision of staff and management of the service.

Is the service safe?

Our findings

Before the inspection we received anonymous concerns about safe care practices. These included allegations that there were not enough staff to meet people's needs, that the staff did not know how to respond in emergencies, that some staff were not following infection control procedures and that some staff did not know how to use equipment used for assisting people with moving and handling needs.

We spoke to people about their experience of living at Spetisbury Manor. No one expressed any concerns about their safety. In a conversation with two people who lived at the home, we were told, "We are very well looked after and are very happy living here; we have no concerns". Another person told us, "I have been very happy so far; a few minor things but on the whole, I am very happy".

With regards to staff responding in emergencies, we found that each person had a personal emergency evacuation plan in place and staff told us they were aware of these and where they were kept. During the inspection the fire alarms went off, which was found to be a suspected fault in one of the fire detectors and the contractor contacted. Staff responded appropriately in accordance with the fire safety procedures. We could therefore not substantiate this concern.

At the time of inspection, there were three care staff on duty throughout the day and night period. Other staff included, cooks, cleaners, maintenance staff and an activities coordinator. This was confirmed by looking at staff rosters and speaking with staff. The acting manager told us that dependency tools were used to help determine the levels of staff required as well as from discussions with staff and people living at the home. People told us that staffing levels were satisfactory; that their call bells were answered within reasonable time and their personal care needs met.

The new manager informed that there had been changes in the staff team with some staff leaving. There was a recruitment plan in place and new staff had been appointed. Agency staff had been used at times when there was not a full complement of staff. The home had successfully recruited new staff and there was less use of agency staff.

Although the management confirmed that there was no infection control lead for the home, on the day of inspection the home was clean and free from odours. People told us that the home was always clean and they had no concerns in this area. The new acting manager had appointed a named infection control lead. They were to be given roles and responsibility for audits, induction training and checking protective clothing and colour coding for housekeeping. Before the inspection there was an allegation relating to a specific infection control issue; however, we could not substantiate this. The management had assessed the wishes of the person concerned and agreed a care plan that balanced the risks against the wishes of how the person wished to be supported.

Concerning moving and handling, each person had a moving and handling care plan in place. Some people required the use of equipment to assist with these needs. People had the equipment in place to assist with their moving and handling needs, such as hoists and individual slings. We could not evidence that the plans

were not being followed safely.

During the inspection we identified some issues that could compromise safety; however, the management team took immediate action in relation to these matters as detailed below.

- ☐ The key to the storage area for potentially hazardous cleaning products that was on a hook adjacent to the storage area was moved out of reach of people.
- ☐ Some wardrobes and other furniture that had not been attached to the wall and could therefore be toppled were bracketed to the wall by the maintenance staff.
- ☐ Some windows above ground floor level that did not have window restrictors. These were fitted immediately after the day of our inspection to make these safe.
- ☐ A plumber was contracted to check and replace any faulty thermostatic mixer valves on showers as we identified that some did not meet safety requirements regarding safe water temperatures. Shower heads were also de-scaled to minimise the risks from Legionnaire's disease.
- ☐ The controlled drugs cabinet was checked by the home's pharmacist and screws replaced by bolts so as to make it compliant with legal storage requirements.

By close of this inspection, the management team had taken steps to make the home as safe as possible for people.

There was clear guidance available for people and staff to follow if they needed to contact the local safeguarding team. The staff demonstrated a good understanding of safeguarding people, being able to identify the types of abuse as well as any possible signs of abuse. They also knew how to report any concerns they may have. The management had notified the local authority and CQC of any safeguarding concerns or incidents. Appropriate action had been taken when incidents had occurred to protect people and reduce the risk of repeated occurrences.

There were existing systems in place for maintaining safety in the home. For example, there were up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists. There were also safe and effective systems in place to manage risks associated with the delivery of people's care. People had their health and care needs assessed for areas of risk such as falls, moving and handling, nutrition, and pressure area care. Where risks had been identified for people, records were detailed and gave staff clear guidance on how to support people.

Recruitment practices were safe overall. The relevant checks had been completed before staff worked unsupervised at the home. At the time of the inspection one reference for a staff member was not evidenced; however, following the inspection the new manager confirmed that this had been sourced. Checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

There were safe systems in place for the administration and management of medicines. Medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy. Staff received regular training and competency checks. People told us they were satisfied with the way staff managed their medicines. Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. Medicines administration records were complete and contained the required information where doses were not given. Some medicines were prescribed to be given 'when required', and protocols were available to guide staff on when it would be appropriate to give doses of these medicines for each person. Creams and other externally applied preparations were recorded on separate MAR charts with body maps and guidance for care staff on how to apply these correctly.

There were suitable arrangements for storing medicines. Storage temperatures were monitored in the medicines refrigerators to make sure that medicines would be safe and effective.

Is the service well-led?

Our findings

This domain was rated as requires improvement as the management monitoring systems in place had not identified the safety issues we identified during this inspection. There had also been a period of nine and a half months when there was lack of leadership following the departure of the registered manager.

The registered manager left the service about a year ago. The provider had initially delegated senior staff to carry out management functions but after fruitless attempts to recruit a manager, had asked the registered manager of their sister home in July 2018, to assist in managing the service. This period when there was no registered manager, coupled with changes made by the management had caused problems in staff morale and leadership, leading to some changes in the staff team.

With the recruitment of the new manager, action plans being put in place and the recruitment of new staff, staff we spoke with during the inspection felt that morale was improving. People we spoke with during the inspection did not feel these changes had impacted on them adversely and they spoke with confidence about the new manager and how the service was run. One person told us, "There is a good balance of ensuring we all get the care we need against our wish to lead our lives as we want. The new manager seems competent and is very pleasant and friendly".

The new manager started working at the home in November and had just completed their 5 week induction. They had started the process to become registered manager of the home.

There was a good management response in addressing issues we identified during the inspection with immediate action being taken.

During the inspection, all the records and documentation we required, were readily available, accurate and up to date. There were regular staff meetings, the minutes of which showed that staff were consulted, informed and their views taken into account in decisions that affected the running of the home.

The new manager was able to give examples of where they had learnt from concerns, accidents or safeguarding, putting into place actions for improvement. There were also auditing processes and systems for identifying improvements, although not all hazards had been identified. Accidents and incidents were monitored and analysed to reduce the risk of recurrence.

The views of people using the service were sought through annual surveys carried out. Views of relatives were also sought. There was a survey being carried out at the time of this inspection; however, results had not yet been returned and analysed.

The service's rating was displayed both in the office and on the website as required.

The new manager had a good understanding of what notifications they needed to send to CQC.

