

Loven Spinney Limited

The Spinney Nursing Home

Inspection report

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Lancashire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Spinney is located in the village of upholland. It provides accommodation for up to 35 people requiring help with nursing or personal care needs. The home is situated in its own grounds on a main road position. There are three floors served by a passenger lift. The majority of bedrooms are of single occupancy, although facilities are available for those who prefer to share. A variety of amenities are near by and public transport is easily accessible. Car parking spaces are available.

This inspection took place on the 9 June 2016 and was unannounced.

We last inspected this service on 3 June 2014. At that time, the service was judged to be compliant in all the areas we looked at.

The registered manager of the service was present throughout our inspection. 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.

Safeguarding procedures were in place and we felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

Staff were kind and respectful towards people ensuring privacy and independence was promoted. Staff understood their roles and people were supported in a person centred way.

People's rights were protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Management applied these measures appropriately and staff understood their responsibilities and how to keep people safe.

Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process.

People's views had been gathered using effective systems These included regular surveys and staff Meetings.

The service had a registered manager who was available to people who used the service, relatives and staff. People we spoke with told us the manager was approachable.

We found the manager receptive to feedback and keen to improve the service. They worked with us in a positive manner providing all the information we requested.

We reviewed accident and incident records and found shortfalls in the recording of unwitnessed falls.

We have made a recommendation with regards to following NICE guidelines for documentation around 'as required' medicines and ensuring the cleanliness of the property at all times.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment.

You can see what action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people.

Staff were aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

The service had systems in place to manage risks and plans were implemented to ensure peoples safety.

Analysis of accidents and incidents was not consistently undertaken to mitigate re-occurring incidents.

The service had systems in place to manage risks and plans were implemented to ensure peoples' safety.

Is the service effective?

Good 

The service was effective.

Access to healthcare professionals was available when required.

Staff received an initial induction and on-going training courses, which enabled them to apply knowledge to support people effectively.

Management and staff had good working knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected.

Is the service caring?

Good 

The service was caring.

Staff respected people's privacy and dignity in a caring and compassionate way.

Staff were kind and patient in their approach towards those who lived at The Spinney and interactions with people were noted to

be caring.

Staff knew people well and responded to their needs appropriately.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and included detailed descriptions about people's care needs.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Is the service well-led?

Good ●

The service was well-led

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

A range of quality audits and risk assessments had been conducted by the registered manager.

Staff enjoyed their work and told us the management were always available for guidance and support.

The Spinney Nursing 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. This inspection took place on 9 June 2016 and was unannounced.

The inspection team comprised of two adult social care inspectors, one of which was the lead inspector for this service.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection. We received feedback from social work professionals within Lancashire County Council.

At the time of our inspection of this location there were 32 people who used the service. We spoke with seven people who received care and six relatives. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We observed how staff interacted with people who used the service and we viewed five people's care records. We spoke with four care workers, the deputy manager, and the registered manager during the course of our inspection.

We also looked at a wide range of records. These included; the personnel records of five staff members, a variety of policies and procedures, training records, medication records and quality monitoring systems.

Is the service safe?

Our findings

People we spoke with expressed confidence in the service and felt they were provided safe, effective care. People felt care workers understood their needs and any risks to their safety or wellbeing and that time was taken to provide care in an effective manner.

People told us: "I feel safe here. And: "It's like a big family".

A relative told us: "I do feel my Mum is safe".

We reviewed accident and incident records and found shortfalls in the recording of unwitnessed falls. The documentation lacked information with regards to actions taken following the unwitnessed falls. In addition there was little analysis around the falls to allow for trends and patterns to be found, to prevent further incidents.

Failure to maintain robust recording systems around accidents and incidents meant that the service was not effectively monitoring and auditing its daily practices. We discussed this with the registered manager who recognised that the analysis needed to be more in depth to ensure that people were protected from repeated exposure to known risks.

This lack of analysis in order to mitigate re-occurring risks resulted in a breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the medication administration records and saw they had been accurately completed. There was clear guidance in place for staff regarding the safe ordering, storage, administration and disposal of medicines. The service had recently undergone further training in this area following a safeguarding incident in relation to a medication error

Where people needed medicines only occasionally (as required) there were protocols to inform staff when to use them. However, these lacked specific information personal to the individual people who required them.

We recommend that the service follows NICE guidelines with regards to 'as and when' required medications to ensure they follow best practice in this area.

We looked at the medication room which was kept locked at all times. Medication cabinets were locked and secure. There were controlled drugs on site on the day of our inspection. The controlled drug cabinet was fixed securely to a wall in the medication room. Only senior trained staff handled keys for the medication room.

We looked at random samples of controlled drugs and saw the numbers recorded in the log book tallied with the actual numbers in the boxes. Fridge and room temperatures had been recorded on a daily basis

and were within the required limits. This showed us that the provider had suitable systems in place to ensure that medicines were stored in a safe place.

We reviewed staff training records and found that all staff who administered medicines were provided with training and assessed against competency.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse.

Staff demonstrated a good standard of knowledge regarding safeguarding principles and referral systems. We looked at training records and found that staff had received safeguarding training.

We looked at individual safeguarding incidents and found that the registered manager had dealt with the concerns in a formal way.

We found some incidents that were not reported to the local safeguarding team. The local authority requires all unwitnessed falls to be reported to the safeguarding team for review. This was discussed with the registered manager. A professional had recently been into the service and reported that the service were now following up on their advice and reporting all incidents.

All the care plans we viewed contained clear information about the support people required to stay safe and well. Any risks to a person's safety were fully assessed. Where risks were identified, a care plan was in place to help staff provide safe and effective support.

We found that the service had sufficient numbers of staff on duty to keep people safe and to meet their needs. Staff told us that staffing levels were sufficient and we observed care interventions to be delivered in a person centred way, providing people with time to maintain their independence.

One relative told us: "Staff all take their break together and there is sometimes no staff on the floor".

We did not observe this on the day of inspection. We spoke to the nurse in charge about staff breaks and he informed us that when there are six members of staff on duty, then three will go for a break together. We discussed this with the registered manager who said that this practice would be reviewed.

The service had systems in place to prevent the risk of spread of disease and infection. We found that staff followed safe practice and had a good understanding of infection prevention and control. Overall the cleanliness of the home required improvement. We discussed this with the registered manager during the inspection and he explained that the domestic staff had been off recently so care staff were completing the cleaning tasks.

We recommend that the service ensure that checks are carried out throughout the home to ensure an adequate level of cleanliness is achieved at all times.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people.

Is the service effective?

Our findings

We saw the service had a detailed induction programme in place for all new staff, which they were required to complete prior to working unsupervised. This programme covered important health and safety areas, such as moving and handling, working in a person centred way and also included courses, such as safeguarding.

Staff told us: "We get a lot of training and keep up to date": "Training is always available we can ask for anything we need". And: "We are well trained here it's the best home I have worked in".

The registered manager supported the qualified nurses with the current Nursing Midwifery Council (NMC) revalidation programme. And staff told us they got time to complete what was required of them for this.

Staff told us they felt well supported by management and we saw supervision documentation was present in staff files and the registered manager told us that supervision was undertaken regularly to ensure best practice. Staff also received yearly appraisals, which were evidenced in staff files.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Therefore, we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people who used the service. The registered manager confirmed that some people were subject to continuous care and supervision and did not have capacity to consent to such arrangements and were not free to leave. Subsequently applications for DoLS had been submitted to help ensure people's freedom was not being inappropriately restricted.

People were asked to participate in care reviews and consent to care and treatment was recorded. We found that mental capacity assessments were undertaken as and when required.

We found that the service was pro-active in supporting people to have sufficient nutrition and hydration. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

People told us: "We have a choice of food". And: "If I don't like what's on offer I can ask for something else".

We observed lunch being served. People were able to choose where they sat and staff supported those who had difficulty getting to the tables. We observed staff supporting people with their meals. We saw some people who had difficulty cutting their food being offered support. We observed people eating in a relaxed manner and they seemed to enjoy their meals.

Is the service caring?

Our findings

We received lots of positive comments from people who used the service about the attitude and approach of staff. People spoke highly of care workers and described some very positive experiences of support they had received.

People told us: "I'm very happy here, the people are good": "The girls are very good I can ask for anything I want". And: "The staff really look after me".

We spoke with two visiting relatives who told us positive things about care staff: "They are very caring". And: "The staff are brilliant".

One relative was unhappy with some care staff, they told us: "Staff don't talk to you".

People's care plans were based on their individual needs and wishes. In viewing people's care plans, we could see their views and opinions were central to the process and the on-going support they received.

There was information available for people about how to access local advocacy services, should they so wish.

Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

We observed staff approach people who used the service with respect. Privacy was considered, staff knocked on bedroom doors before entering and people were encouraged to maintain their dignity.

We saw that staff interacted with people in a kind and caring way. We observed staff speaking with people who lived at the home in a respectful and dignified manner. Staff understood the needs of people they supported and it was obvious that trusting relationships had been created.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. People had access to two lounge areas within the service and also a garden with seating areas and scenic views.

The home had policies and procedures in place, which covered areas such as confidentiality, privacy and dignity. We saw that staff were aware of this guidance and were following it whilst supporting those who lived at the home.

End of life care for the people who used the service has been considered and was stored within the individual care files for staff to access.

Is the service responsive?

Our findings

People told us: "The staff organise everything he needs and always let us know if he is unwell". And: "The registered manager is responsive we asked for a new bed and he ordered it the same day".

We looked at five people's care records and found a person centred approach to care planning. Care plans detailed people's preferences and opinions showing that the service included people in the care planning process.

Records we looked at regarding people's care were clear, up to date and reflected changes to the person's support needs. Daily records provided sufficient information to make staff aware of any changes to the person's needs and the support they may require.

People received care and support, which was responsive to their needs. This was because staff had good knowledge of those who lived at the home.

People's needs were assessed before people came to live at the service to see if their needs could be met by the service. We saw completed pre-admission assessment reports for people. The manager told us they liaised with other health professionals to plan and discuss people's transfer to the service.

We looked at activity records that showed a substantial level of linking with the community and activity provision for people who actively engaged with such arrangements. The home had an activity coordinator.

However we spoke with people about activities and the responses were variable. People told us: "We sometimes go out on the bus": "It's too quiet with nothing going on". And: "There are dedicated activities".

We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. Visits with other professionals were recorded in the care files. These arrangements helped to ensure that people consistently received the care they needed.

A professional told us: "I am impressed with the way the service has responded to suggestions."

We looked at how the provider worked in line with their complaints policy and procedure and found that extra spacing here
comprehensive records had been maintained demonstrating transparent working.

One relative told us: "We complain, but we don't see a change, nothing gets done".

Is the service well-led?

Our findings

We found that a positive staff culture was reported by all the staff members that we spoke with.

Staff told us: "I love my job, It's not like coming to work": "I enjoy working here". And: "It's a good staff team we have good working relationships".

The service had a registered manager in post as required by their registration with the Care Quality Commission.

We found the manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in his care. This showed the manager took time to understand people as individuals and ensured their needs were met in a person centred way.

Staff told us that they felt supported by management. They said: "There is a flexible management style that works well": "Management are approachable and really supportive". And: "There is always someone available to talk to".

We looked at a number of audits that the registered manager had completed including medication and care plan audits. We saw that with the exception of the accidents and incidents the audits were completed to a high standard and action planning was reviewed.

We found the registered manager to be receptive to feedback and keen to improve the service.

A professional told us: "Advice was taken on board and they had done more than I asked for".

The conversations we held gave a consistent positive impression of the manner and professionalism of the senior staff and managers within the service. People told us they found the management team approachable and supportive and confirmed there was always a member of the management team available to contact.

We found the manager was familiar with people who used the service and their needs. When we discussed people's needs, the manager showed good knowledge about the people in the care. This showed the manager took time to understand people as individuals and ensured their needs were met in a person centred way.

There was effective communication between all staff members including the managers. Staff received daily verbal handover, and we saw evidence of regular staff meetings that covered more strategic issues such as medicines best practice, staffing issues and updates.

Relatives surveys were sent out regularly, which covered a range of different areas. The last was completed

in January 2016. The surveys were used to improve the quality of the service. Comments included: "Nothing to complain about, very happy": "Lovely living space". And: "I love it here".

We looked at policies and procedures relating to the running of the service. These were in place and reviewed annually. Staff had access to up to date information and guidance procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not have suitable arrangements in place to analyse trends and patterns for accidents and incidents in a way that was in depth in order to mitigate further risks.</p> <p>Regulation 12 (2) (b)</p>