

Spinnaker Lodge Limited

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Inspection report

464 London Road
Portsmouth
Hampshire
PO2 9LE

Tel: 02392653663

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 7 March 2017. The home provides accommodation and personal care for up to 9 older people, some of whom live with dementia and mental health conditions. Accommodation is arranged over two floors with stair lift access to the second floor. At the time of our inspection 7 people lived at the home.

A registered manager was not in post. 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. There had been no registered manager in post in the home since September 2015. The nominated individual for the registered provider had begun the process to apply to be the registered manager of the home.

We carried out a comprehensive inspection of this service in January 2016 and found the registered provider was not compliant with Regulation 11 (need for consent), Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection the registered provider sent us an action plan stating they would be compliant with all the required regulations by 9 May 2016. At this inspection we found the registered provider had taken sufficient action to be compliant with these regulations.

People were supported by staff who understood how to keep them safe, identify signs of abuse and report these appropriately. Processes were in place to check the suitability of staff to work with people although some improvement was required in the records associated with this. There were sufficient staff available to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, and ordered in a safe and effective way. We have made a recommendation with regard to the storage of some medicines.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. External health and social care professionals were involved in the care of people and care plans reflected this.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People received nutritious meals in line with their needs and preferences and their nutritional intake was closely monitored to ensure they received a balanced diet.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

Care plans in place for people reflected their identified needs and the associated risks. Staff were caring and compassionate and knew people in the home very well.

Systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The service had effective leadership which provided good support, guidance and stability for people, staff and their relatives. People spoke highly of the nominated individual and their team of staff. However the registered provider had failed to display the rating from their inspection in January 2016 which is a legal requirement of registered providers.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. You can see what action we have told the registered provider to take at the end of this report.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe however some recruitment records needed improving to ensure they were accurate.

Risk assessments were in place to support staff in mitigating the risks associated with people's care.

There were sufficient staff available to meet people's needs and they knew how to keep people safe.

Medicines were managed in a safe and effective manner.

Requires Improvement 

Is the service effective?

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences.

Good 

Is the service caring?

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home.

People and their relatives were involved in the planning of their care.

Good 

Is the service responsive?

Good 

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs. People were supported to participate in events and activities of their choice.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

Is the service well-led?

The service was not always well led.

The registered provider had failed to display the rating for their service and there had been no registered manager in post since September 2015.

Further work was required to embed new systems of recording information in the home.

People spoke highly of the nominated individual and their team of staff. Staff felt very well supported in their roles.

Requires Improvement 

Spinnaker Lodge Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

One inspector completed this unannounced comprehensive inspection on 7 March 2017. Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In December 2016, the registered provider completed 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 reviewed the PIR for this home.

We spoke with two people who lived at the home however others were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with four members of staff, including the nominated individual of the registered provider, an administrator, two members of care staff and a housekeeper. Following our inspection we received feedback from three health and social care professionals about the service provided at the home and we spoke with 4 relatives.

We looked at the care plans and associated records for three people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, five staff recruitment files and policies and procedures

Is the service safe?

Our findings

People were safe in the home and were supported by staff who knew them very well and understood how to support people to maintain their own safety. One person told us, "I am very safe here. They know how to look after me." A relative told us, "[Person] is well looked after and I know [person] is safe." Two health and social care professionals told us the home was a safe place where staff knew people very well.

At our inspection of this service in January 2016 we found the registered provider did not have systems in place to demonstrate good infection prevention and control measures were in place in the home. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered provider had taken action to ensure systems were in place to monitor and review the cleanliness of the home. Cleaning schedules and infection control practices in the home were clearly recorded. Personal protective equipment was available for staff to use and the home was clean and fresh. There had been no outbreak of infection in the home since our last inspection. Since our last inspection we had received several concerns from visitors to the home about the presence of a domestic cat in the home which had given rise to concerns about fleas in the home. The registered provider had addressed these concerns. And there were no longer any pets in the home.

At our inspection of this service in January 2016 we found the registered provider had not always recorded risks associated with people's care and care plans did not reflect these risks. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found risks associated with the care people required had been recorded and information was available for staff on how to mitigate these. For example, for people who were at risk of falls, risk assessments in place clearly identified how staff should support people to reduce the risk of falling and improve their mobility.

For people who had specific mental health conditions risk assessments and care plans in place reflected the support people needed to meet these needs. For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified.

Staff knew people very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people should they become distressed or agitated and care plans had been updated when required to reflect changes in people's needs.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. The nominated individual had worked with the local authority to address a safeguarding concern which had been raised in the service since our last inspection. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing

policy.

The registered provider had introduced a new policy and procedure for the recruitment of staff since our last inspection to improve the records associated with the employment of staff, however further work was required to embed this practice in the home. Whilst recruitment records held proof of the staff member's identity, some documented references and information with regard to telephone references received was not always complete.

For example, for five people whose recruitment records we reviewed, each had only one recorded reference. The nominated individual told us other references had been taken by telephone but had not been recorded and as a very small employer they went to great lengths to ensure staff employed in the service were suitable to work with people. They took immediate action to address this concern and provided copies of all references which had been confirmed prior to recruitment immediately after our inspection. Most of these staff members had started working in the home since our last inspection. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until this check had been completed however some references and other recruitment documentation such as application forms and interview questions were not always in place. The nominated individual told us this work was ongoing and would be reviewed in light of our findings.

There were sufficient staff available to meet the needs of people. The nominated individual told us they had a very stable team of staff who worked well together to support and cover any sickness or annual leave. An established set rota of duties was in place at the home where staff worked set shifts, although this was not documented. The nominated individual told us they would review how they recorded which staff were on duty at any set time.

Care staff who had completed appropriate training administered medicines in the home. Audits in place monitored the administration of medicines which were handled safely. People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records. Care plans gave staff clear information about the medicines prescribed for people. Staff had a good understanding of the medicines administered for people in the home and records showed staff worked closely with appropriate health care professionals to ensure people did not have to take any unnecessary medicines to manage their mental health conditions. Medicines which were being administered for people at the home were stored safely however, there were not adequate storage facilities in the home for medicines which must be stored securely in line with the Misuse of Drugs (Safe Custody) Regulations 1973. There were no medicines which required this additional security for storage at the time of our inspection.

We recommend the registered provider seek guidance on the safe storage of medicines in line with the Misuse of Drugs (Safe Custody) Regulations 1973 to ensure they are adequately prepared for the possible storage of these medicines should a person require them.

Incidents and accidents were reported and logged in a way which ensured any actions or learning from these was completed and shared with staff. A log of incidents and accidents was recorded and the nominated individual monitored this for patterns and trends to ensure they were reviewed and addressed. For example, for one person who had become agitated and aggressive on several occasions a request had been made to the mental health team to support a review of medicines.

Is the service effective?

Our findings

Staff knew how to meet people's needs effectively and offered them choice whilst respecting their wishes. They helped people to make decisions by allowing them time to understand what they were being asked. Relatives said staff were very kind and patient, allowing people time to make decisions. One relative told us how their loved one was able to choose how they spent their time and staff patiently supported when they became confused or disorientated.

At our inspection of this service in January 2016 we found the provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to the care and treatment they received. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had addressed these concerns and was compliant with this regulation.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Whilst people were not always able to verbally agree to their care some had the capacity to consent to their care and staff had a very good understanding of how people expressed their wishes and provided this consent. Staff were aware of the communication skills people used to demonstrate they did not wish to receive the care. For example, for one person who displayed anxiety and distress when they were asked too many questions, staff were aware of this reaction and how to ensure they supported the person appropriately and in line with their wishes and consent.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records showed when people may require support to make a decision and who should be involved in best interests decision making for people. For people who had the legal authority to make decisions for a person, documentation clearly reflected this. This meant where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The nominated individual had a good understanding of the processes required to ensure decisions were made in the best interests of people. Staff had a good understanding of the MCA and told us they would always seek guidance from care plans and the nominated individual if they had any concerns.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. We found that the nominated individual understood when an application should be made and how to submit one. We found the two people at the home were subject to these safeguards and the home was meeting the requirements of the Deprivation of Liberty Safeguards.

A program of supervision sessions and training in place ensured people received care and support from staff with the appropriate training and skills to meet their needs. All staff received training together and this often coincided with staff meetings to discuss any concerns or new ideas in the service. The registered provider had taken steps to ensure all staff were able to access training for the Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. All care staff had been enrolled on this programme and the nominated individual told us they planned for all new staff to access this when they commenced employment.

Staff had a good understanding of their role in the home and the management structure which was present in the home to support them and people who lived at the home. A senior carer supported the general day to day running and management of the home, delegated duties and led each shift to ensure people received the support they required. Staff felt there were opportunities within the home to develop their role and skills should they wish to pursue them.

People received nutritious food and drink in line with their needs, likes and preferences. Systems in place closely monitored people's dietary and fluid intakes to ensure they were receiving adequate nutritional and hydration intake. Staff had a good awareness of the need to ensure people received sufficient food and fluids to maintain good health. Food was bought and prepared fresh on a daily basis. One person told us, "I enjoy my food and they keep it just as I like it, not too fancy." Care plans identified specific dietary needs, likes and dislikes of people and staff were aware of these. The kitchen was a well-managed and clean environment.

Records showed health and social care professionals visited the service as and when required. Staff at the home worked well with community health and social care staff to meet the needs of people. Health and social care professionals told us staff at the home were very effective and responsive when supporting people for a review of their care needs. One health professional told us how staff had supported a person during a respite period to assess their needs and identify how they could be supported in the community in their own home. They said staff were very thorough in their review of the person's needs and successfully supported the person back into the community. Another told us staff at the home were very responsive to people's needs and always requested the support of health and social care professionals to ensure people received the best support they could. For example, for one person who had been receiving an increased amount of a medicine to reduce their anxieties, staff had identified the need for this medicine to be reviewed and a health care professional visited to review this medicine. Care records reflected the active involvement of health and social care professionals to monitor and improve people's care needs.

Is the service caring?

Our findings

People were valued and respected as individuals and were happy and content in the home. They were cared for by staff who understood their needs and who provided a calm, caring and happy environment for people to live in. Relatives told us staff were very calm and caring and knew their loved ones very well. One told us, "Nothing is too much trouble for any of the staff. They do everything that is required of them and go above and beyond that, they really make a difference to people's lives at the home." Another relative told us, "I could not wish for my [relative] to be in a better place, they [staff] all really care for her and make her very happy."

Care plans reflected people had been involved in planning their care and relatives told us they had been involved in supporting their loved one with the planning of their care.

The nominated individual told us they had not yet circulated a satisfaction questionnaire to people who lived in the home and their families. However they met with families regularly when they visited people and discussed any concerns they may have. A questionnaire was planned following our inspection.

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. For example, one person became very distressed and agitated when they were unsure of a situation. We saw staff interacted with this person in a calm and gentle manner to reassure them and ensure their privacy and dignity whilst ensuring the safety and welfare of other people. For another person who enjoyed singing, staff openly encouraged them to express themselves and enjoy music. One relative told us how their loved one enjoyed arts and crafts and staff regularly encouraged them to participate in this.

Throughout the day staff spent time with people chatting and laughing whilst supporting them with their needs. The atmosphere in the home was calm and very friendly with staff supporting people to interact with each other. Communal spaces in the home were well utilised to allow people the opportunity to remain independent around the home with staff available to support them should they require this. Two people chose to remain in their rooms and were able to call for staff if they required assistance. Staff respected this choice whilst ensuring the person's safety and welfare.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed to people's rooms at all times through the day and staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. They were encouraged to be active and healthy in the home and were supported by staff who knew them very well. One person told us, "When I need the girls they are there, they really are." Another said, "If I need help I get it." Relatives told us staff knew their loved one very well and ensure they received the care they needed. Two health and social care professionals told us staff knew people very well and understood their individual needs.

At our inspection of this service in January 2016 we found care records did not always provide a clear, accurate and consistent record of the care people needed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found care records clearly reflected the care and support people required.

People were assessed prior to their admission to the home and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they may have were well documented. For one person, who had recently moved to the home, we saw care plans and records were being developed and adapted as they settled into the home. Staff had a clear understanding of people's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes, hobbies, and the personal abilities of people to manage their own care. It also noted people who were important to them and who needed to be involved in their lives and in helping them to make decisions.

Staff had a very good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans were reviewed and updated by the nominated individual or senior carers monthly or as people's needs changed. Care plans in place gave clear information for staff to meet the needs of people with specific mental health conditions and further information was being sought by the nominated individual for the specific care required for physical health conditions for a person newly admitted to the home with epilepsy.

The home did not have any activities which were planned or identified for certain times and days of the week. Activities were impromptu and in line with people's requests and preferences each day. Staff encouraged people to join in an impromptu sing along, whilst another person read the paper and talked to staff about this. One person chose to remain in their room and staff sat with them for a time reading funny sketches with them. We spoke with the nominated individual about the lack of programmed activities and they told us the home had previously provided a day care service with high levels of activities for people. However, the staff at the home told us they took pride in providing a calm, homely and family orientated environment which encouraged people to relax and participate in activities whenever they wanted to. There was not a dependence on the television to provide entertainment for people as staff interacted with people all day. There were resources available for people to use such as board games, musical instruments and art and craft materials for people to use when they chose to. One person was supported to attend an external social group on the day of our inspection. Whilst there was not an organised program of social activities and events, we saw people enjoyed staff's company and were supported to participate in activities when they

chose to.

The complaints policy was displayed in the home. The nominated individual told us they worked closely with people to ensure concerns were addressed promptly and effectively. With a visible presence in the service, people and their relatives or visitors could speak directly with the nominated individual should they wish to raise any concerns. The home had received no formal written complaints since our last inspection. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these.

Staff were encouraged to have a proactive approach to dealing with concerns before they became complaints. For example, staff was encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Visitors to the home were received in a warm and friendly way and were encouraged to express any views about the service to staff. Relatives told us they were able to express their views or concerns and knew that these would be dealt with effectively.

Is the service well-led?

Our findings

People spoke highly of the nominated individual and their team of staff. One person told us, "They are amazing, just like family." Another said, "What would I do without them, I would not manage alone, they are great." Staff felt they were well supported and encouraged by the nominated individual to develop in their roles. Relatives said the nominated individual was very visible in the home and promoted a very strong caring ethos in the home. Health and social care professionals said they received a good response from all staff who knew people very well.

The public has a right to know how care services are performing. To help them to do this, the Government introduced a requirement from April 2015 for providers to display CQC ratings in the home and on any websites for the home. Clear guidance is given to providers on how this requirement should be met. The nominated individual told us they had not displayed the CQC rating for the service as they felt the report did not reflect well on the home and they were working hard to make the required changes to be compliant with all the required regulations. The home did not have a website.

Failure to appropriately display this information in the home was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of this service in January 2016 we found the registered provider did not have systems and processes in place to assess, monitor and improve the quality and safety of the services provided in the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found whilst systems had been implemented in the home further embedding of these practices was required.

A new system of audits, policies and procedures had been implemented in the home since our last inspection to provide clear information and guidance in the home for staff to follow. The nominated individual told us these would take time to embed in the home. For example, recruitment policies and procedures were in place; however the records for staff had not yet been collated and updated to reflect this. Audits of care records had been completed and had ensured care records accurately reflected the needs and preferences of people. Systems had been put in place to monitor and review infection control practices, risks and health and safety procedures around the home.

The home had not had a registered manager in post since September 2015. The nominated individual for the home was in the process of applying to fill this role themselves. They were present in the service every day and managed the home. This meant there was a consistent presence of a senior manager in the home to support staff.

The nominated individual was very visible in the service and staff felt able to speak with them about any concerns they may have and these would be addressed promptly and effectively. Staff felt supported through supervision and team meetings. They told us they were encouraged to share information such as learning from incidents and new training and development opportunities. Staff felt the nominated individual promoted an open and honest culture in the home which was fair and supportive to all staff. A

health and social care professional told us the nominated individual was a "good role model" and supported and encouraged their staff to develop.

Staff worked cohesively as a team and supported each other to meet the needs of people. They shared common values and visions in the service to provide person centred care for each person with the resources available to them. The nominated individual and all staff we spoke with were very proud of the home and the care people received there. Staff spoke highly of the way in which the nominated individual promoted an ethos of high standards of person centred care in all that they did. One member of staff told us, "They [the nominated individual] are very supportive and really do want the best for everyone, including the staff." Another said, "We are a team and work very well together to meet people's needs and support each other."

There were no formal process in place to request feedback from people, their relatives and external health and social care professionals; although the nominated individual told us they regularly sought feedback from people and any visitors to the home to improve the service. A new questionnaire was prepared following our inspection to be given to people and their families to formalise this feedback. A survey of foods served in the home was in the process of being completed at the time of our inspection. Relatives we spoke with told us the home was very small and family orientated and as such they were in regular contact with staff to give and receive feedback on the care and support provided in the home.

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	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The registered provider had failed to display the CQC rating of the service following the inspection of the home and publication of the subsequent report in March 2016.</p>