

Spennymoor Care Home Limited

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Inspection report

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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

Spennymoor Care Home is a large detached property in the Smithills area of Bolton. The home is registered to provide personal care and support for up to 19 older people.

People's experience of using this service and what we found

People said they felt safe living at Spennymoor. Safeguarding procedures and health and safety measures and checks were in place. Staffing levels were sufficient to meet people's needs and the service had a robust recruitment system. Medicines were managed safely at the home. Spennymoor was extremely clean and had scored highly in a recent external infection control audit.

Appropriate initial assessments were carried out prior to people being placed at the home. Care plans were person-centred and included people's preferences and choices. People's wishes for when they were nearing the end of their lives were recorded within the care plans. These documents were reviewed and updated regularly.

Staff had a thorough induction and training was on-going. The food was plentiful balanced and nutritious and people were given choices. People's health needs were monitored and GPs contacted when required. People had furnished their rooms with their own possessions to help personalise them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt staff were kind and caring and treated them with compassion. The staff had good relationships with relatives and friends of people who used the service and communicated well with them. People told us their privacy and dignity were respected and we observed staff ensuring this was done. A range of activities was on offer.

The registered manager was available within the home on a regular basis to deal with any concerns as they arose. The management team was committed to monitoring quality to help maintain consistent standards of service delivery. Staff we spoke with were clear about their roles and responsibilities and all displayed enthusiasm and passion for the job. The registered manager had an open door policy and people who used the service, relatives and staff all felt they could speak to them at any time.

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

Rating at last inspection

The last rating for this service was good (published 27 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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

Spennymoor 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.

The service had a manager registered with the Care Quality Commission. This means that they and 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 inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning team, the local safeguarding team and Healthwatch, Bolton. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three visiting relatives. We spoke with the registered manager, the deputy manager and two care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and three staff files. A variety of records relating to the management of the service, including medicines records, audits, policies and procedures, health and safety information and questionnaires were also reviewed.

After the inspection

We contacted three health and social care professionals who visit the service on a regular basis to ascertain their views of the care provided.

Following the inspection the registered manager contacted the local authority Deprivation of liberty Safeguards (DoLS) lead to ensure all appropriate authorizations were applied for.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at Spennymoor. One visitor told us, "When I leave [relative] I feel OK. They are safe". Another said, "I can relax as I feel [relative] is safe".
- Safeguarding and whistle blowing policies were in place and staff were aware of them. Safeguarding training was delivered to staff on an annual basis. Staff we spoke with were aware of how to recognise and report any concerns.

Assessing risk, safety monitoring and management

- All appropriate health and safety measures and checks were in place and up to date. Certificates for maintenance and servicing of equipment were in evidence.
- There was a personal emergency evacuation plan (PEEP) in place for each person who used the service. These set out the level of support required in the event of an emergency. The PEEPs were kept near the entrance of the home for ease of access.
- People who used the service had access to a buzzer to alert staff to their needs. This was a new system and produced records of when people had been attended to and by which staff member.
- Individual risk assessments were evident within people's care plans and updated regularly with any changes.

Staffing and recruitment

- The service used a dependency tool for each person who used the service to inform staffing levels. Staffing levels were sufficient to meet the needs of people using the service. Rotas confirmed staffing levels were consistently satisfactory.
- Staff files evidenced a robust recruitment system. All appropriate paperwork was present within the files and any gaps in employment were explored before people were employed at the service. All staff were subject to a Disclosure and Barring Service (DBS) check. These checks helped ensure people were suitable to work with vulnerable adults.

Using medicines safely

- Robust systems were in place for ordering, storage, administration and disposal of medicines.
- The medicines management policy included all appropriate topics and referred to people's mental capacity and their ability to consent with regard to medicines.
- Where thickening agents were needed to aid people with swallowing difficulties, these were stored, administered and recorded correctly.

Preventing and controlling infection

- The home was extremely clean on inspection with no malodours detected throughout the building. One

visitor told us, "The place is spotless." Another said, "It doesn't smell at all, it is very clean".

- In an external infection control audit, carried out in June 2019, the service had received a score of 86%.
- Staff wore appropriate personal protective equipment (PPE) when delivering personal care.

Learning lessons when things go wrong

- The service ensured that they acted on any issues found through audits or checks. For example, they had adjusted their infection control procedure following the audit, to help ensure better compliance.

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 good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Appropriate assessments were carried out prior to people moving into the home to ensure their needs could be met fully by the service.
- Care plans included all relevant information to help ensure staff were aware of people's needs, wishes and preferences. People's care needs were monitored continually to allow staff to adjust care plans as required.

Staff support: induction, training, skills and experience

- There was a thorough, six week induction in place for new staff and a new, clearer and more comprehensive induction workbook had recently been introduced. Staff new to care were required to undertake the Care Certificate. This is a set of standards that care staff are expected to adhere to in their working life. A probation period of six months was in place and could be extended if staff had not reached the required standard in the time.
- There was evidence of regular on-going training. Core subjects, such as manual handling and safeguarding, were refreshed on an annual basis to help ensure staff knowledge remained current.
- Staff appraisals were undertaken on a three monthly basis to assess their progress and look at training needs.

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

- People's nutritional and hydration needs were recorded in their care plans. Food and fluid charts were in place to monitor intake where this was required. Weights were recorded to monitor any fluctuations and special diets were catered for within the service.
- People's comments regarding the food were mixed. People who used the service told us; "[Food is] lovely, I never leave a thing"; "Satisfactory" and "The food is quite alright." One visitor said, "Meals are fine, [relative] eats OK. The chef is really good. They made a cake for [relative's] birthday and took photos." Another visitor told us "[Relative] doesn't like the food, but there is plenty and they do get a choice." However, all the food was freshly prepared on a daily basis, was nutritionally balanced and looked appetising to us.
- There was a menu board with the day's menu displayed and people were asked each morning for their choices. We observed the lunchtime meal, which was a pleasant experience with tables set nicely, food served promptly and assistance given where required. Staff interacted with people in a kind and compassionate manner and were unrushed and calm. People were constantly encouraged and reassured and staff offered to re-warm a meal for someone who had needed to use the toilet during the mealtime.

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

- People's health needs were monitored and GPs contacted when required. The service also worked with the local district nursing service and a number of other health and social care staff as required. They told us they had a good working relationship with the staff at the home, who referred appropriately and followed advice and guidance.
- Specialist equipment, such as pressure mats, sensors and hoists were used as needed to help promote people's independence.

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

- The home was in the process of being decorated on the day of the inspection and new chairs had been purchased and were due to arrive the following week.
- All areas of the home were tastefully furnished and people's bedrooms were bright and airy. People had furnished their rooms with their own possessions to help personalise them.
- There was space for people to move around safely and people were able to sit in the garden area in nice weather.

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

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. 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 whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was an appropriate policy in place regarding mental capacity and staff had undertaken training. Those we spoke with had a basic knowledge of the principles of the MCA.
- Care plans included mental capacity assessments and information about the assistance people required with decision making. Information about any Lasting Power of Attorney held by a representative was also included. Consent forms were signed by the person who used the service or their representative, as appropriate.
- No one at the home was subject to a DoLS authorisation. Some people living at the service had been assessed as lacking capacity to consent to care and treatment, and authorisations should have been applied for. We discussed this with the registered manager who agreed that this was an oversight. Authorisations had been in place at previous inspections. The registered manager agreed to contact the local authority to ensure appropriate authorisations were sought. This was done immediately following the inspection.

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 the same. 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; respecting equality and diversity

- People felt staff were kind and caring and treated them with compassion. People who used the service said, "No complaints at all"; "Staff are definitely kind, nothing is too much trouble" and "Night staff are particularly kind. They make sure I am comfortable in bed. They are there in a minute when you need them."
- Visitors were happy with their relatives' care. One visitor told us, "My [relative] settled well and really quickly. I can't fault it, the care is excellent. Every time I come the staff are really welcoming, I know all the girls. Any issues they report straight to me. We are so lucky they had a place." Another said, "I am always welcomed by staff."
- There was a policy on equality and diversity and all staff were required to read it. The statement of purpose outlined people's rights to privacy and dignity and gave information on civil rights.
- A health and social care professional we contacted said, "No concerns, [on my last visit] I found the staff there friendly and pleasant. During my walk round where I saw some residents, they appeared to be well dressed, happy and interacting with staff in the lounge and dining area."

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

- Staff had good relationships with relatives and friends of people who used the service and supported people to access independent advocates if this was required.
- Relatives we spoke with told us they had good communication with the service. One said, "They [staff] ring when anything happens". However, there was little evidence within care plans of people who used the service or relatives being involved with the care planning and review process. We spoke with the registered manager about this and they agreed to ensure this was recorded in future.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected and we observed staff ensuring this was done. Comments included, "They respect you and ensure you have privacy" and "Yes, I feel my dignity is maintained well". We saw instances through the day when staff ensured people were covered to ensure dignity.
- The service was committed to maintaining confidentiality and used secure IT systems for storing information.
- The service had policies around confidentiality. Some policies and procedures had been updated with regard to new data protection regulations.

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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and included information about people's choices and preferences. Staff were knowledgeable about the people who used the service and ensured care was delivered in a way they wanted it. A visitor told us, "It's the little extras that make the difference, the Christmas party, birthday cake, lots of extras."
- People who used the service felt their preferences were taken into account. One person told us, "If I am going out they will help me with a bath or shower and do my make up". Another said, "Anything you want they [staff] will bring for you."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People with sensory impairments were given information in a way they understood. For example, where someone had a visual impairment, staff ensured they explained everything to them verbally and placed their hand on items such as plates and cups to ensure they were aware of them.
- Leaflets and information were available in different forms, such as large print or other languages if requested.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities including organised exercises, visiting entertainers and arts and crafts. Local religious groups visited to give communion to those who wished to receive it.
- Some people told us they would like more activities to be on offer. One individual said, "I am sometimes bored, I'd like more going on". We spoke with the registered manager about this at our feedback session and they agreed to take the comment on board.

Improving care quality in response to complaints or concerns

- The registered manager was available within the home on a regular basis to deal with any concerns as they arose.
- The complaints procedure was displayed in the reception area of the home and outlined in the statement

of purpose and service user guide. No complaints had been received recently.

End of life care and support

- There was an end of life policy and procedure. People's wishes for when they were nearing the end of their lives were recorded within the care plans.
- Some staff had undertaken training in end of life care. The service worked closely with the district nursing service when people were at the end of their lives.

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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service ensured that care plans and risk assessments were person centred.
- People were supported with equipment to be as independent as possible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

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

- The management team was committed to ensuring they provided a good quality service and monitored continually to help maintain consistent quality of service delivery.
- Staff we spoke with were clear about their roles and responsibilities and all displayed enthusiasm and passion for their jobs.
- A new staff handbook had been introduced to help ensure staff were clear about the service's expectations of them and their responsibilities.

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

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported. Respecting equality and diversity was positively promoted at the service.
- People we spoke with felt communication and inclusion was positive at the home. Staff were happy with the support they received from the management and their colleagues. Comments included, "I love it, the support is always there if you have a problem. They [management] sort it out right away"; "The best thing is the teamwork, we all pull together" and "Other staff are more like friends, like a family. The best thing about this place is the atmosphere and people getting on".
- The registered manager had an open door policy and people who used the service, relatives and staff all felt they could speak to them at any time.
- Staff appraisals took place every three months and gave staff the opportunity to discuss any concerns, make suggestions and look at training needs and personal development.

Continuous learning and improving care

- We saw a number of audits at the service, including audits of falls, accidents and incidents and environmental and cleaning audits. All these records were complete and up to date. Where required actions were put in place to improve the service.
- Questionnaires were sent out annually to visitors and people who used the service to help inform change and improvement. We saw the most recently completed questionnaires, which demonstrated people felt positive about all aspects of the service. Comments included, "Visitors are made to feel very welcome, nothing is too much trouble".

Working in partnership with others

- The service had an excellent working relationship with GPs and other professionals. One professional we contacted described the service as '10 out of 10 for all aspects of care and support'.
- Other professionals, such as dieticians, mental health team workers and speech and language therapists team (SALT) were contacted as required to help ensure joined up care.