

## Spennymoor Care Home Limited

# Spennymoor Care Home Limited

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

We carried out this inspection on 17 July 2015. The inspection was unannounced. The last inspection was carried out on 17 June 2013 and the service was found to be meeting all regulatory requirements inspected.

Spennymoor provides residential care for up to 19 older people and is situated about three miles away from Bolton town centre. At the time of the inspection 18 people were living at the home.

There was a registered manager at the home. 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.

# Summary of findings

The building was secure and the communal areas clutter free. This enabled people with restricted mobility to move around safely with the use of walking aids as required.

People who used the service did not have personal emergency evacuation plans (PEEPs) in place to ensure staff were aware of their level of need in case of an emergency evacuation. Following our inspection we have been provided with a copy of a PEEPs plan.

We saw that staff had been recruited appropriately, ensuring they had application forms, references and Disclosure and Barring Service (DBS) checks in place. This helped ensure people were suitable to work with vulnerable people. We saw that there were sufficient numbers of staff to attend to the needs of the people who used the service.

Safeguarding procedures were in place and staff we spoke with demonstrated when prompted an awareness of safeguarding issues. They knew how to follow the procedures and who to report to should the need arise.

Systems were in place for the safe ordering, administering, storing and disposal of medicines. This was done by a designated member of staff.

We observed the lunch time meal and we saw people were given choices; these were displayed on the board in the dining room.

Initial training was given to staff on induction and further training was on-going.

We saw that care plans included a range of personal and health information. There were risk assessments and monitoring charts for issues such as turning, nutrition and weight if required.

Consent was not always recorded within care plans where required and verbal consent was gained by staff for all interventions and assistance offered.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. There is also direction on how to assist someone in the decision making process. DoLS are part of the Mental

Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

There was no one at the home who was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation, but the registered manager was aware of how to refer for authorisation should the need arise.

People told us they were looked after with kindness and compassion. We observed staff throughout the day offering care in a friendly and caring way.

We saw that people and their relatives were involved in the initial stages in the planning and delivery of their care and support. However people spoken with told us they were not routinely consulted with the reviews of their care records.

Staff spoken with were able to give examples of how they respected people's privacy and dignity. We observed this throughout the day.

We saw that the service sought informal feedback regularly through chatting with people who used the service and their families.

People told us they were given choices about their daily lives, such as what time they wanted to rise and retire what they wanted to wear.

We looked at three care plans and saw they reflected people's individual preferences and wishes.

A range of activities were on offer at the home. These included armchair exercises, art and crafts, dominos, a movie night and visits from outside entertainers. However there was a lack of activities and trips outside the home.

There was an up to date complaints procedure which was displayed in the hallway. We saw that no recent complaints had been received by the service. We saw some compliment cards received by the service.

We found that the provider had failed to send some statutory notifications as required by the Care Quality Commission (CQC). Following this being discussed with the registered manager the notifications were forwarded and systems were put in place to ensure that notifications would be forwarded appropriately in future.

# Summary of findings

People who used the service and their relatives told us the registered manager was very pleasant and approachable.

Staff felt the registered manager was supportive and they were able to call the registered manager or deputy manager at any time, for support and advice.

The service had a stable staff group, most of who had been employed at the home for a significant length of time.

There was no evidence documented of any quality monitoring audits and checks to monitor the effectiveness of the service. Following this being discussed the registered manager agreed to action this immediately. Following our inspection the registered manager confirmed that audit forms were being sourced and formal recorded audits would commence.

# Summary of findings

## 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.

Staff had been safely recruited to meet people's needs.

The system for managing medicines was safe and people received their medicines in a timely manner.

The environment was clean and was well maintained.

Suitable arrangements were in place to help safeguard people from abuse.

Personal Emergency Evacuation Plans were not in place in the event of an emergency.

Requires improvement



### Is the service effective?

Not all aspects of the service were effective.

Initial training was given to staff on induction and further training was on-going to help keep their skills and knowledge up to date.

Staff did not receive formal supervision.

The food at the home was good and people were given choices. However presentation of pureed food should be addressed.

Consent was not always recorded for care interventions.

Although staff had recently received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) staffs understanding of this needed to be revisited.

Requires improvement



### Is the service caring?

The service was caring.

People who used the service spoke positively about the kindness, compassion and caring attitude of the staff.

We saw that staff treated people with dignity and respect.

Feedback was regularly sought informally through chats with people who used the service and their families.

Specialist training was provided to help ensure that staff were able to care for people who needed end of life care.

Good



### Is the service responsive?

The service was responsive

The provider had systems in place for the receiving, handling and responding to complaints. No recent complaints had been received by the service

Good



# Summary of findings

Whilst care plans contained information to guide staff on how people wish to be cared for some of the daily charts were incomplete.

People told us they were given choices about their daily lives.

Activities were available and people were given the choice to participate if they wished. However outside trips and outings were limited

## Is the service well-led?

The home was not consistently well-led.

Staff spoke positively about working at the home. They told us that the manager was supportive.

There were no systems in place to monitor the quality of the service.

Not all notifiable incidents had been reported to the Commission.

The information available to people looking to move in to the home required updating.

The service had a stable staff group, most of who had been employed at the home for a significant length of time.

**Requires improvement**



# Spennymoor Care Home 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 checked 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.

The unannounced inspection took place on 17 July 2015. The inspection team consisted of a CQC adult social care 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.

Before our inspection we contacted Bolton local authority commissioning team to find out if they had any concerns

about the service. We also contacted the local Healthwatch Bolton to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care.

Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During the inspection we spoke with six people who used the service, three relatives and four members of staff, including the registered manager. We looked at records held by the service, including three care plans, three staff files, menus, training and the serving of equipment.

# Is the service safe?

## Our findings

We spoke with five people who used the service. We asked if people felt safe living at Spennymoor. One person said, “They [the staff] always keep the door locked and don’t let strangers in”. Another person said, “When I go to bed at night everybody is so caring and watching, this is the best, there is always someone here you can call on”. One relative spoken with said, “You can just press a buzzer and someone will come to assist”. People who used the service and their relatives spoke highly about the care, compassion and kindness shown by all the staff working at the home. One person said, “The staff are lovely”.

We saw that on the day of the inspection that sufficient numbers of staff were on duty. The registered manager said if needed, for example if a person was nearing the end of their live extra staff would be on shift. The registered manager told us there were two waking night staff on duty throughout the night.

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system helped to protect people from being cared for by unsuitable staff. The staff files contained a written application form, two references and other forms of identification. Checks had been carried out with the Disclosure and Barring Services (DBS). The DBS identifies people who are barred from working with vulnerable and informs the provider of any criminal convictions. The registered manager told us they took notes of interviews but did not keep them. The manager agreed to review this.

We looked around the home and saw that the accommodation consisted of mainly single rooms. There were two shared rooms. Some of the rooms had en-suite facilities. We saw that bathrooms and toilet facilities were close to bedrooms and communal areas. We saw that some of the bathrooms were in need of decorating as the paint work was chipped and peeling off. We saw one bathroom which serviced two bedrooms on the ground floor was cluttered and being used for storage. We discussed this with the registered manager who agreed that the bathroom required decluttering and cleaning and this would be actioned. In another toilet we noted that the toilet seat was broken and required attention. Following our inspection the registered manager confirmed the broken toilet seat had been replaced. We observed that in

some bathrooms and toilets there was block soap on the sinks. Block soap can pose a risk of cross infection in communal bathrooms and toilets. We found the home was clean and was free of any offensive odours.

We saw that staff had access to different coloured protective aprons for different tasks and disposable gloves were available when staff were carrying out personal care duties.

We saw that there were health and safety policies in place. The records showed that the equipment and appliances had been maintained in accordance with the manufactures’ instructions.

We asked the registered manager about fire safety procedures and evacuation procedures. There were regular testing of fire alarms and fire drills. We found that there was no personal emergency evacuation plans (PEEPs) in place for people who used the service. A PEEP indicates the level of assistance a person would require in the event of a fire emergency. This was discussed with the registered manager who agreed to action this immediately. Following our inspection we have been provided with a copy of a PEEPs plan.

We spoke with staff who explained the procedures they would follow in the event of fire. We saw that fire exits were clear and accessible.

We saw that suitable arrangements were in place to help safeguard people from abuse. Staff spoken with had attended updated training the week before our inspection. We saw that staff had access to the local authority safeguarding procedures and contact details were readily available should they need to report any allegations of abuse.

Staff spoken with knew about whistle blowing and said if they had any concerns they knew how to report these and what actions to take.

We looked at the system for the safe administration and storage of medicines. We saw that medicines were securely stored and following administration the Medication Administration Record sheet (MARs) had been completed. The home used a system called Biodose. This is where medicines were contained in a ‘pod’. Each pod can contain tablets or liquid medication. Photographic identification was on the front of each tray which helped to minimise

## Is the service safe?

medication errors. Staff who administered medicines had completed medication training. There were no controlled drugs currently being administered, however suitable storage was in place if required.

We asked the registered manager about the use of creams and how these were recorded. There were no systems in place to show when the creams had been applied and by whom. The registered manager agreed to implement a record of this immediately.



# Is the service effective?

## Our findings

The people we spoke with told us they felt the staff had a good attitude and experience to meet their needs. This was confirmed by a relative who said, “The staff are very good, if I had any concerns about my Xs [relative] care they would not be here”. Another relative said, “We looked at several other homes before deciding on Spennymoor, it’s not too big and it’s very homely”.

We saw in the care records we looked at that the registered or deputy manager completed an assessment of people’s needs prior to them moving into the home. This helped people to decide if the placement would be suitable and their individual needs could be met by the staff.

We were shown the induction programme that newly recruited staff had to undertake on commencing work at the home. It contained information to help staff to understand their role and what was expected of them and what they needed to be done to ensure the safety of people who used the service.

We asked the registered manager for the staff training plan. There was no structure in place keeping an account of staff training. The registered manager told us that staff had completed mandatory training the week prior to our inspection and that they were awaiting certificates of validation. We spoke with three staff individually who confirmed the training took place and what topics were covered. This included moving and handling and caring for people living with dementia. We discussed the training plan with the registered manager who agreed a structured training plan would be put in place.

We asked the registered manager about staff supervisions. We were shown copies of two recent staff appraisals. We asked about how other staff were supervised. We were told that as the registered manager and the deputy manager were ‘hands on’ staff they had daily contact and discussions with staff team. One member of staff spoken with told us they did not have regular supervision as they were ‘OK’. Supervision meetings help staff to discuss their progress at work and also any learning and development needs they may have. The registered manager told us no information had been recorded and they agreed to action individual staff supervisions and appraisals for all staff and for these to be recorded.

We found this to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Staffing

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give their consent to their care and treatment. We were told that any care and treatment was discussed with the people who were able to make decisions for themselves. There were no systems in place to assist those people who struggled with decision making. We spoke with three people who were able to tell us they made decisions about their daily routine for example times of rising and retiring and choice of clothes and choice of food.

We observed that there was no room recognition for example name plaques or room numbers on people’s bedroom doors to assist people to find their own room more easily. This was discussed with the registered manager. Following our inspection the registered manager confirmed that name plaques had been fitted.

We saw in the care plans a section for obtaining consent, however not all of these had been completed.

We asked the registered manager to tell us about the people who did not have capacity to give consent to their care and treatment and how care provided was in persons’ best interest. We saw in the care records that an assessment form was available if the person did not have capacity to make decisions then a ‘best interest’ meeting would be arranged. A ‘best interest’ meeting is where other professionals and the family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find.

We asked the registered manager to tell us their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally

## Is the service effective?

authorised. The registered manager could explain the legal principles of the MCA and DoLS. However two staff spoken with who confirmed they had received training on MCA and DoLS the week prior to our inspection struggled to explain the concept of MCA and DoLS. We asked the registered manager to address this and look at the training package that had been delivered. At the time of our visit there was no at the home subject to a DoLS authorisation.

We checked to see if people were provided with a choice a suitable and nutritious food and drink to ensure their health needs were met. When we arrived at the home we saw people were still having breakfast and this went on till 10:00am we saw that two people were having porridge and toast and a drink of their choice. We saw the lunch time menu was displayed on the board in the dining room. This was fish fingers or scampi, creamed or chipped potatoes and peas followed by jelly and ice cream. Other options were available but were not shown on the menu board; we saw one person was offered meat pie and peas. Staff spoken with told us they knew what food people like and that they would always be offered choices. The breakfast, tea time and supper menus were not displayed so people may not be aware of the choices available.

We saw that the tables were laid with appropriate cutlery and napkins. Although condiments were not available on the table staff did ask if people would like some salt and pepper on their meal and this was provided.

We observed that for one person who required a wheelchair for transferring from the lounge to the dining room was assisted in their wheelchair then transferred in to a dining chair by the use of a hoist. This enabled this person to sit up to the table more comfortably.

We received mixed responses about the food, one person told us, "The food is lovely" another said, "We get mainly frozen vegetables, I'm not sure why". We asked the registered manager if people who used the service were involved in the menu planning. We were told they were not but that could easily be rectified.

We did see that people received regular drinks and snacks throughout the day and some people had apple slices in the afternoon; however there was no fruit bowl for people to help themselves.

We brought to the attention of the registered manager that the pureed diet for one person had been blended together and was not presented in an appealing way. Pureed food should be blended separately to allow the person eating it to experience different colour, texture and taste.

The care records we looked at showed that people had an eating and drinking plan if required and were assessed in relation to the risk of inadequate nutrition and hydration. When required the registered manager would take action such as a referral to the dietician or to their GP if a risk was identified. We saw evidence of referrals in the files we looked at.

The care records we looked at demonstrated that people had access to external health and social care professionals such as GPs and community nurses.

# Is the service caring?

## Our findings

People who used the service were very complimentary about the staff and the care provided. Comments included, "They [the staff] are excellent and another when asked if the staff were kind said, "Oh yes there's no problem with the staff". One person said, "Of course I would rather be at home but I could not manage by myself. The care is very good and the girls do all they can to help me". A relative told us that they were very satisfied with the care their relative received.

We saw that people were well groomed and their clothes had been nicely laundered. We were told that the hairdresser came into home to do peoples hair.

We saw that visitors were made welcome and were offered refreshments on arrival at the home. We observed that visitors could meet with their relatives and friends in the communal areas or in the privacy of their own rooms. There were no restrictions on visiting times.

From our discussions with staff it was clear that they had a good understanding of the needs of the people they were caring for. We observed throughout the day that staff offered care and support in a kind and caring way. We observed that staff spent time with one person who remained in their room. During the day staff we saw staff checked to ensure this person was comfortable and was given drinks regularly throughout the day.

We saw that staff responded swiftly and efficiently when people needed assistance.

We saw that people were treated with dignity and respect. For example staff knocking on bedrooms and bathroom doors and waiting for a response before entering. We saw for one person who was receiving personal care from staff that the bedroom curtains were drawn to maintain privacy. In shared rooms privacy screening was available.

We noted that some bedroom and bathroom doors did not have locks fitted. We discussed this with the manager who agreed to asked people and document if they would like a lock fitted to their bedroom door for added privacy. As the home cared for male and females some people who did not have en- suite facilities may wish to lock the toilet/ bathroom door. One person who had recently moved into the home did not want to be supported by staff when bathing. We asked the registered manager to look in to this to ensure this person had the opportunity to bathe safely and in private.

We saw that daily monitoring sheets had been completed by staff. We saw that these were kept in the dining room but were on view for anyone to read. We asked the registered manager to address this.

We asked the registered manager to tell us about how staff cared for people who were nearing the end of their life. We saw evidence to show us that the home had an end of life champion who had successfully completed the Six Steps end of life training. The Six Steps programme guarantees that every possible resource is made available to a private, comfortable, dignified and pain free death whilst remaining at Spennymoor.

# Is the service responsive?

## Our findings

### Our findings

People spoken with told us that staff responded well to their needs. People said that staff would sit and chat with them when they had time. One person said, “If I wanted them or I want a word they [the staff] would make time”. We asked people who used the service if they were unwell did the home contact their GP. People confirmed they received a prompt response from the staff and their GP. We saw evidence of GP visits recorded in the care records we looked at.

We looked at three care records. We saw that people had been assessed by the registered manager prior to people moving in to the home to help ensure the home and staff could meet people’s individual needs.

We saw there was information in the care plans to guide staff how people who used the service wished to be cared for. We saw people’s likes, dislikes, routines and preferences were incorporated in the care plans. However we saw in two care plans that the recording on some the personal care records had not been completed. For example staff had omitted to document that personal care had been offered on four consecutive days. The registered manager and staff confirmed that the necessary care had been provided. We discussed with the registered manager the importance of recording all relevant information.

We saw that people who used the service and where appropriate their relatives had been involved in the care planning in the initial stages. However as people settled at the home and had been living there for some time we saw that input from people who used the service and their relatives had not been sustained .

We asked people how they spent their day. We were told that some people liked to spend time in their room reading or watching TV. On the day of our inspection people were

seen participating in gentle armchair exercises. These were regular session booked and were carried out by an independent person. People who used the service told us that an entertainer came into the home for a sing-a-long session. One person told us they like to read in private but there was nowhere to go apart from their room. We discussed this comment with the registered manager who told us this person had been made aware of the quiet room away from the hub of the home and they would reiterate this to this person. People who used the service told us they did not have any planned trips or outings out of the home. Only one person spoken with told us they went out with their family. We discussed trips and outings with the registered manager who agreed to look into this.

We saw that outside space was limited. There was a garden bench in the small garden at the front of the home. However this was close to a main road and risk assessments would need to be completed for people to sit outside unaccompanied or for staff to be in attendance. One visitor spoken with told us they sat outside with their relative one afternoon.

We saw that the home had enough equipment to meet people’s needs. We saw that aids and adaptations were available to promote people’s safety, independence and comfort.

We saw that the complaints procedure was displayed in the hallway. The registered manager told us they had received no formal complaints or concerns. People who used the service and their relatives told us they felt confident that any issues they might have would be quickly resolved by the registered manager. We saw that the home had received a number of compliment cards, some comments included, “No words can say the gratitude I feel to you all for the care and support you have given not only to my X [relative] but myself”. Another said, “Thank you for all your loving care”.

# Is the service well-led?

## Our findings

### Our findings

The home had a registered manager in post. The registered manager was also the provider of the service. 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.

The registered manager and most of the staff had worked together at the home for a number of years. People who used the service, staff and relatives we spoke with told us that the manager was approachable and supportive. Comments from people who used the service said the manager was, "Very pleasant" another said, "Very approachable".

We asked a member of staff if they liked working at the home and whether they felt supported by the registered manager, they told us that, "Yes I love it, it's like a family, the manager and senior staff are supportive".

We found that the provider had failed to send in some statutory notifications as required by the CQC. We discussed this with the registered manager and following our inspection the registered manager forwarded the missing notifications relating to two falls. The registered manager told us that notifications would be sent appropriately in future.

We asked the registered manager to tell us what systems were in place for them to monitor and review the service to ensure that people received safe and effective care. Apart from the fire system testing there was no evidence of audits or checks recorded. The registered manager told us that they observed and checked records but did not document things. There was no analysis of falls, care records, medication checks, environmental checks, including the upkeep of the home and infection control audits. Following our inspection the registered manager confirmed that audit forms are being sourced and formal recorded audits will commence.

We were told there were no records of staff or residents/relatives meetings as people were spoken with daily. We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.

We looked at the certificates for the servicing of gas and electrical appliances, the lift and checked that portal appliance testing (PAT) had been completed. We found the certificates were valid and up to date.

We saw that the home had a service user guide. The guide should provide information to prospective services, their relatives and to people living at the home about the services and facilities they should expect to receive. We saw that this information was out of date and in some information was no longer relevant. We discussed this with the registered manager who agreed to address this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Effective systems were not in place to monitor and assess the quality of the service provided.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider had failed to ensure that staff received appropriate supervisions and appraisals .