Mr R M & Mrs P P Duffy

The Spinney Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected The Spinney Residential Home on 14 and 26 April 2016. The inspection was unannounced on day one, but we told the provider we would be visiting on day two. At the last inspection in June 2015 we found the provider was meeting all the regulations we inspected.

The Spinney Residential Home is large converted property with a modern extension. The service provides care and support for up to 30 older people and is registered to provide accommodation for people who require personal care. The service is close to all local amenities.

The home had a registered manager in place. 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.

Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. We saw people's care plans were very person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate people were involved in all aspects of their care planning.

We saw staff had received supervision on a regular basis and an annual appraisal. Staff training was mostly up to date and the registered manager had a plan in place to ensure all staff received their training.

People told us there were enough staff on duty to meet people's needs. We found overall safe recruitment and selection practices had taken place to ensure staff were suitable to work at the service.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

Systems were in place for the management of medicines so people received their medicines safely. However, the service was not always ensuring creams were signed for as administered.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Our observations of the staff showed they knew the people very well and people told us they were happy and felt well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

We saw there was a good supply of activities and outings available for people. Staff encouraged and supported people to take part; however recording of people's activity levels was not robust.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. We also saw the views of the people using the service were regularly sought and used to make changes.

There were systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out by the registered manager. We saw where issues had been identified; action plans with agreed timescales were not followed or signed off all of the time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were mostly carried out to help ensure suitable staff were recruited and there were enough staff on duty to meet people's needs.

There were arrangements in place to ensure people received medication in a safe way. We saw staff did not always sign to say they had administered creams.

Is the service effective?

Good

The service was effective.

Staff training was mostly up to date and the registered manager had a plan in place to ensure staff received training. Staff had received regular supervision and appraisal.

People were supported to make choices in relation to their food and drink. People were supported to maintain good health and had access to healthcare professionals and services.

The Mental Capacity Act (2005) was used to plan care for people who may lack capacity to ensure this was in the person's best interests. The service was working towards developing a system to identify when people may need an application to deprive them of their liberty.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was

individualised to meet people's needs

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs. Care plans in place were person centred.

People also had opportunities to take part in activities of their choice inside and outside the service.

There was an appropriate and effective system in place for people to raise concerns about the service.

Is the service well-led?

Good

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Quality assurance systems were in place to ensure the quality of care was maintained, however areas noted for action during audits were not always signed as completed. The registered provider had oversight of the service but did not complete robust checks to ensure the quality of the service.

The Spinney Residential Home

Detailed findings

Background to this inspection

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

We inspected the service on 14 and 26 April 2016. Day one was an unannounced inspection and on day two we told the registered provider we would be visiting. The inspection team consisted of one adult social care inspector on both days and a specialist advisor in quality assurance supported the inspection on day one.

Before the inspection we reviewed all of the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We also sought feedback from the commissioners of the service prior to our visit.

The registered provider completed a provider information return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 21 people who used the service. We spent time with people and spoke with five people. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

During the visit we spoke with the registered manager, registered provider, five staff members, two family members and one visiting professional.

During the inspection we reviewed a range of records. This included four people's care records, and medication records. We also looked at four staff files including staff recruitment and training records,

records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Requires Improvement

Is the service safe?

Our findings

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines.

We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. We saw this detail being used when staff asked a person if they wanted one or two tablets of pain relief and whether they wanted hot or cold water to take their medicine with. The service had a medication policy in place, which staff understood. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training.

We checked peoples' Medication and Administration Records (MARs). We found gaps in the administration records where staff should have applied creams for people and also creams had been administered more and less frequently than prescribed at times.

We saw where people were prescribed pain relief which was administered via a pain relief patch. Specific administration records were not in place to ensure staff rotated the area where the patch was placed on the person's body to prevent sensitivity to the pain patch.

We discussed this with the registered manager and on day two systems had been changed to ensure staff were more likely to sign correctly for prescribed creams and pain patch sheets were in place.

We saw for 'as and when required' (PRN) medicines the service had protocols in place to describe to staff the full details of what the medicine was for and when it would be appropriate to administer it.

We looked at four staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

We saw explanations for gaps in people's employment history were not always recorded in their staff file. Overall we found the recruitment process was safe and the registered manager told us they would build into their recruitment system checks on employment history in future.

We asked people who used the service if they felt safe. People told us they felt safe. A family member told us "I feel mum is very safe."

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidences were recorded and the service

investigated concerns. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse; records we saw confirmed most of the staff team had up to date training in safeguarding.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as pressure care, choking and falls. This enabled staff to have the guidance they needed to help people to remain safe.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety. The registered manager and registered provider explained how they would in future risk rate works needed to be completed and refurbishment and they would action quotes based on the risk. We saw the document on day two which contained tis information.

We saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. Tests of the fire alarm were undertaken each week to make sure it was in safe working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw staff recorded accidents and incidents and they updated people's care plans and risk assessments following an Incident. However they did not always ensure the accident or incident was recorded in the person's daily notes, at handover or transferred onto the weekly audit of accidents and incidents. This could mean important information was missed and that could place people at risk of harm.

We looked at the arrangements in place to ensure safe staffing levels. During our visit we saw the staff rota and the tool used to determine the dependency of people who used the service, which was used to ensure staffing levels were safe.

During our visit we observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff told us staffing levels were appropriate to the needs of the people using the service. One staff member told us "We have time to interact and we ask people if they want activities." Another staff member told us "Nobody is too busy, we meet people's needs and respond effectively and we have time to chat with people."

Good

Is the service effective?

Our findings

We spoke with people who used the service who told us staff provided a good quality of care.

The registered manager told us staff new to care were undertaking the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care which are expected.

Staff told us their induction involved shadowing experienced staff until they felt confident and competent. One staff member told us "We put across our person centred approach to new staff and we stress it is people's choice even down to the colour of their socks."

We saw the training matrix which showed training was in the main up to date in all mandatory topics. The registered manager told us by the end of June 2016 all training outstanding training would be up to date.

We also saw additional training in areas such as dementia and people's medical conditions such as diabetes were available to staff which helped staff complete their roles more effectively.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. One staff member told us "We have a lot more now and we can discuss problems and work through them." We saw records to confirm supervision and appraisals had taken place.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. . The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate documentation was in place for people who lacked capacity where the service had assessed a mental capacity assessment was required. We saw in one person's care plan a best interest decision had been made following the person refusing support that was required to take place in their best interests. The service had recorded all of the efforts they had made to ensure the person understood each time they delivered the support.

On day one of the inspection, the service had not highlighted in all cases where people required an application to deprive them of their liberty. A new screening tool had been developed by day two of the inspection and the registered manager had screened each person living in the service. The home was working with the local authority team to ensure applications were processed.

Staff and people who used the service told us they were involved in making choices about the food they ate. People were frequently asked for feedback at the resident's meetings .Staff told us they asked people each morning their preference for their meal, but they still offered each choice again at mealtime.

People were supported to eat in the dining room and in their own room if they chose this. The dining room was being renovated when we visited. People and their families told us they had been involved in choosing the colours of the decorations and flooring. People told us they were pleased they had been involved.

Staff had made another area of the service welcoming to people to use in the meantime. The atmosphere was relaxed and people were socialising with each other. People were supported to be as independent as possible to eat their meal. People's preferences were taken into consideration and we saw one person chose the specific number of carrots and sprouts they wanted to eat. Another person whose first language was not English was shown the options available on plates for them to choose from.

People told us the food was good overall and one person said "The food is nice can you see it steaming." A family member told us "The food is good, we have some nice food." A staff member told us "People like the food, it looks nice, when the kitchen make cake, we say people eat with their eyes and so they decorate it for people, it makes a difference." We saw such a cake during our inspection decorated with strawberries for people.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. We saw in peoples care plans they used a nutritional risk assessment and staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist.
We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said they had good links with the doctors and district nursing service. One visiting professional told us "Staff are willing to help; patients are well cared for, I would let my family come here. Anytime of day I have been here, it is always calm, staff get on well. [Name of registered manager] is helpful and caring. If I have questions they know what is going on."

Good

Is the service caring?

Our findings

People we spoke with during the inspection told us they were very happy and the staff were extremely caring. One person said, "Its homely here, I have my friends here." A family member said, "Staff are great, you can pop in anytime."

During the inspection we spent time observing staff and people who used the service. On both days of the inspection there was a peaceful and friendly atmosphere. Throughout the days we saw staff interacting with people in a very caring and light-hearted way.

We saw staff treated people with respect. We saw people and staff enjoyed friendly banter with each other; we saw everyone knew about upcoming birthdays and events which meant genuine relationships had been formed between people and the staff. Our observations of the staff showed they could anticipate people's needs. For example we saw during lunch a person was coughing whilst eating, staff did not intervene, but gently spoke with the person to see if they required assistance.

Staff told us how they worked in a way which protected people's privacy. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed the staff team was committed to delivering a service which had compassion and respect for people. A family member told us "Mum usually says to me 'I couldn't be better looked after if I was the queen'."

The registered manager and staff we spoke with showed concern for people's wellbeing. We saw one person was upset and their family member and the staff team worked together to understand what was wrong and reassure the person. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

The service was spacious and allowed people to spend time on their own if they wanted to. During the inspection people showed us their bedrooms. They were very personalised and people had their own furniture from home and items which held memories from their past.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. One staff told us how they encouraged people to help set the tables for meals if they could and how they were patient when supporting people.

Good

Is the service responsive?

Our findings

People told us they were involved in a good range of activities. One person said "Staff did bingo with us, and we did a sweep for the grand national which I won £10." A family member told us "They have Easter and Christmas parties, they have activities and they play games." Staff also confirmed there was a variety of activities available to people.

One of the staff told us although one member of the staff team was responsible for activities that all staff see activities as part of their role. They described reminiscing with people using the iPad in the service where YouTube was used to search for old pictures and films. One of the people using the service confirmed they liked to do this.

Staff and people told us about playing I spy together and sewing. The service also supported people who had family members abroad to use Skype to communicate with them. Another person was keen to tell us the staff and their family had got them a picture signed by Daniel O'Donnell who was their favourite singer.

Although we were told many examples of people's experiences and activities on offer the records did not reflect everything people had been supported to take part in. We discussed this with the staff team and on day two they had introduced a new way of recording peoples activities which the registered manager told us would be used to review activity and prevent social isolation each month for people.

During our visit we reviewed the care records of four people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. People and their family members told us they had been involved in making decisions about their care and support and developing the care plans.

The care plans contained person centred detail about how people wanted to be supported. For example we saw in one person's care plan a description of their history was very thorough and this enabled staff to understand the person better. Another person's plan included a detailed description on how to manage a person's frustration which meant the person displayed less anxiety. We found care plans were reviewed and updated on a regular basis.

The staff team told us they had worked hard to support a person whose first language was not English to feel at home and be able to communicate as much as possible. This included making emergency exit signs in the persons own language, learning phrases so staff could communicate with the person. Also the staff had worked with the person's family to install satellite television which had stations to watch in the person first language.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and

who to contact. Staff told us the registered manager spoke to people on a daily basis to make sure they were happy. A family member told us "I have never had to complain, but I would speak to [Name of registered manager]." We saw records of the complaints received recently and they had been dealt with appropriately.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw audits had taken place in a wide range of areas from health and safety, infection control to mealtime experience audits. We saw lots of actions had been identified to improve the quality of the service and we could see the improvements had been made in some areas such as care plans. However the actions were not always signed off as complete and in some cases had not been completed. For example, those highlighted in the monthly catering audit and monthly home managers audit and actions the infection control audit had highlighted.

The registered manager told us they would look to improve their system so they ensured actions were signed off. On day two of the inspection the registered manager had worked to design a spread sheet which listed each action identified and graded the action according to risk. They told us this would be used in future to monitor continuous improvement.

The registered provider told us they worked from the service throughout the week and completed visual checks plus some audits. The registered provider used the registered manager's supervision to appraise the performance of the service by discussing the outcomes of the audits the registered manager had completed and the registered provider's knowledge of the service. They did not however complete robust audits to check themselves the service's quality. On day two the registered manager and registered provider had worked to develop such an audit to be used in the future.

People who used the service spoke positively of the registered manager. One person said, "[Name of registered manager] is good to everyone not just me." A family member said, "[Name of registered manager] is doing a good job."

The staff we spoke with said they felt the registered manager was supportive and approachable and their arrival as manager at the service had seen positive change. One staff member said "The care has always been good but we didn't know how much was not getting done. [Name of registered manager] has really changed this place for the best." Another staff member told us "We have worked together through the changes, it made us realise we are a good team, we get praise now and it makes you feel worthy, morale is good."

Staff told us team meetings took place regularly and they were encouraged to share their views. We saw records to confirm this was the case. Topics of discussion included care standards, supervision and management structure. One staff member told us "Team meetings happen now and they are useful, we know our responsibilities and we work hard to complete our job."

The registered manager told us people who used the service met with staff on a regular basis to share their

views and ensure the service was run in their best interest. We saw recorded in minutes of the meetings people were pleased with recent visits to local garden centres and they had requested a visit to another local attraction. Also a request to have their 'tea on their knees' sometimes. We also saw the 'Spinney Gazette', which was a newsletter telling people and their families, plus staff what has happened and what was going to happen in the future. Easter and Chinese new year celebration photos, staff introductions and birthdays were all included. People told us they felt fully involved in the running of their home.

We saw a survey had been carried out in 2015 to seek the views of people living in the service and their family members. The results of the survey were shared with both people who used the service and their family. We saw one outcome from the survey was the development of a seating area to the back of the property so people could sit outside in the summer without being overlooked from the main street. People told us they were pleased with this outcome.