

Hicare Limited

Spencefield Grange

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

This inspection took place on 1 September 2015 and was unannounced.

Spencefield Grange is a care home that provides residential care for up to 60 people and specialises in caring for older people including those with physical disabilities, mental health needs and people living with dementia. The accommodation is over two floors, accessible by using the lift and stairs. At the time of our inspection there were 49 people in residence.

A registered manager was not in post. The service has been without a registered manager since December 2014 however there has been an acting manager in place since this date.

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

People told us they felt safe at Spencefield Grange. Staff had a good understanding of safeguarding (protecting people from abuse) and knew how to keep people safe.

People's care needs were assessed including risks to their health and safety when they started to use the service. However, risks to people's health and wellbeing were not monitored or reviewed regularly. Care plans which staff referred to were not reflective of people's current needs; therefore staff relied on any new information shared at the handover meetings. That meant people may be at risk of receiving unsafe or inappropriate care.

The systems to store, manage and administer medicines safely were not followed correctly. Further action was needed to ensure the national guidance was followed in relation to safer management and administration of people's medicines.

Staff were recruited in accordance with the provider's recruitment procedures, which helped to ensure suitable staff were employed to look after people.

People lived in an environment that was kept clean. All the bedrooms had an ensuite facility and were personalised to reflect people's interests and taste.

Staff received an induction when they commenced work and on-going training to support people safely. We saw staff used equipment to support people correctly. Staff received support through meetings and staff appraisals.

We found the requirements to protect people under the Mental Capacity Act and Deprivation of Liberty Safeguards had not been followed. Further action was needed to ensure a mental capacity assessment was carried out so that people's wishes were known and kept under review. Where a person lacks capacity to make decisions or are unable to do so, then the provider must act in accordance with their legal responsibilities to ensure that any best interest decisions made involved the relevant people and health care professionals.

People were provided with a choice of meals that met their dietary needs. Drinks and snacks were readily available. People at risk of poor nutrition had assessments and plans of care in place for the promotion of their health.

People's social needs were met. People received visitors and spent time with them as they chose. There were a range of opportunities for people to take part in hobbies and activities that were of interest to them.

People's health needs were met by nurses and other health care professionals. Staff sought appropriate medical advice and support from health care professionals when people's health was of concern and were supported to attend routine health checks.

People told us that they were treated with care and that staff were helpful. We observed staff respected people's dignity when they needed assistance.

People were involved in making decisions about their care and in the development of their plans of care when they first started to use the service. Care plans were not up to date to reflect people's current needs and how staff should support them. People were not always consulted or involved in the review of their care plan. Where appropriate the relatives or relevant health care professionals were not involved or consulted with regards to reviewing people's needs to ensure staff provided the care that helped to maintain people's safety and wellbeing.

People were confident to raise any issues, concerns or to make complaints, which would be listened to and acted on appropriately. Records showed complaints received had been documented.

Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

The provider currently supports the manager to manage the service. The acting manager was in post over six months. However, they had not yet submitted an application successfully to become the registered manager.

The provider's quality governance and assurance systems were not used effectively and consistently to ensure people's health, safety and welfare. We found gaps in the records for daily checks which the management team were not aware of. The internal audits were not always completed in full and actions to address any shortfalls

Summary of findings

were not monitored and sometimes not addressed. Therefore, the provider could not effectively monitor the improvements because the issues found were not always recorded and no plan of action developed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not consistently safe.

People told us they felt safe. Staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing was not properly assessed, managed or monitored. The management of people's medicines were not always done safely or correctly, which could affect people's health.

Safe staff recruitment procedures were followed and were available to support people.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People were cared for by staff that had received an induction and on-going training. Staff received regular support and on-going supervision.

The care and treatment people received was not always effective because the requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were not put into practice to ensure people's legal rights were respected.

People's nutritional needs were met. People were referred to the relevant health care professionals to promote their health and wellbeing.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with kindness, their privacy and dignity was respected.

People were involved in making decisions about their daily care needs and staff respected their choices and lifestyle.

Good



Is the service responsive?

The service was not consistently responsive.

People's needs were assessed when they first started to use the service. However, records showed the views of people and the involvement of family and health care professionals were not taken into account. Therefore, people may not always receive personalised care.

People felt confident to make a complaint and the complaints process was clear.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

Requires Improvement



Summary of findings

There was no registered manager in post.

The provider encouraged feedback from people who used the service, their relatives and staff. Whilst some ad hoc improvements were made other issues were not known and therefore improvements could not be effectively monitored.

The provider had assurance and governance systems in place but these were not used consistently to assess, review and monitor the quality and safety of care provided.

Spencefield Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 September 2015 and was unannounced.

The inspection was carried out by one inspector, an inspection manager, an expert by experience and a specialist professional advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist professional advisor who supported us on this inspection was a qualified nurse with experience of supporting people living with dementia.

Before the inspection we looked at the information we held about the service, which included information of concern received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information sent to us from people who used the service, relatives of people who used the service and health and social care professionals.

We spoke with 15 people who used the service and 9 visiting relatives or friends. We also spoke with 5 visiting health care professionals.

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 spoke with five staff involved in the care provided to people. Those included senior carers and carers. We spoke with the house-keeping staff and the cook. We spoke with the manager, deputy manager and two provider representatives who were at the service at the time of our inspection visit.

We looked at the records of five people, which included their plans of care, risk assessments, care plans and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, complaints and the minutes of meetings.

We contacted health care professionals and commissioners for health and social care, responsible for funding some of the people that live at the home and asked them for their views about the service.

We requested additional information from the provider and the manager in relation to staff training, statement of purpose and confirmation that statutory notifications have been sent. We received this information in a timely manner.

Is the service safe?

Our findings

During our inspection visit we found numerous failings in the provider's systems to deliver safe care. Risks to people's individual health at the point of them moving to the service had been assessed for moving and handling, risk of pressure ulcers, falls and malnutrition. Because the care records were not well organised it made it difficult to relate the risk assessment to the care plans.

We found the care plans covered the basic activities of daily living and physical care needs but were not up to date or reflective of risks to people, their current needs and what staff should do to meet those needs and help to keep people safe. Because changes to people's health were not monitored new needs were not always known in order for staff to support people safely. There was no evidence to show further assessment was carried out when people's health changed or deteriorated, and how information such as monitoring records were used to assess whether the care provided continued to be appropriate and safe. That meant risk to people health was not managed.

Staff monitored people's eating and drink, management of pressure ulcers and incidents such as falls but those were not considered in relation to how risks were managed. Care plans did not clearly show how risks should be managed in order for staff to know how to support people, especially those with limited speech, ability to make decisions due to health issues or were living with dementia. Despite the care plans not being up to date staff knew what support people needed. However, it highlighted that people could be at risk of receiving unsafe and inappropriate care because their needs were not properly assessed, reviewed or managed.

Staff spoken with recorded any changes to people's health and reported it to the senior carer or the deputy manager to review. The reviews did not show that the changes reported by staff had been taken into account and as a result the care plan updated. The majority of the care plans were not endorsed by the person or their representative since they first started to use the service. There was no formal agreement as to how often the care plans would be reviewed and by whom. One person's care plan review with a family member was dated and signed but was blank and no information as to what the review consisted of. After speaking to the provider they told us that the family had nothing else to add. It is important for the provider to

maintain accurate records of meetings and decisions made. Another risk assessment was signed by the management team to confirm it was reviewed in May 2013 but no evidence as to changes to the person's needs even though this person's health had deteriorated. That showed people's health and wellbeing could be at risk because the care was not always agreed.

This was a breach of Regulation 12 (1) (2) (a) (b) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Following our inspection visit we received new information of concern about the management of medicines, which we referred to the local authority safeguarding team to investigate.

Prior to our inspection we had received information of concern about the management of people's medicines.

We found that the management of medicines was not safe. The medicines were not always stored safely especially medicines that needed to be refrigerated. There were gaps in the recording of the daily fridge temperatures which could alter the effectiveness of the medicines. Medicines such as eye drops found in the fridge were not dated when opened, this is important because these only have a shelf life of 28 days. That meant staff would not know when the 28 days had past.

Medicines were stored in a locked room. There was suitable storage for medicines which have to be tightly controlled otherwise known as controlled drugs (CD). The CD register used by staff to record when people had taken their medicines was not of the standard design with the pre-printed page numbers. The pages could easily be removed without being detected and the index was not completed as required by the Safer Custody Regulations. That meant people's medicines and related records could be removed without knowledge and could lead to health risks for the person.

People's care records did not list people's current prescribed medicines and how they wished to be supported with their medicines. There were eight people that did not have an up to date photograph on their medicine profile. That would help the staff administering medicines to make sure the right person receives it, are

Is the service safe?

aware of any known allergies and specific instructions to support the person when taking medicines. Following our inspection the provider told us that they were that they were updating the medicine profiles.

We found numerous concerns in the recording and administration of medicines. The charts for monitoring blood glucose levels were incomplete and medicine administration records for insulin were not signed as given. That meant health care professionals cannot make an accurate assessment of people's treatment regime to help maintained their health and wellbeing.

We found other instances that highlighted the seriousness of inadequate management of people's medicines. One person told us they managed their own medicines. A self-medicating risk assessment was completed in October 2012 but there was no evidence that this had been reviewed since. The person told us they had not taken their medicine at times but staff never checked which could lead to health issues. Following our visit the provider informed us that they check the medication has been taken when the self-medicating resident's return the dosset box weekly. If further action is required, that would be taken at the time.

We found protocols were not in place for medicines administered as and when required such as pain relief. One person was prescribed topical cream for 13 consecutive days and no medical advice was sought from the GP.

The manager told us nine people had their medicines disguised in food and drink, otherwise known as covert administration. Those people were not aware that their medicines had been disguised in food. A GP authorisation was sought and the most recent found was dated May 2015. There was no record to show people's medicines including covert medicines regime had been reviewed. There was no evidence that advice had been sought from the pharmacist about the type of food and drink medicines could be mixed in. We found no evidence that a mental capacity assessment had been completed with regards to the administration of covert medicines. That meant people's health could be at risk because medicines were not taken as prescribed.

This was a breach of Regulation 12 (2) (g) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us that when they first moved to the service their needs had been assessed and that they had been provided with equipment such as a walking frame to promote their independence.

Staff told us they had received formal training in the safe administration of medicines and also had their competency assessed. Health care professionals had trained senior staff to carry out health care tasks such as the administration of eye drops and insulin. The staff training matrix we looked at showed three senior staff and management team were trained to administer insulin and their competency had been assessed.

Following our inspection visit the provider representative wrote to us and told us everyone's photograph in their care records had been updated.

People told us they felt safe with the staff that looked after them. When we asked one person how safe they felt with the staff, they said, "I definitely feel safe - they look out for you." Another person told us that they had no concerns and also looked after their own money which they kept locked in their room.

A relative said, "I feel my [person's name] is completely safe here – safer than in her own home. Nothing untoward has ever happened. This gives me loads of reassurances when I leave to go back home myself."

Prior to our inspection visit we asked the local authority commissioners and safeguarding team for information about Spencefield Grange. They told us they had investigated a number of concerns, some were substantiated and others were not. There are two ongoing safeguarding investigations. They told us that the provider had taken steps to prevent a similar event. For example, a central folder now contained information about people's wishes with regards to emergency medical treatment. The local authority contract monitoring team are due visit the service to assure themselves that the people who they were responsible for were safe.

During the inspection we observed staff supporting people in a safe way and knew what to do when someone was upset or agitated.

Staff spoken with had received training in how to protect people from harm and abuse and could refer to the provider's safeguarding (protecting people from abuse) policy which had guidance as to the actions staff should

Is the service safe?

take. Staff were clear about their role and responsibilities and confident to use the provider's whistle-blowing procedure to report concerns to the external agencies such as the Police and the Care Quality Commission.

People told us that staff were available and supported them with their daily needs. One person said, "The staff are around but I like to help too." Another said, "You have to wait for some time to get help – sometimes about 15 minutes."

Relatives spoken with felt there were enough staff around to help look after people at the service. One relative said, "Sometimes, my [person's name] has to wait to get help but it all depends on the time of the day – morning times they are always so busy."

We spoke with visiting health care professionals and all felt that the service had enough staff on duty. One health care professional told us that when they last visited to see a number of people, a senior member of staff was allocated to support them to see everyone.

Staff felt there were enough staff on duty and were confident it would be increased if someone's needs changed. Staff were given specific areas of responsibilities at the start of each shift and felt confident that everyone's needs were met safely. They told us there were between five and seven staff on each shift supported by the management and house-keeping staff. Throughout our visit we saw staff were visible and available to support people when required.

The manager told us that staffing levels were determined from the pre-admission information about people's needs and the number of occupants. That meant because there were less than 50 people who used the service, the staffing levels was six carers and two seniors. The manager had the

authority to increase the staffing levels if people's needs increased as was the case on the day. The provider had their own bank staff who were familiar to the service and the people who used the service.

The provider's staff recruitment procedures were robust. Staff recruitment records we looked at confirmed that relevant checks had been completed before staff worked unsupervised. Staff we spoke with all confirmed that they completed the provider's induction training, which included working alongside experienced staff.

People told us the premises were cleaned regularly by dedicated staff and we saw this to be the case throughout our visit. All the care staff and the house-keeping spoken with understood their responsibilities with regards to the procedures followed to prevent the risk of cross infection.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this. However, we found tactile house hold items were displayed in themed corridors to stimulate people's senses. The mop head and tea towels could potentially be a risk of cross infection because the items were not washed. A fire exit door on the ground floor was warped and the exit route was not safe for people with limited mobility or used any form or walking frame or used a wheelchair because the pathway narrowed and the ground was uneven. We also found three bathrooms that were out of use. When we raised this with the manager and provider representatives and following our visit the provider, told us that the bathrooms were now useable and that action was being taken with regards to the fire door and exit route safe. That meant people were accommodated in a well maintained building with equipment that was checked for its safety.

Following our visit the provider told us that bathrooms were now available for use and the fire door and exit route were made safe. They also told us that the mop head and tea towels were sprayed with antibacterial solution.

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA and DoLS exists to protect people who lack the mental capacity to make certain decisions about their own wellbeing or have restrictions placed upon them. Prior to our inspection we had received information from Spencefield Grange about one person who was reported to have an authorised DoLS in place.

The provider representative told us that applications for DoLS had been sent to the supervisory body for everyone who used the service because a key code was required for people to leave the home. They told us that four people were subject to an authorised DoLS at the time of our inspection, which had not been reported to us. Since the inspection the provider has sent us the appropriate notifications.

We talked with the manager and staff about MCA and DoLS and what that meant in practice for people who used the service. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions.

From the care records we looked at it was evident that the procedure to assess people's mental capacity to make an informed decision or give consent was not followed in line with the requirements under the MCA 2005. The information from the initial assessment when the person first started to use the service had not been reviewed. For people with a known diagnosis such as dementia there was no other evidence that showed views were sought from other significant people such as the person's family and health care professionals.

Staff spoken with could not tell us who were subject to an authorised DoLS and how they were to be supported. Care plans for a person with the authorised DoLS had not been updated to reflect the agreed support to be provided. We also found that there were no health decision specific mental capacity assessments carried out for nine people who had their medicines given to them disguised in food and drink. Therefore, people could be deprived of their liberty inappropriately because staff did not know who was subject to DoLS. The procedure to make best interest

decisions were not followed and care plans not reflective of how the person needed to be supported. That meant improvements were needed to ensure people received effective care.

This was a breach of Regulation 11(1) (3) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Following our inspection visit the manager submitted notifications to us about the people who had an authorised DoLS.

People told us that staff always sought consent before they were helped. One person said, "They [staff] always ask and don't presume." A relative said, "I've noticed [staff] ask my [person's name] before they start a task. I think that's a nice touch and very respectful too." Throughout our inspection visit we observed this to be the case.

People told us that staff knew how to care for them. One person was asked if staff were sufficiently trained to meet their needs, said, "Oh yes, they are good enough and seem to know what they are doing." Another said, "I think they [staff] here are pretty good. They seem to understand when [person's name] is wandering and gets distressed. They know how to distract her and calm her down." A third person told us that staff were trained and said, "Some of the younger ones are shadowed so they can get to know what needs to be done – all part of their training."

Staff we spoke with confirmed that they had received induction and on-going training to look after people. The training matrix showed confirmed staff had also received practical training in first aid, health and safety and moving and handling people safely which involved the use of equipment. Additional training was also completed by staff in topics related to the promotion of people's health, safety and welfare such as dementia awareness, supporting people with behaviours that challenge and pressure care management. Staff spoke positively about the training they received and felt more able to support people living with dementia can. Updates on people's daily needs were communicated between staff through the daily handover meetings which they found to be informative. One staff member said, "We have a good team of staff that know what they're doing."

Is the service effective?

Staff felt supported through the regular staff meetings, supervisions and appraisals. Staff found meetings were informative and were used to develop and review their practices. Staff felt encouraged to raise issues and contribute to the development of the service.

People were complimentary and had high regard about the food choices. People who could, chose their meals in advance. For people living with dementia staff showed them choice of plated meals so that they could choose what they wanted to eat at that time. That showed staff promoted and respected people's rights to make daily living choices. Relatives told us they were encouraged to have meals with their family member that helped to maintain positive relationships and promoted their wellbeing.

The meals were served individually and alternatives were available for those who preferred to eat something else. The meals were presented well, looked nutritionally balanced and prepared to meet people's dietary needs. Specially adapted cutlery was provided for people so that they could eat independently and staff also helped those who needed help to eat.

The cook told us that the menus were to be changed recently in response to people's feedback about the menu choices. The cook had information about people's dietary needs, food tolerances and preferences, which helped to ensure meals prepared were suitable for everyone. The menu board in the dining room had pictures of the menu choices. There was a variety of meals offered, which included meals suitable for people with health conditions such as diabetes, soft meals prepared for people at risk of choking or had swallowing difficulties and meals that met people's culture dietary needs.

Records showed that an assessment of people's dietary needs had been undertaken. People's weights were measured and where concerns about people's food or fluid intake had been identified, they were referred to their GP, speech and language therapist (SALT) and the dietician.

Staff described how they supported the person which showed that they followed the advice recommended by SALT team. Staff did monitor how much a person with poor appetite ate and drank. It was difficult for staff to know whether the person had enough to eat and drink because there was no guidance as to what the recommended intake should be or what staff should do. When we raised this with the manager they assured us action would be taken to confirm the recommended daily intake for those people.

People told us their health and medical needs were met. One person told us that a nurse visited them regularly to help meet their specific health needs. Another said, "I get taken to the surgery when I have an appointment." Information about the health support people received was kept in a central book and showed that people received health care support from a range of health care professionals and attended routine medical appointments.

Relatives were satisfied that their family member's health needs were supported and where agreed, were kept informed about any health concerns.

Health care professionals spoken with during the visit told us that staff were knowledgeable about the care needs of the people they supported. They felt staff sought advice in a timely manner and followed the guidance provided to meet people's needs.

The provider had made improvements to the environment to support people living with dementia. There were a choice of lounges and dedicated rooms on each floor where social activities took place. The 'garden room' was a designated quiet lounge, which some preferred to use. The environment was stimulating for people living with dementia. For instance, the themed corridors had displays which were tactile and promoted memories for people such as local sporting events and bygone years. The big clock with the date and weather forecast helped people to focus on the present. The garden was accessible, and seating was provided so that people and their visitors could use it safely.

Is the service caring?

Our findings

People told us that staff were kind and helped them in a respectful manner. One person said, “They’re all very good and work very hard.”

Relatives of people who used the service felt staff were caring towards their family member. Some of the comments received included, “I think all of the staff are lovely here, kind and caring” and “There are none that are bad – only some that are better.”

We observed people being supported by staff in a caring manner. We noted positive relationships between people and staff. People were heard laughing and chatting with staff over lunch and as they were being supported. Staff communicated with people effectively and used different ways to offer support. For instance, we saw staff were at the same eye level with people who were seated; spoke clearly and discreetly when people needed assistance to maintain their dignity. We saw a staff remained calm and offered assurance when someone became anxious and distressed. Staff showed care and attention as they adjusted the back rest for another person so they could be seated more comfortably. At meal time staff supported people to eat their meal in a sensitive and responsive manner. They took care to ensure the person’s dignity was maintained.

Health care professionals spoken with during the visit told us that they found staff to be caring, kind and knew the needs of people they looked after. They commented that staff were always respectful of people’s privacy and dignity irrespective of the person’s physical or mental wellbeing.

People felt staff treated them with respect and their dignity was maintained. People’s bedrooms were respected as

their own space and we saw that staff always knocked and did not enter until asked to do so. All the bedrooms had an ensuite wash hand basin and toilet which promoted people’s privacy. The bedrooms we saw looked comfortable and were personalised to reflect individual taste and interests.

Staff understood the importance of respecting and promoting people’s privacy and took care when they supported people. Staff had read people’s care records as some had information about the person’s life and what was important to them, which enable them to prompt conversation on topics that the person was interested in. Staff described ways in which they preserved people’s privacy and dignity. One said they ensured people’s modesty was maintained by placing a blanket over the lady’s legs before they were hoisted. During the visit we saw staff acted quickly when someone’s dignity had been compromised and encouraged them to return to their bedroom for assistance.

People told us that they had been involved in the care planning process when they first started to use the service. This was the case for someone that had moved to the service recently. People told us that staff respected their wishes and preferences. One person said, “I chose to come here and have been involved in every bit of my care.” This person when on to say, “The staff are respectful especially the night staff who spend more time with you.”

Relatives spoken with confirmed that they were involved in the initial care planning process for their family member who was living with dementia and had had some discussion with staff when their family member’s needs had changed.

Is the service responsive?

Our findings

People we spoke with had been involved in the assessment of their needs and in development of their care planning. One person who was new to the service spoke with a senior member of staff about their preferences and lifestyle choices.

People's care records confirmed that they or their family member had been involved in decisions made about their care and support when they first started to use the service. Individual preferences, religious and cultural needs were also noted at that time. Some contained people's life history and interests which was useful for the activities staff who organised events for people to take part in. The quality of information was not consistent and especially as information was kept in different files and books. For instance, the health care professional visit book listed everyone who had had any involvement from the GP, nurse or other health care professionals, as was the case for the daily reports completed by staff. That meant it was difficult for staff to monitor people's wellbeing and ensure the support was personalised.

We found the care plans were signed by a member of the management team to confirm those were reviewed. Care plans were not reflective of people's current needs. For instance, a care plan for one person described that they were mobile and at risk of injury. However the daily report completed by staff stated that the person was no longer mobile and needed to be re-positioned in bed to prevent pressure ulcers developing. The person's turn charts showed that they had not been re-positioned at regular intervals including a gap of 14 hours on one day. That meant the guidance from the health care professional had not been followed and increased the risk of the person developing pressure ulcers. Another person's monitoring chart for eating and drinking showed they had not had a drink between 3pm to 9pm. A third person needed assistance to eat their meals but their care plans stated they ate and drank independently.

We found care plans did not always detail the diagnosed health condition to inform staff how any increase in falls could affect the person's health or indicate other health conditions. That showed people were not always at the

centre of the care they received and highlighted that senior staff were not assuring themselves that people received the timely support they needed to prevent other health issues from developing.

There was no formal record of the review of people's care or who took part in the review and what if any changes were agreed. Because information was held in at least eight different places along with the care plan it was not clear whether the information had been considered at all. There was little evidence to show risk assessments were reviewed and further assessments were carried out in relation to people's mental capacity and cognitive function. That meant people were at risk of receiving inconsistent care or not receiving the care and support they needed.

This was a breach of Regulation 9 (1) (3) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Health care professionals spoken with told us that the senior staff were responsive and sought medical advice when they had concerns about people's health. Another told us that the manager had been responsive and managed an emergency admission from the hospital well.

People received visitors throughout the day and were able to spend time with them. We saw some people watching a movie, whilst others were doing arts and craft. One person told us that staff respected their lifestyle and continued to practice their faith. Another person who enjoyed gardening told us that they did all the planting in the raised beds. A third person said, "I am able to pursue my sporting and social links. Nothing stops me" and went on to say that regularly went to sporting events with their friends

Staff spoken with knew about people's interests and how they liked to spend their time. Staff told us that changes in people's needs and behaviours were recorded and raised with the senior staff and the management. We saw a staff member acted quickly when they saw a person showing signs of distress. The staff member approached them in a calm manner and comforted them. The person's mood visibly changed as they smiled went off to the activities room to paint.

The dedicated activities staff organised a range of activities which people took part in. There was a full programme of activities that they organised that ranged from puzzles to accessing facilities within the wider community. The activity staff was self-motivated and keen. They were not

Is the service responsive?

aware of other organisations and activities that would be beneficial to people who used the service, but after our discussion they told us they would look at other local voluntary groups that support care homes.

The provider produced quarterly newsletter to update people who used the service and their family about events planned at the service. Those included activities and trips and feedback from surveys.

People told us that if they had any concerns they would speak with the staff on duty. Relatives were confident that the management team would listen and respond positively to any concerns should they have any or would contact the Care Quality Commission. One relative told us that their concern had been listened to and their family member was now offered a choice of desserts.

We saw the provider ensured people had access to the complaints policy and procedure if required. We noted that the complaints procedure made reference to the previous

commission. The manager assured us they would update the complaint procedure accordingly. There was information about the independent advocacy service should they need support to make a complaint. The manager told us that the complaints procedure would be made available to people in different formats and languages, if required.

The provider had a system in place to record and investigate complaints. Records showed complaints had been investigated fully. The provider representative currently manages all the formal written complaints. This meant that people who used the service, their relatives or friends and health care professionals could be assured that their complaints were taken seriously and acted upon.

We saw the provider had received a number of positive testimonials from people who used the service and relatives. These were about the care and the way staff had cared for them.

Is the service well-led?

Our findings

The provider had quality assurance and governance systems in place but these were not used consistently in order to effectively monitor the quality and safety of the service provided. Audits were completed but no one analysed the information or develop a plan of action to address the shortfalls. Examples found included issues with the medicines management which had not been identified or actioned by the provider's audits. The manager kept a record of the number of falls people had but had not did not have an overview of how many falls there had been in a month. An analysis of falls had not been undertaken to identify any trends or patterns to ensure people's safety could be maintained in the future. The daily monitoring of people's safety and wellbeing was ineffective because we found gaps in monitoring records. For instance a person on bedrest should be re-positioned every two hours but on one occasion the records showed this was not done for 14 hours and no one from the management team were aware of it.

People's care records had been reviewed but were not reflective of people's current care and support needs. The management team had signed to confirm people's care plan and risk assessment had been reviewed but there was little evidence to show who took part in the review and what other relevant information had been taken into account in order to assure themselves that people's needs were met safely. Without up to date knowledge and assessment of people's daily care and support needs, the provider cannot effectively determine and plan the number of staff required to ensure the needs of people and the service continue to be well managed.

The provider had received complaints and there were a number of safeguarding investigations carried out by the local authority. There was little evidence to show whether staff received any information about lessons learnt from those events or knew about the improvement made as a result of any complaint. The only improvement staff told us about was the central folder which now had a list of people's wishes recorded in the event of a medical emergency with regards to resuscitation.

Surveys were carried out to gather people's views about the quality of care provided. The manager told us that they would address any negative comments which would be added to the action plan for the provider to monitor. The

provider representative told us about the action they had taken but there was no action plan available to show whether there were other issues raised that were unresolved. The views of people who used the service, their relatives and staff were sought through regular meetings. Minutes of those meetings showed a number of issues had been raised but there was no record of the how those issues had been actioned or reviewed through the provider's quality assurance system.

We found the provider representatives and the manager had not kept their knowledge up to date or accessed information from experts and other agencies about best practice and changes in regulations. For instance, the provider had not updated their policies and procedures in relation to administration of covert medicines and decision specific mental capacity assessments. That meant the provider's system to ensure the information and guidance communicated to staff was not robust.

The provider representatives told us that they supported the manager and monitored how the service was run. When we shared our findings with the provider representative and the manager, they acknowledged that their governance systems needed improvements and robust action planning was needed to ensure improvements could be monitored.

This was a breach Regulation 17(2) (a) (b) (e) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider wrote to us and told us that the registered manager resigned in November 2014 and that they were recruiting a suitably qualified person to manage the service.

The provider had appointed a manager in December 2014. The manager has been in post over six months. However, they had not yet submitted an application successfully to become the registered manager at Spencefield Grange.

The provider's ethos, vision and values were clearly set out in the information pack people, but staff spoken with were not familiar with this. The provider assured us that they would make sure staff were made aware.

Is the service well-led?

The management team is made up of the manager and a deputy manager supported by senior care staff. All the staff spoken with felt supported by the management team. They found the manager was approachable and were confident that any issues they raised were addressed.

Health care professionals mostly spoke with the senior staff in charge and felt the management team were available.

Prior to our inspection visit we contacted the local authority responsible for the service they commissioned on behalf of some people who lived at Spencefield Grange and asked for their views about the service. They told us that there had been a number of concerns that were investigated by the local authority safeguarding team. They told us that a further contract monitoring visit was scheduled to assure themselves the people that they supported received quality care.

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
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Safe care and treatment

Providing care and treatment in a safe way. Assessing the risks to health and safety of people receiving care or treatment.

The provider did not assess risk, monitor, and review the needs of people to ensure that the care provided was safe and new needs could be were met. Care plans were out of date and lacked guidance for staff to follow.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Safe care and treatment

Medicines were not managed and administered correctly to make sure people received their prescribed medicines safely.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Need for Consent

Care and treatment of service users must only be provided with the consent of relevant people. If the person is unable to give such consent because they lack capacity to do so, then the provider must act in accordance with the 2005 Act.

This section is primarily information for the provider

Action we have told the provider to take

The provider had not acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards by carrying out mental capacity assessments; sought information in relation to best interest decisions made and kept those under review.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Person-Centred Care

The care and treatment of service users must be appropriate, meet their needs and reflect their preferences. Carry out an assessment of the needs and preferences for care and treatment collaboratively with the relevant person and/or others.

Assessment of people's needs and care plans were not up to date, person centred or reviewed regularly with the person taking account of information for all relevant persons, staff and services.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Good Governance

Assess, monitor and improve the quality and safety of the services provide in the carrying out of the regulated activity (including the quality of experiences of service users in receiving those services).

The quality assurance system was in place but not used consistently in determining the quality of care provision.

Evaluate and improve their practice in respect of their processing of information.

The provider's audit and governance systems were not always effectively used in bringing about identified improvements.

This section is primarily information for the provider

Action we have told the provider to take

Seek and act on feedback from relevant persons and other persons in the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Communication systems were in place to seek views from people who used the service, relatives, staff and other stakeholders but the feedback was not consistently analysed and actions were not taken in bringing about identified improvements.