Care Quality Commission

Pearlcare (Spratslade) Limited

Spratslade House Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 9 December 2015 and was unannounced.

Spratslade House is a care home for up to 30 people. The home provides personal care for older people and people with dementia. At the time of the inspection there were 29 people living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our previous inspection in 12 June 2014 found that the service was meeting all the requirements of the Health and Social care Act 2008.

Not everyone received person centred care and support. People with dementia were not always supported with their individual needs.

Some records relating to the care and welfare of people were not always accurate and/or up to date.

People's risks were assessed in a way that kept them safe from the risk of harm. There was sufficient staff provided with enough skills and expertise to keep people safe.

Summary of findings

Where possible people's rights to be as independent as possible was respected.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

Staff were trained to carry out their role and the provider had plans in place for updates and refresher training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff understood people's ability to make decisions.

People's health needs were monitored and referrals to health care professionals had been made in a timely way by the provider. There were adequate amounts of food and drinks provided for people.

People told us that staff were kind and caring. Staff treated people with respect and ensured their privacy and dignity was upheld.

The provider had a complaints procedure available for people who used the service. People and families thought that the registered manager was approachable and that complaints were appropriately managed.

The provider had a quality monitoring system in place to help ensure continuing improvements were maintained and improved.

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.

There were sufficient staff provided to ensure people's needs were met safely. Risks to individuals were managed.

Medicines were managed safely. Staff were recruited safely.

Staff knew how to raise concerns about poor practice and abuse.

Good

Is the service effective?
The service was effective.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005

Staff were trained to deliver care and support to people and were aware of people's needs.

People were supported to have enough to eat and drink and people's health care needs were monitored. Timely referrals to health care professionals were made when people's needs changed.

Good

Is the service caring?
The service was caring.

Staff were kind, caring and respectful with people. Privacy and dignity was promoted and upheld by staff.

People and their families felt involved in making decisions about their care and support needs.

Good

Is the service responsive?
The service was not always responsive.

Some people with dementia care needs did not receive person centred care and support.

People thought their preferences were taken into account in respect of how they wanted their care and support delivered.

People and their families knew how to raise concerns and the provider acted on information received.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

Some records were not always accurate and kept up to date.

Staff felt supported by the registered manager in their job roles.

Requires improvement

Summary of findings

People who used the service felt able to raise concerns with the registered manager and knew that they would be taken seriously.

There was a quality monitoring system in place to help monitor and improve service delivery.

Spratslade House Care 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 was planned to check whether the provider was 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 inspection took place on 9 December 2015 and was unannounced.

Our previous inspection on 12 June 2014 found that the service was meeting all the requirements of the Health and Social care Act 2008.

The inspection team consisted of two inspectors and one 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.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users that the provider is required to send to us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We spoke with the registered manager, six care staff and the deputy manager.

We spoke with 11 people who used the service and three relatives. We observed the care and support people received in the home. This included looking in detail at five people who used the service and whether the care and support they received matched that contained in their care plans. We also looked at these people's daily care records and records of their medication.

We looked at records relating to the management of the service. These included audits, health and safety checks, staff files, staff rotas, incident, accident and complaints records and minutes of meetings.

Good

Is the service safe?

Our findings

We saw that where people were at risk of falls staff knew how to keep people safe. Where people had sustained falls staff knew what action had been taken to address this and make improvements. For instance a person with reduced mobility and increased falls had been referred for assessment to the occupational therapist. New moving and handling equipment had been provided and there was evidence of electronic sensor equipment used in the person's bedroom as an added safety precaution. Their care plan had subsequently been updated.

We saw staff supported people to move around the home safely. We saw a person who was at risk of falls and had difficulty with their vision. Staff were able to tell us how they kept the person safe. A staff member said, "We used to help [named person] to walk with a Zimmer frame ensuring there were no obstacles around, but now they have been assessed by an occupational therapist as requiring use of a wheelchair and two staff". We observed staff helping the person in this way. We observed two care staff safely transferred a person using a hoist. Staff told us, and we saw that they had received regular training sessions on safe manual handling techniques. There was a range of risk assessments evident in people's care plans including how to keep people safe in the event of an emergency evacuation. Discussions with staff identified that they knew what each person's needs would be in this situation.

People were protected from abuse. Staff had received training in abuse and safeguarding adults and had a good understanding of this. A staff member said, "If I saw a staff member doing something which I knew was wrong, I would tell the manager". Another staff member told us, "We have training on abuse and safeguarding. I wouldn't hesitate to report abuse". The registered manager and deputy manager were clear about their roles in making safeguarding referrals and had done so in the past. Staff also knew that there was a whistle blowing policy in place and told us they felt they could raise concerns about poor practice. We saw staff had access to the relevant telephone numbers for making safeguarding referrals to the local authority. People who used the service and/or their relatives told us that they felt safe at the home. A visitor said that their relative was 'safe and happy' at the home.

Staff were carefully selected to work at the home to ensure they were suitable to work there. We saw three staff files which contained the required information. There was a staff recruitment procedure in place including carrying out relevant checks such as Disclosure and Barring Service (DBS). These are police checks and are carried out to ensure that staff are suitable to work with people who used the service.

Staff had a good knowledge of how to keep people safe who were at risk of developing pressure ulcers. A staff member showed us the special pressure relieving mattress and cushion a person used. They said, "[person's name] is at increased risk of developing pressure ulcers and therefore we have to make sure we help them to change their position every two hours". Records we saw confirmed that staff did this.

People received their medicines safely and according to their prescription. We observed a senior staff member administered medicines to people. They confirmed that they had received the training for this and they were aware of their responsibilities with regard to medication management. They told us that the registered manager observed them administering medicines to people from time to time. We saw the staff member gave each person their medicines in the way they preferred and allowed each person time. They said, "Here we are[named person], your tablets are on the spoon as you like them. Are we ready then? Lovely, has it gone now?" Medication records were completed and confirmed that protocols were in place for other medication that people may have 'as and when required' (these are sometimes referred to as PRN medicines) to ensure people received these safely. We checked the stock of medication for PRN use and found that these tallied with records.

Good

Is the service effective?

Our findings

People who used the service felt their needs were met by the staff team. One person said, "I think the staff look after us very well". Staff told us they received sufficient training for them to do their job. One member of staff confirmed they had received recent training in moving and handling. We saw staff were competent and skilful when transferring people from area to area. A new member of staff had received the initial induction but had not yet completed manual handling training. The staff member confirmed that they were not moving people until this training was completed. The registered manager confirmed that new staff were enrolled on the Care Certificate course which will help them to develop their knowledge and skills. Two staff members told us they had received training in dementia awareness and this had provided them with insight into the challenges faced by some people who were living with dementia. We saw the training matrix and planner recorded the training subjects and the date of training that staff undertook. This included mandatory and specialist topic areas.

Staff confirmed they felt supported with their training needs and received regular formal supervision sessions with their line manager. A staff member said, "I find these sessions useful as they provide an opportunity to discuss what it is you want to do such as any specific training". Another staff member said, "The manager will support you to do the training you need and other training if it's something you want to do and will help develop your skills". We saw that staff had been encouraged to attain a National Vocational Qualifications (NVQ) in care at levels two and three and three staff members had attained NVQ level five. This meant that staff had the knowledge and skills to care for people.

Staff told us and we saw that some people would be unable to make specific important decisions that affected their lives. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw where a person with dementia care needs had a mental capacity assessment in place and a meeting with relevant professionals had been held to make a decision in their best interests in relation to care and treatment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that some people had legally been deprived of their liberty and had authorisations in place. The manager showed us an example of how one person with dementia care needs was "subject to constant supervision". This was the least restrictive option being used.This meant the provider was following the principles of the MCA and ensuring that people were not being unlawfully restricted of their liberty. Some people had the capacity to make their own decisions about their health and wellbeing. We saw that when important decisions were needed, people had been fully supported with making these decisions by their doctor, family members and representatives. Checks confirmed that where a person had a Do Not Attempt Cardio Pulmonary Resucitation (DNACPR) order in place, this had been completed correctly by a doctor with evidence of involvement and discussion with the person and their relative.

Staff were aware of what MCA and DOLS meant. We saw staff gained consent and explained to people about choices. Staff confirmed that they assumed people could make decisions. They could describe the decisions and support people needed. For example they could describe how people make their wishes known by pushing away food, and demonstrating the clothes they wanted to wear. We saw that one person had an Independent Mental Capacity Advocate (IMCA) to support their decision making. We saw clear records in people's care plans to support staff to gain consent from people.

People told us they enjoyed their meals and had enough to eat and drink each day. One person said, "I get plenty of fruit. Bananas are my favourite". Another person told us they particularly liked the homemade fruit loaf. The lunchtime meal served was appetising and included soup, roast dinner and pudding. There was no choice on the menu board and staff reported that if a person did not like a meal they could have an alternative. Biscuits were served with hot drinks mid morning, cake was served with hot

Good

Is the service effective?

drinks mid afternoon and later supper was available. The provider ensured specialist diets were catered for. Staff were aware of which people required a diabetic diet and who needed a soft diet. Staff were aware of people who needed support to eat and the nature of the support. We saw one staff member cutting up a person's food so they could eat this themselves and another staff member feeding a person who was unable to do this. People who had difficulties with spoon to mouth coordination were offered their soup in mugs. Some people declined and the staff supported them to continue with a bowl and spoon. One person was given a special plate with a "lip" to make it easier for them to scoop their food on to a spoon. People were encouraged to eat but no one was rushed. Overall the mealtime experience was good.

Where people were able, they could make their own tea/ coffee in a kitchenette off the dining room. One person showed us how they made a cup of tea for themselves. In the corner of the main lounge there was a cold drinks machine which people were able to help themselves from.

Staff supported people to access health care services should they become unwell or require specialist interventions. Referrals for advice and support were made and guidance from health professionals were being followed. We saw where a person had been referred to a Speech and Language Therapist (SALT) because staff were worried they were struggling to eat their food. People had access to regular consultations with their doctor if this was requested and required. On the day of this inspection staff were waiting for the GP to arrive as they were worried that a person was very reluctant to eat. Records showed evidence that health care support had been sought for people. For one person a GP had been called because the person became unwell with coughing. The person had also had a medication review, flu immunisation and the Community Psychiatric Nurse (CPN) had been involved to support staff to meet the person's challenging behaviour needs. We saw people had been seen by the chiropodist, optician and a dentist was available to visit. A relative told us the home was very good on picking up on any health issues and would alert them immediately and "call the GP straight away".

Good

Is the service caring?

Our findings

People who used the service thought that staff were kind and caring towards them. One person said, “They are lovely carers and are so thoughtful”. Another person told us, “It’s a good home, they are nice girls here”.

We observed close and friendly relationships between staff and people who used g the service. People were treated with respect and approached in a kind and caring way. One relative told us that many of the care staff had worked there for many years and knew the people well. They said , “The staff here treat people so well”. They said staff were ‘excellent’ with their relative who had advanced dementia. They said staff knew how to calm [person’s name] when they became anxious or agitated. We had observed how staff had responded to the person earlier in the day to calm them.

We observed how staff were considerate to people. We saw a staff member ensured curtains were closed to prevent the sun shining in people’s eyes. A staff member quickly got a tissue for a person when they saw the person’s nose was running and then gently wiped it for them, as the person was unable to do this themselves. We also observed that when one person said they were cold a blanket was quickly provided for them. Another person told us they liked warm milk and we saw this being offered to them by staff.

People appeared well cared for and had received support with personal care and to dress in the way they wanted.

Staff treated people with dignity and respect. Personal care was carried out discreetly in bedrooms and bathrooms. People were visited by health care professionals in private. Care plans documented how staff should promote privacy, dignity and respect for people. For instance one documented , “Ensure the bathroom door is closed before helping [person’s name] with personal care”. We saw staff knocking on people’s doors before entering and speaking to people discreetly about personal care needs. A staff member said, “We have to treat people with dignity and respect. This could easily be my own mum or dad”.

People’s families were made to feel welcome by staff at any time. A visitor told us, “I can visit at any time but I come in at mealtimes because I like to come in and help [person’s name] to eat their meal People who used the service and/or relatives were kept informed and felt involved in planning their care. People told us they knew about their care plan and they and/or their relative had been involved with this at the start. We saw that one family continued to be very involved with their relative’s care. The provider produced a Newsletter monthly to update people and their relatives about events in the home. We heard a staff member explaining to a relative about their relative’s care needs and involving them in the decision to call the GP.

Requires improvement

Is the service responsive?

Our findings

In the area of the home known as The Court we saw that people's individual needs were not always responded to in a timely way. There was not always enough staff around to provide people with person centred care and support. On one occasion there was no staff member present in the lounge area in The Court. We observed one person removing a cushion from behind another person. An altercation started between the two people. We brought this to the staff member's attention as they were busy in the kitchen when this occurred. The person spent time walking around and was given a newspaper but no one sat down with the person to look at the newspaper. Nothing else was provided for this person to do and the person became agitated and took belongings off another person which upset that person. Several people spent long periods of time asleep in their chairs.

We saw in this area menus were written up and displayed but there was no pictorial menus for people who were unable to read due to their dementia needs. We also observed the carpet was not suitable for the unit. It was heavily patterned and we observed one person bending down and kept trying to pick the pattern from the carpet. The registered manager told us that a new carpet was due to be provided.

Elsewhere in the home people told us they enjoyed the activity sessions provided and we saw people engaged in activities. One activity was known as 'oomph'. This is a physical armchair workout activity. We saw people enjoying taking part in this. A staff member worked part time as a carer and part time as the activities person. They told us how much they enjoyed this role. People were encouraged to continue with hobbies and interests that were important to them. We saw a lady knitting and she told us how much she enjoyed this. We saw another person liked to read their books. Some people preferred to stay in their rooms and watch television. One person who used the service had their dog permanently in the home. The home had also provided a smoking area for those people who wished to smoke.

People thought their individual needs and preferences were catered for wherever possible. A person told us, "The girls are very good, they know how I like things done". Staff said the home had a "key worker" approach where carers were linked to individual people. This meant that staff knew people's likes, dislikes and preferences. We saw these recorded in people's care plans. We saw how people's individual spiritual needs were catered for. One person told us the provider had organised a priest to visit them regularly. One person was often cold and they were provided with an additional blanket. Another person liked warm milk and we saw them being offered this by staff. We saw how people were encouraged to express their individuality and sexuality. Some of the ladies wore make up and jewellery as this was their choice. For another lady we saw that they preferred not to do this and their care plan said the person preferred "no make up but likes her hair done weekly". It was documented in a person's care plan that the person "prefers to talk on a one to one basis" and we saw staff members talking to the person on their own.

Staff knew people well and knew how to respond to their individual needs. A staff member said, "We always know when [named person] wants the toilet because they say, 'get me out of here'." They told us that another person enjoyed helping with the dishes at mealtimes and for another person they said, "I can always tell when they want a cigarette, they start pacing up and down". We saw staff take the person for cigarettes several times.

There was a complaints procedure clearly displayed within the home. People told us that they had no complaints but said they knew the registered manager well and would have no hesitation is raising issues if they were unhappy. We saw that complaints were managed in accordance with the complaints procedure. The registered manager said, "I usually try and address concerns and niggles as they arise and go and speak with the person or their relative. The registered manager explained that this often prevented concerns developing into complaints.

Requires improvement

Is the service well-led?

Our findings

Records relating to care and support were not always kept up to date. We saw examples where people's food and fluid intake had not been accurately recorded after 5pm. Staff told us that people had received food and drink after 5pm but some records did not contain any documentation of this. Staff knew how to keep people safe from falls but people's care plans were not always kept up to date to support this. One person was seen to have bedrails in place but there was no assessment for this.

Staff spoken with felt that the registered manager and deputy manager were very open and approachable. Staff stated that the registered manager was always available and was very 'hands on'. They confirmed that there were days when she worked as a care staff member. This meant that the registered manager was very visible to people. People told us that they often saw the registered manager around the home. A person said, "Oh yes I see her most days and sometimes she stops an chats. She will always take time for you if you need to discuss anything" . Staff told us that the home was 'a lovely place' to work and that it was a good staff team They said there was a low staff turnover and some staff had worked at the home for many years.

Staff felt supported with their training needs. A staff member said, "The manager is very supportive with training". The staff member who had completed their level 5 NVQ told us how supportive the registered manager had been. Other staff told us about the various training courses they had attended and said how helpful these had been in developing their skills. Staff underwent regular supervision.

For examples, staff who administered medication were regularly monitored and observed by the registered manager and we saw where discussions were held when medication issues arose. Staff told us they were able to express their views and suggestions. The provider had recently reviewed and improved the care plans. The deputy manager explained, "Before we reviewed the care plans we asked staff for suggestions".

Regular staff meetings were held where staff were able to put suggestions forward. The deputy manager said, "We held a meeting for night staff the other night". There had not been many meetings held for people who used the service and/or relatives. The registered manager told us that more meetings were planned. People who used the service felt comfortable raising concerns or suggestions and knew the registered manager would address these.

There was a quality monitoring system in place and plans for continuous improvement to ensure the premises remained safe and comfortable for the people who used the service. We saw where the provider had monitored and improved medication. There had been a new medication system installed and staff thought this was working well.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, accidents and deaths that had occurred at the service, in accordance with the requirements of their registration. We saw the registered manager had displayed our rating of the service on a notice board within a unit. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided.