

Interhaze Limited

The Spinney Care Home

Inspection report

Brownhill Green Road
Coundon
Coventry
West Midlands
CV6 2EG

Tel: 02476337531
Website: www.interhaze.co.uk

Date of inspection visit:
18 January 2022
08 February 2022

Date of publication:
29 March 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The Spinney Care Home is a residential care home providing personal care to up to 26 people. At the time of our inspection 20 people lived at the home. Some of those people lived with dementia.

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

Medicines were not always safely managed. Systems in place were not robust enough to identify errors or issues with the storage of medication. People felt safe living at The Spinney Care Home and staff understood their responsibility to keep people safe. Risks associated with people's care were identified, assessed and well managed.

Some checks on the environment were not always effective, as they failed to identify issues we found, for example issues around infection prevention and control. People and relatives were happy with the care they received; staff felt supported by the management team. The manager was committed to addressing shortfalls identified during the inspection visit to improve the safety of the environment.

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

Rating at last inspection

The last rating for this service was good (published 18 January 2018).

Why we inspected

We inspected and found there was a concern with infection, prevention and control, so we widened the scope of the inspection to become a focused inspection which included the key questions safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The provider had taken action to mitigate the risks identified during the first day of inspection and had an action plan in place to continue to make the improvements needed.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Spinney Care Home on our website at www.cqc.org.uk.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Spinney Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the IPC inspection on the 18 January 2022. Two inspectors carried out the second part of the inspection on the 08 February 2022.

Service and service type

The Spinney Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was an interim manager in post who intends to register with the CQC, who was overseeing the day to day running of the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Clinical Commissioning Group (CCG) who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who use the service and four relatives about their experience of the care provided. We spoke with eight staff including the kitchen assistant, carers, senior carers, team leader, interim manager and the previous manager who had returned to their substantive post at another home owned by the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including three people's care records. We looked at three staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

After the inspection

We received feedback from a healthcare professional who regularly visits the service and reviewed the providers policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Prescribed creams were being stored in people's bedrooms and not locked away. This could place people at risk of harm if creams are swallowed or not used as prescribed.
- There were five discrepancies identified in the number of medications stored in the home, at the time of the inspection. Which meant people were at risk of not having their medicines administered correctly. We brought this to the attention of the manager, who took immediate action to address this.

Preventing and controlling infection

- During the first part of the inspection on 18 January 2022, we were not assured that the provider was preventing visitors from catching and spreading infections. No records were in place to evidence that vaccination checks and lateral flow tests (LFT) were being completed. Not all visitors were asked to complete the COVID-19 screening questionnaire before entering the home.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. Cleaning records were not always completed, to demonstrate the risk of cross infection in communal areas were being mitigated.
- We were somewhat assured that the provider was admitting people safely to the service. As the service was not following the guidance to undertake twice daily temperature checks of people living within the home to monitor for symptoms.
- We were somewhat assured that the provider was using PPE effectively and safely. As a PPE station in a communal area was empty and the home did not have competency records in place, to check that staff were using PPE correctly.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. The home was not fully compliant with guidance, that stated LFT should be completed on the same day as a polymerase chain reaction (PCR) test during an outbreak.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home appeared unclean and cleaning schedules were not fully completed. For example, we observed rust on the metal frame of a toilet seat.

- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. As the home was not fully implementing the latest guidance, at the time of the inspection.
- We were not assured that the provider's infection prevention and control policy was up to date. Systems and processes in place were not being effectively implemented. For example, we identified recording gaps in the cleaning schedules and audits.
- During the second inspection on 08 February 2022 we found the manager had addressed all the areas we raised regarding infection prevention and control. The home appeared clean, equipment had been replaced and processes had been reviewed. Records demonstrated that the appropriate checks were now being completed.
- There were no current restrictions on visiting except the manager encouraged people to telephone ahead, to manage the risk and safety of people, as space was limited in the home.

Assessing risk, safety monitoring and management

- During day two of our inspection, some bedroom doors were propped open which was a fire risk. We brought this to the attention of the manager, who addressed this immediately.
- Risks associated with people's care had been assessed and regularly reviewed. Detailed risk management plans informed staff how to provide safe care.
- Relatives were confident staff understood how to provide safe care. One relative told us, "The staff are on top of everything, he is safe and well cared for."
- The provider had a contingency plan to minimise any risks to the service running safely in the event of, for example, a power cut.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "It's nice here, they (staff) are so kind."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to managers.
- The manager understood their responsibility to report concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

- People felt there were enough staff. One person told us, "They (staff) come when I need them, I don't have to wait long."
- Staff were available when people needed them during our visit and people's requests for assistance were responded to promptly.
- Staff were recruited safely in line with the provider's procedure.

Learning lessons when things go wrong

- Lessons had been learnt as improvements had been made to the cleanliness of the home and improved processes were in place to prevent and control the risk of infection, following our first visit.
- The provider had systems and processes in place for recording and reviewing accidents and incidents to identify patterns and trends to prevent reoccurrence. For example, referrals to the falls team to seek specialist support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Some audit and checks for example care records identified areas for improvements and were regularly reviewed by the manager. However, other audits were not always effective. We found the manager's checks on the environment and medication had failed to identify the issues we found.
- Staff felt supported and received the guidance needed to fulfil their roles through individual and team meetings.
- Relatives spoke positively about the staff. One relative told us, "The staff are fantastic, I'm very grateful to them."
- The area manager visits the service regularly and completed additional checks of the service, to help continually improve care provided to people.
- A training matrix monitored and showed staff were up to date with training and planned future training needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were happy with the service provided. One person told us, "The staff are good, they are always ready to work." A relative commented, "I'm happy with the care and support, they (staff) keep me informed of any changes."
- The atmosphere in the home was friendly and inclusive. Throughout our visit people, staff and the manager engaged with each other in a relaxed and familiar manner.
- Staff told us they had regular team meetings and were encouraged to share ideas about how to make improvements to the service.
- The providers' policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.

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

- The manager understood their responsibility to be open and honest when things went wrong in line with their responsibilities under the duty of candour.
- Throughout our inspection visits the manager was open and honest. They welcomed our inspection

feedback and took swift action to address the issues identified.

- Records showed staff liaised with a range of professionals such as GP and occupational therapists when needed to ensure people received appropriate help and support.