

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Spratslade House Care Home

Belgrave Avenue, Dresden, Stoke On Trent, ST3
4EA

Tel: 01782311531

Date of Inspection: 12 June 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Pearl Care (Spratslade) Limited
Registered Manager	Mrs Janet Bentley
Overview of the service	Spratslade House is a care home for up to 30 people. The home provides personal care for older people and people with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

The inspection of Spratslade House was carried out on 12 June 2014. We spent time with the deputy manager, members of staff, people who lived at Spratslade House and a family representative. We reviewed care plans and documentation given to us by the provider.

We considered our inspection findings in respect of the following issues:

Is the service safe?

From our observations and from the information we saw set out in care plans, policies, procedures and audits the provider's safety monitoring systems were robust. The staff showed that they had a clear understanding of their role in providing care and safeguarding the people they supported. The staff demonstrated that they knew the people well and had read and understood the instructions set out in individual care plans.

We saw evidence that people were supported to make decisions and maintain their independence. The care plans detailed each person's capacity to consent. When people lacked the capacity to make important decisions, meetings were held to make decisions for them that were in their best interests. The service had the support of an advocacy service when required.

Staff showed people respect and maintained people's dignity at all times.

The deputy manager told us there were no current deprivations of liberty safeguards in place for the people who lived at Spratslade House. They said that in the light of new guidance they were reviewing the requirements.

The building and living environment in the home was maintained to a high standard. All the risk assessments and safety checks were in place and up to date. This meant that the building was safe and met the needs of the people who used the service.

The staff rotas showed that the management had taken people's care needs into account when making decisions about the number of staff required, the skills mix and experience staff would need. The night time staffing levels and on call system showed that the staffing provision was safe out of main hours.

There were systems in place to make sure that management and staff learned from events such as accidents and incidents, complaints, concerns and investigations. This meant that people were benefiting from a service that was taking on board lessons learnt.

Is the service effective?

People's care needs had been assessed and detailed care plans were in place. There was evidence that the people and/or their representatives were involved in the assessments of their needs and care plan reviews.

We saw that people's health care needs were continually assessed and included in care plans. Specialist health and social care professionals regularly gave support to the service.

All care, activity and risk assessment plans were reviewed regularly. We saw that the people who lived at the home were supported to maintain their mobility and independence. We saw evidence in care plans and from talking with people who used the service that the care provided was being constantly adapted to meet people's needs.

Is the service caring?

The people we spoke to who lived at the home told us they were very comfortable there. They said the care and support they received was very good. One person said, "The staff are really nice, I like it here." Another person said, "Everyone looks after me and I have no complaints at all." A family representative we spoke with said, "The care is excellent and the staff are brilliant, they cannot do enough to help".

The staff we spoke with told us they were committed to provide high standards of care for the people who used the service. They demonstrated they were aware of potential risks, people's rights and their responsibilities.

Is the service responsive?

We found that care plans were person centred and contained detailed information about people's choice and preferences. We saw that people's health and support plans were regularly up dated to reflect people's changing needs.

There was regular support from external social care and health professionals when needed. This meant that people's health and welfare was regularly reviewed and monitored.

The families and people who lived at Spratslade House said that if they had any concerns, they could talk with the manager or the staff as they would always listen and addressed anything they raised.

The staff said they had regular training which equipped them with the knowledge to meet the support needs of the people who used the service.

Is the service well-led?

Spratslade House has had a stable staff team for many years and there was a clear management structure. The deputy manager and the staff we spoke with were knowledgeable about all the people who lived at the home.

The people we spoke with who lived at the home and the staff said that the manager, deputy and senior staff were always around to give advice and support. There were systems in place to provide feedback to staff about changes and developments.

All the staff we spoke with said they understood their responsibilities around safeguarding people's welfare. They said that if they witnessed poor practice they would report their concerns.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our visit we observed that staff supported people in a friendly, warm and polite manner. They spent time talking with each person and gave encouragement where required. Staff showed people respect and ensured people's dignity was maintained. The staff we spoke with said that people who lived at the home were supported to do what they wanted, when they wanted.

The staff understood the importance of respecting and involving the people in their care. One member of staff said: "We spend time with people, talking to them and getting to know them". Another said: "I enjoy learning about the people and their lives before they came to live here". The administration assistant explained to us that each person's care plan was developed over a period of time as staff got to know and understood the person and their individual support needs.

The four care plans we looked at showed that people had participated in the development of their care plans from their initial assessment. This involvement had continued with regular reviews and updated information. Where consent was required for photographs and medication, we saw that the people who were able, had signed to note their agreement. This meant that the people were involved in the development and provision of their care plans.

The deputy manager told us that where changes to care or medication were needed; a member of the senior team would take time to explain this to the person. In cases where a person could not understand, the changes were discussed and agreed with their family or their representative. This meant that people were kept informed and consulted.

The administration assistant told us that during induction training, new care staff worked with more experienced staff. They learned about the home, the people who lived there and how to provide the best levels of care and support. We saw in the provider's business plan

that issues of respect, dignity and people's human rights were at the top of their values.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The four person centred care plans we looked at provided clear guidance to staff about each person's support needs. There were systems in place to ensure staff were aware of any changes to people's care plans.

We saw that the care plans had been reviewed and updated each month or as issues arose. Appropriate care, social activity and clinical monitoring tools were in place. The deputy manager told us that support was readily available from professionals within health and social services. We saw in the care plans that the people had regular attention from the doctor, specialist nurses, chiropody, ophthalmology, occupational therapy and the memory clinic. This showed that the health and social care needs of the people were being supported and monitored.

Within each person's care plan detailed risk assessments were in place and up to date. There was evidence that incidents and accidents had been recorded, reviewed noting actions had been taken where possible to prevent reoccurrence.

We were told by the deputy manager that the morning staff rota had recently been supplemented with additional support to allow more time for the administration of medication. We saw that staff discussed and reviewed incidents and changes to people's care needs at their staff meetings and during supervision. This showed that there was learning from events or incidents.

We were told by the deputy manager how people were supported when a hospital admission was required. This support was provided by the provision of additional staffing from Spratslade House where families were unable to do so. When a person went into hospital they took with them a hospital passport with information about the person and their care needs.

The deputy manager told us there were no current deprivations of liberty safeguards in place for the people who lived at Spratslade House. They said that in the light of new guidance they were in the process of reviewing the requirements.

We saw on the staff training matrix that all the staff mandatory training, including

safeguarding, the Mental Capacity Act and the deprivation of liberty safeguards (DoLS) was up to date. This processes demonstrated that there were procedures in place to ensure the provider upheld people's legal rights.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The reception area was welcoming and with up to date information displayed about events and activities. We saw the home and external areas were kept very clean, tidy and well maintained. The house was warm, well ventilated and the air was fresh and clean.

The ground floor provided the communal lounges, smaller TV lounge and dining rooms. There were some bedrooms on the ground floor and kitchenette areas in the main living areas. The main kitchen and laundry facilities were on the lower floor. These areas were equipped and maintained to a good standard.

The bedrooms on the upper floors were accessible by lift. All rooms were single occupancy and had accessible nurse call bells. Assistive technology was in use with sensors to alert staff if people were on the stairs and needed assistance. There were assisted bathrooms, shower rooms and toilets throughout the building, all were well equipped to meet people's support needs. The doorways to bedrooms, communal areas and toilet/bathing facilities were wide. The corridors had enough room for people in with walking frames to pass by comfortably.

The decoration of the house was in good order. A maintenance log was kept for staff to note any issues which needed to be addressed and we saw that work was undertaken regularly. The deputy manager told us the home had a maintenance person and there was a fund to ensure any issues which arose were addressed promptly.

Security to the building was maintained with safe practices which included key coded locks where appropriate. Visitors used the doorbell to gain admission to the building. The home had a signing in and out registration book to track who was in the building in case any emergencies occurred.

The provider may wish to consider the provision of a staff communication system as due to the size of the building we observed staff taking time to locate each other for assistance.

We saw that the building was well equipped with fire extinguishers and fire equipment. The fire log noted that there were regular tests on fire alarms, equipment and fire drills. The

administration assistance showed us the health and safety audits, water temperature tests and screening for Legionella which were all up to date. We saw that tests and services were regularly carried out on the nurse call, electrical equipment, lighting, lift and hoists. This showed that the home was suitably designed, equipped and maintained to meet the needs of the people who lived there.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There was a clear staff structure in place at Spratslade House with the registered manager, deputy, head of senior care, senior staff, care workers, housekeeper, domestic, laundry, administration and catering staff. On each shift there were senior members of staff on duty to provide supervision and support. The registered manager and deputy were always on call. We saw on the rota that staff levels were in place to meet the needs of the people and increased where events required additional staff hours.

We were told by the staff that the provider had comprehensive induction training that covered all areas of mandatory training. They said this was kept under review and new systems introduced to continue improvement to their training. They told us that specialist training appropriate to the service was always available which included dementia. We saw on the training records that all levels of staff were supported to undertake professional qualifications.

The deputy manager told us that as a result recent reviews they had increased staffing hours during the morning medication rounds to ensure safety practice. We saw on the rotas that there was sufficient staff available on each shift to meet the needs of the people.

We saw the notes of team meetings which ensured that the team was kept up to date with any changes in people's support needs or changes within the service.

The staff we spoke with said the training provided was good and comprehensive. They said the senior staff were very supportive and they were always available to provide advice.

We saw that the people who lived at Spratslade House received care from staff that had the appropriate levels of support and training.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that the provider had a robust audit system which assessed and maintained the quality of service provided for the benefit of people who lived at Spratslade House. We saw the quality audits included the standards of care provided, environmental and health and safety issues were undertaken by the registered manager, senior staff and the regional manager. The audit processes showed that the provider had effective systems in place to regularly assess and monitor the quality of service that people received.

We were shown details of actions which had been taken as a result of audits and information gathered. These included staffing changes, introduction of new systems for controlled drug storage and staff training. This meant that the provider ensured that quality standards were maintained and any issues raised were addressed.

The provider may wish to consider undertaking a review of the audit schedule as over time and with the introduction of new systems some audits were duplicated.

We were shown questionnaires issued to staff, families and the people as part of a consultation as to how the dining areas could be improved. There were also annual service satisfaction questionnaires for the people and their families. All the responses we reviewed were very positive. The staff received an annual quality assurance questionnaire which asked for their feedback on changes or improvements which might enable standards to be maintained or improved.

Staff we spoke with told us that they had worked with the people who lived at the home for some time and they really enjoyed their work. They told us that there was a good team spirit and everyone listened to any concerns raised and acted to resolve these. They said that they felt they were supported and involved in the development of the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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