

Barchester Healthcare Homes Limited

The Spires

Inspection report

Stafford Road
Lichfield
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Spires is a care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection.

The Spires is a purpose built care home which accommodates up to 70 people in one adapted building spread over two floors. One of the floors specialises in providing care to people living with dementia.

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

People's medicines were not always administered as prescribed. Records relating to 'as required' medicines were not always completed.

People were supported by staff who knew them well. However, people's care files did not always contain up to date or completed information. This meant whilst people's needs were met, records did not always accurately reflect the support people were receiving.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, documentation in relation to best interests decisions was not always complete.

Quality assurance tools were not effective in ensuring the quality of people's care files and medicines administration and records. This meant we could not be assured improvements were always identified and made to people's care where they were required.

People were supported by trained staff to maintain their wellbeing and people had access to a variety of health professionals. People were supported by caring and respectful staff who encouraged people to remain independent.

People were offered choice around their diet and meal times were an opportunity to build relationships with other people and staff. People had access to a variety of activities both in the home and in the wider community to reduce their risk of isolation.

The management team encouraged people to feedback about the service to ensure people received personalised and quality care. This meant people felt listened to.

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

Rating at last inspection

This service was registered with us on 05/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in relation to how the quality of the service was reviewed and maintained at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Spires

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.

Inspection team

The inspection team consisted of an inspector, an assistant inspector and an 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 professionals 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 used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, senior care workers, care workers and the regional support manager. 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. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We also spoke with two professionals who regularly visit the home.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

- People were not always supported to receive their medicines as prescribed. During our inspection we found one example where staff wrongly administered an antibiotic to a person for eight days following the person's prescription ending. Whilst this person had not been harmed, staff administering medicines when the prescription had expired placed the person at risk of harm. Despite this, we saw other people received their medicines as they were prescribed.
- Medicines records did not always contain protocols for people who were prescribed 'as required' medicines to ensure people received these safely. Despite this, people told us they received their medicines 'as required' medicines as they were prescribed. One person told us, "[Staff] are very good at keeping on top of my medicines." We raised our concerns with the management team who ensured all protocols were in place by the end of our inspection.
- The management team completed audits of medicines records which did not always identify where improvements were required. For example, staff were not consistently recording people's balances of medicines to ensure people did not run out of medicines.

Staffing and recruitment

- We received mixed feedback from people about staffing. One person told us, "I have to wait about 10 minutes. [Staff] are usually tied up with somebody else." Another person told us, "Here [staff] are so good. They come quickly. They are there like a shot." Whilst people told us at times they have had to wait for support, we saw there were sufficient staff to meet people's needs. The management team told us staffing was regularly reviewed and was led by people's needs.
- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

Assessing risk, safety monitoring and management

- People had personalised risk assessments which included guidance to help staff support people safely. For example, people had risk assessments for moving and handling.
- People's equipment was well maintained and had undergone regular checks to ensure it remained in good working order.
- Where people had behaviours which challenged others, staff developed care plans which contained clear guidance to enable staff to effectively support people to reduce their distress.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and able to raise concerns about their care if needed. One person told us, "I didn't feel safe at home. I wanted to be safe and looked after and see my relatives whenever I could. I get all that here."
- People were supported by trained staff who were knowledgeable about the different types of abuse and how to report concerns. One staff member told us, "If I see something inappropriate, I report it to management and maybe make a statement. The managers will contact safeguarding who will investigate."

Preventing and controlling infection

- People were supported in a clean environment by staff who were knowledgeable about protecting people from the risk of infection. One person told us, "I used to have very serious urine infections and I went on to tablets for that. I haven't had any trouble with urine infections here."
- Staff had access to disposable gloves and aprons and used these as required.

Learning lessons when things go wrong

- We saw incident reports were detailed and staff had clear guidance on reporting accidents and incidents.
- The registered manager reviewed all incident reports to identify where lessons could be learned and how they could improve people's care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were not able to make decisions themselves, it was not always clear whether best interest meetings had taken place as this was not recorded. Despite this, we saw guidance had been sought from relatives and professionals involved in people's care and staff considered the least restrictive options when providing care. This meant there was an issue with recording decisions as opposed to the provider not following the principles of the MCA. We raised this with the management team who advised they would complete further training with staff on how to complete paperwork relating to best interest decisions.
- People had capacity assessments which were decision specific and reviewed when their needs changed. Staff understood the importance of helping people to make their own choices regarding their care and support and staff asked for consent prior to offering support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed and support was offered in line with evidence based guidance. This meant people achieved effective outcomes in their care.
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and training to help them effectively meet people's needs. One staff member told us, "I had three weeks of training and that covered everything including manual handling and fire safety. It was the best training I ever had, and I felt confident when starting work."
- Staff received regular supervision and appraisals. One staff member told us, "I have had regular supervisions with the registered manager and feel supported by them."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to make decisions regarding what they wanted to eat. For example, people were shown examples of the food plated to enable them to make an informed decision. One person told us, "The food is interesting. It is well cooked and tasty."
- Staff engaged with people during meal times, this allowed people to build relationships with staff. Menus were displayed and tables were laid in a restaurant style. Additional staff supported meal times to ensure people received the support they required at meal times.
- Where people were at risk, their weights were monitored and people had access to professionals to support them with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs. For example, staff sought guidance from the mental health team when people became distressed.

Adapting service, design, decoration to meet people's needs

- The home was spacious and had multiple communal areas. All bedrooms had ensuite shower rooms and people were able to personalise their bedrooms if they wished to. There were gardens which were accessible and lifts for people unable to use the stairs.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of health professionals to support them to live healthier lives. For example, people had access to physiotherapists and district nurses.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care and compassion. One person said, "The staff are caring. I can't say just how marvellous they are." One relative told us, "[Staff] care about [my relative] and they care about the whole family."
- People were treated with respect and staff spoke to people in a way they understood. For example, we saw people had communication cards in place which staff and their relatives used to support them to make choices.
- Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
- Staff offered empathetic care when people were anxious or distressed. For example, we saw staff offered people time and reassurance when they became worried.
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery. For example, the home had a monthly religious service where people could take communion.

Supporting people to express their views and be involved in making decisions about their care

- People, and if required their relatives, were involved in decisions around their care and support needs. One relative told us, "My [relative] has had at least two care plan updates since they came in. I came to visit the other day and a new [staff member] was introducing themselves to [my relative] and reviewing their care file with them."
- Staff took time to listen to people and provided care in a personal way. One person told us, "It's your choice what help you need. Some people do need help, others don't."
- Information was displayed in communal areas about accessing external health professionals and community organisations for people to use if they wished to. For example, how to access local chiropractors.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships which were important to them. One relative told us, "I can visit my [relative] whenever. I am always made to feel welcome."
- People's privacy and dignity was promoted by staff. For example, we saw bedroom and bathroom doors were closed when people received support.
- People were encouraged to maintain their independence. For example, staff supported a person to purchase a mobility scooter to enable them to access the communal areas independently.

- People's right to confidentiality was respected and records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care files did not always contain up to date information about their needs. For example, recommendations made by a dietician had not been included in a person's care plan. Despite this, staff were following the dietician's advice. This meant our concerns were in relation to record keeping as opposed to the care people received.
- People had personalised care plans which contained details of their preferences. For example, one person's care plan detailed they liked to have a chat and a cup of tea when they were feeling upset.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard. For example, people had access to talking newspapers and information in larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a varied range of activities such as visits to the local garden centre and shops, keep fit, school and nursery visits. One person told us, "I am going shopping with the staff on Friday." People were encouraged to engage in activities to reduce social isolation alongside improving their confidence and quality of life.
- The provider encouraged people to engage with the local community. For example, the home had taken part in Lichfield in bloom.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. One relative told us, "The management are amazing. Any concerns that I have are dealt with."
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people and their families.

End of life care and support

- Staff sought advice from palliative care professionals to ensure people were comfortable, dignified and

pain free at the end of their lives.

- Staff worked with people to understand their wishes at the end of their life. For example, staff were arranging for Harley Davidson motorbikes to visit the home as a person had always wanted to see this.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

- Quality assurance tools to ensure people's care files were accurate and up to date were not always effective. They had failed to identify where care files required updating or were incomplete. For example, one person's care file read a depression scale should be completed monthly however this had not been completed by staff.
- Quality assurance tools had also failed to identify that documentation in relation to best interest decisions were not consistently being completed by staff.
- Audits of medicine's administration and records were not effective as they had failed to ensure people received their medicines safely. Audits had failed to identify protocols for 'as required' medicines were not in place and a medicine was not being administered as prescribed.

Systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17, (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People and their relatives offered positive feedback about the registered manager. One person told us, "The management are good, they listen to us." One relative told us, "The registered manager is wonderful."
- The registered manager was open with us about areas of the service which required improvement and had begun to make positive changes at the service. For example, the management team had begun to review all care files and medicines records.

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

- Duty of candour requirements were understood by the registered manager and being met following accidents and incidents. For example, when a person fell the registered manager had completed a full

investigation and apologised to the person's family.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The Spires had two 'Resident Ambassadors' who championed the voice of people living within the home. We saw 'You said, We did' boards displayed where actions had been taken in response to people's suggestions. For example, the provider had bought a bench for the garden.
- The provider sought regular feedback from people and families during their care reviews, resident and relative meetings.
- Staff were given the opportunity to offer feedback during staff meetings. One staff member told us, "I have raised concerns with the registered manager and they were addressed. The registered manager has always said their door is always open."

Working in partnership with others

- Feedback from professionals we spoke with was positive. One professional told us, "We have found The Spires to be excellent. Staff have been easy to find and talk to and responsive to our suggestions."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance tools were not effective in identifying areas of improvement required in people's records and medicine administration and records.