

Hicare Limited

# Spencefield Grange

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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

Spencefield Grange is a care home providing personal and nursing care to 57 people aged 65 and over at the time of the inspection. The service can accommodate up to 60 people in a purpose-built building.

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

The systems in place to audit and monitor the service were not always effective and information was not always kept up to date, this meant staff were not always provided with the up to date information they needed to provide the care for people.

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, the provider needed to ensure staff consistently followed the policies and systems in place to fully comply with the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. This was specifically in relation to seeking authorisation when administering medicines hidden in people's food in their best interests.

People's experience of mealtimes differed. Those who required more assistance at mealtimes sometimes had to wait for the support they needed, and staff did not always have the time to be as attentive to them as they required. People had a choice and meals were prepared to meet both people's dietary and cultural needs.

People could be assured they were cared for safely. Staff had background checks before they started to work at Spencefield Grange which ensured they were of suitable character to care for people. Staff understood the needs of people and followed the guidance given to mitigate any risk identified for people and keep people safe from harm.

Staff were kind and caring and people looked relaxed and comfortable in their company. They had the skills and knowledge to support people and worked well as a team.

People were respected, and their dignity protected. They were involved in developing their care plans and relatives were kept informed. Visitors were welcome at any time, several relatives commented how supported and welcomed they felt. There was a complaints procedure in place and people were confident if they did have any complaints that these would be addressed.

People, relatives and staff were encouraged to share their feedback and the registered manager was open to suggestions and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 18 October 2016)

### Why we inspected

This was a planned inspection based on the previous rating.

### 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement 

### 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 

# Spencefield Grange

## 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

This inspection was carried out by an inspector and an assistant inspector.

#### Service and service type

Spencefield Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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 the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. 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 this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care

provided. We spoke with 14 members of staff including the provider, registered manager, deputy manager, senior care workers, care workers, activity co-ordinator, catering workers, housekeeping and maintenance workers. We also spoke with a health professional who was visiting the home. 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 looked at the care records of four people who used the service, staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information, maintenance records and accidents and incident information.

After the inspection

We spoke with one professional who liaised with the service and requested information to confirm the action the service had taken in relation to the application of the Deprivation of Liberty Safeguards and best interest decisions around medicines.

# 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 remained the same good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. One person said, "There are no problems here, staff are respectful, and I am safe here." A relative said, "I have no concerns, [relative] is well looked after."
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow.
- The registered manager understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's risk had been assessed and plans were in place to mitigate the risk identified. For example, someone identified as being at risk of falls, the management plan advised the person should always use their walking stick or zimmer frame when mobile.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home environment.
- Regular maintenance checks of equipment, including hoists and bathing aids were undertaken. The maintenance person told us if they identified any equipment that needed repair or replacing this was promptly dealt with.

Staffing and recruitment

- People continued to be safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- Staff had been checked for any criminal convictions and references had been obtained before they started to work at Spencefield Grange
- There were enough staff to meet people's basic care needs and keep them safe. However, staff had very little time to spend with people outside of delivering care. The provider needed to ensure staff had time to spend with people to support their social and emotional needs as well as their care needs.

Using medicines safely

- People received their medicines safely. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Medicines were administered by staff that were trained and people were happy they received their medicine when needed.

- There was detailed information for staff to follow for when people were prescribed medicines to take 'as and when required'.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were trained in infection control and were provided with personal protective equipment to prevent the spread of infection. There were up to date policies and procedures in place for staff to follow.
- People who required a hoist to assist them move had their own sling which reduced the risk of cross infection, however, the registered manager needed to ensure that name labels on each sling were maintained to ensure that the sling was used with the right person. Following the inspection the provider advised us this had been actioned.
- The home was clean and tidy. There were cleaning schedules in place and the registered manager ensured cleanliness was maintained. One person said, "My room is cleaned every day."

#### Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed to identify any learning which may help to prevent a reoccurrence. For example, incidents involving people falling were analysed to look for trends and referrals to the GP were made to seek guidance on any other action that may need to be taken to mitigate any reoccurrence.



# 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.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 take 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. We found overall these were met.

- People who were assessed as lacking capacity in relation to taking their medicines did not have DoLS authorisations in place when medicines were being administered hidden in people's food. Discussions had taken place with professionals and family members and advice sought from a pharmacist. However, best interest decisions were not documented and authorisation to do this had not been sought. The registered manager acted to address this, applications were made, and best interest decisions were recorded.
- People's consent to care was recorded in their care plan and families were informed of any changes or updates to people's care plan.
- People's consent was sought. One person said, "I am always asked first before the staff do anything."

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

- People's experience of meal times differed. People who were independent and did not require assistance enjoyed a social meal time conversing with friends and eating at a pace they chose. Those people who needed assistance were left waiting for staff to have the time to sit with them and when staff did assist they were not always as attentive to people as required. For example, staff did not explain to people what they were eating and were distracted at times watching other people.
- People were offered choices. There were pictorial menus and those people who had difficulty in communicating were shown the meals on offer. If people did not want what was on offer there were alternatives. People told us the food was good. One person said, "The food is very good, I could not wish for

better."

- People's weight was regularly monitored, and advice sought if there were any concerns. There were drinks and snacks available throughout the day and anyone who wished to remain in their rooms had jugs of water.

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

- People's needs were assessed and their choices as to how they wished their care to be delivered discussed prior to coming to live at Spencefield Grange. One person said, "[Registered manager] visited me at home, we talked about everything, what I liked and what I could expect, she was very good. I like to be left alone, the staff understand that and don't pester me, they come whenever I ring the call bell, they are brilliant."
- Care plans detailed people's care needs and support plans were in place which gave guidance to staff how to meet people's needs. People told us they had been involved in developing their care plan. One relative told us that they were kept informed as to how their loved-one was and were involved in discussions about the care plan.

Staff support: induction, training, skills and experience

- Staff were supported through daily handovers and individual supervisions. However, staff experience differed as to how often they had supervisions and appraisals. The registered manager needed to ensure the supervision schedule was consistently followed so that all staff received the support they needed.
- People continued to be cared for by staff who had the skills and training to meet their diverse needs. Staff training was refreshed to keep staff up to date with best practice. All new staff undertook a thorough induction. One staff member said, "The induction was good. We covered dementia and how we communicate with people."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access various health professionals such as a GP, district nurse, chiropodist and dietitian. Records confirmed when health professionals had visited and the guidance they had given which staff had followed. One person told us, "If I need to see a doctor the staff will ring for an appointment for me."
- Health professionals confirmed they visited the home regularly and found the staff to be attentive and keen to get things right for people. One told us, "The registered manager is keen to ensure they get things right for people and ensure that communication with us is good."

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

- People could access all areas of the home and garden. The home had been decorated to support people living with dementia. There were different colours and themes in each corridor and pictures were hung at the level people could see. There was signage on doors which supported people's communication needs.
- People had been encouraged to personalise their rooms and had pictures and objects on their bedroom door, so they could easily identify their own rooms.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same 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 continued to be cared for by staff who were kind, caring and knew the people they were supporting. There were positive interactions between people and staff, although at times this was task focussed. People told us how kind the staff were. One person said, "I could not ask for better care, the staff are brilliant." Another person said, "They [staff] are respectful and are always there to help."
- Care plans included people's likes and dislikes and preferences as to who they would like to support them; they were reviewed each month to ensure they continued to reflect people's individual needs. One person said, "I told [registered manager] I prefer a female carer for my personal care, I usually have a female."

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

- Staff understood people's diverse needs and people whose first language was not English had access to staff who shared their language. This ensured people were able to fully express their choices and preferences.
- People were offered choices such as where they wished to sit in the dining room or lounge and what food they would like. There was a relaxed atmosphere and people got up and went to bed when they wished. One person said, "I am usually awake around 6.30am, sometimes I have to wait for assistance but that's ok, I can go to bed whenever I like." We saw one person being offered food which met their cultural needs.
- The registered manager was aware of the need to involve an advocate if someone had difficulties in speaking up for themselves and had no family to represent them. There was no one at the time of the inspection being supported by an advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People were free to come and go as they pleased and those with restrictions in place were supported to access the community if they wished. We saw one person going out to attend an event in the community, the staff had arranged a taxi for the person which enabled them to meet their friends. The same person told us about how they attended the local temple and how the staff respected their privacy to say prayers each week in their bedroom.
- Staff ensured that doors were closed so that people were not observed when having personal care but did not always ask people whether they wished to wear cloth protectors at meal times. Staff needed to ensure they were always consistent in their approach with people to protect people's dignity. One person said, "The staff always knock on my door before they enter."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same 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 were treated as individuals and staff knew people well. People appreciated the support staff gave them but did not always feel staff had the time to chat with them. One person said, "The staff are good, but they can be very busy at times and don't have much time to spend with you." Staff told us that they would welcome the opportunity to have time to spend with people but that this was not always possible. We saw that some people were left waiting for assistance following meals. We spoke with the registered manager who advised they monitored the deployment of staff to ensure they meet people's individual needs.
- Examples of personalised care included a couple who both lived in the home, they had chosen to share a bedroom and have a separate living room for during the day, which the staff had facilitated. One of the couple told us how important this had been and appreciated this being organised.

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.

- People's communication needs were assessed. Information such as menus had pictures which supported people to recognise the choices available to them and pictures were added to signage to guide people. The registered manager told us if people needed information in any other format they would accommodate this. People's whose first language was not English had access to information in their first language.

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 were encouraged to follow their interests and supported to take part in activities in the home and in the community. We saw one person drawing, their family told us this was important to them and helped them to feel less anxious. Daily newspapers were delivered to people who wanted them, and people took part in religious and cultural events, both in and outside of the home.
- The activities co-ordinator was developing 'This is Your Life' books with people and families. This gave people the opportunity to share their memories of their life and provided information for staff to have meaningful conversations with people. We listened to one person relaying their life story and we could see the pleasure this gave them. One person told us about being supported to contact their loved-one after they had lost touch with them.
- Families and friends visited whenever they liked. We saw several family members visiting, some specifically coming in to assist their loved-one with meals. One relative said, "We are always welcome,

anytime. Everyone is very friendly here and have given us a lot of support."

Improving care quality in response to complaints or concerns

- People knew who to complain to if they were unhappy. One person said, "I would speak to [name of deputy and registered manager], they are always around." A relative said, "I would go to [registered manager] if I had any concerns, I never have."
- There was a complaints procedure in place and people had access to information about making a complaint. The provider looked for any trends in complaints and took the appropriate action to address any concerns raised.

End of life care and support

- No end of life care was being delivered at the time of inspection. However, the service did have advance care plans in place and discussed individual end of life choices with people and families. This included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) assessments for those people that wanted them in place. One person told us, "I have had a conversation with [registered manager] I have an advanced care plan in place and they know what I want."

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance systems in place were not always effective, audits and reviews had not picked up shortfalls. For example, care records were reviewed each month, however, we found information which was not up to date. For instance, in one record the information stated the person walked with a stick, we observed they were using a zimmer frame; another record stated a person had no allergies in one part of their care record and then did in another. The registered manager ensured the information was corrected when we drew this to their attention.
- The registered manager was not fully aware of their responsibilities in relation to the Mental Capacity Act; they had not sought authorisation under the Deprivation of Liberty Safeguards when people had been assessed that in a person's best interest their medicines may need to be given covertly. Following the inspection, the registered manager sent information to confirm applications for authorisations had been made.
- Staff understood their roles and attended staff meetings. The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and had displayed the previous rating as required.

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

- Feedback from families described a staff team who were focussed on providing the individual care people needed and supported families too. People were listened to and felt able to express their views. One person said, "I could not wish for a better place to live, everyone is friendly and kind and respect my wishes."
- Staff were keen to provide the individual care people wanted but did not always have as much time as they would have liked to spend with people. We saw people were encouraged to remain involved in the activities they enjoyed, and diversity was understood and accepted.

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

- People told us that the registered manager was approachable and took the time to speak with them. We were told that following feedback from people in the home more entertainment had been planned and a local school had been invited in to sing. Relatives told us they were kept up to date about the care of their loved-one and felt welcomed and supported by all the staff.
- Regular staff meetings provided staff with updates and information and any lessons learnt were shared. One member of staff said, "The staff meetings are an open forum, we can talk about everything."

- There was an 'Employee of the month' competition which involved the people living in the home and staff putting forward one of the staff for the award. Staff said this was good for morale and everyone felt involved.

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

- The registered manager had been open and honest when things had gone wrong, they had informed the relevant people and families and external agencies such as CQC, in line with the duty of candour.
- People, relatives, staff and professionals spoke positively about the registered manager and the staff team. One professional told us, "[Registered manager] is passionate about providing a good service and providing the best care to people. Staff told us they enjoyed their job and were given the support they needed. One said, "The managers are very open and fair."

Continuous learning and improving care; Working in partnership with others

- In addition to the training all staff undertook as part of their induction and refreshed regularly the provider looked at other ways to ensure staff were well informed and encouraged to improvements to care. There were opportunities for staff to watch and discuss documentary and news programmes about issues that had been raised around delivering good care.
- The provider had developed links with the Prince's Trust and worked with them on a 'Wishes for life' dreams project and liaised with Loughborough University to develop a more dementia friendly environment for people. Local primary and secondary schools were encouraged to visit and provide entertainment creating the opportunity for the different generations to come together and a local Gospel Choir visited.
- The registered manager liaised closely with the social care commissioners and local community health professionals to ensure the service developed and people remained safe.