All Seasons Care Homes

Springside

Inspection report

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Ratings

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

Overall summary

This inspection took place on 16 October 2015 and was unannounced.

At the last inspection on 18 February 2014 the service was meeting essential standards of quality and safety and no concerns were identified.

The service provides accommodation and support for up to eight adults with a learning disability or autistic spectrum disorder. At the time of the inspection there were seven people living in the home. Most of the people had a range of mild to moderate learning disabilities, but one person had complex learning and physical disability needs. The majority of people could communicate verbally although some had more limited or no verbal communication skills. Most of the people were able to carry out their own personal care with prompting and support from staff. Some people could also go out into the community independently although most preferred to be supported by a member of staff. One person was dependent on staff support for all of their care needs.

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

Summary of findings

People, relatives and staff were complimentary about the service and spoke highly about the registered manager. One person said “It’s very nice living here, I’m very happy”. A relative said “They provide very homely care. [Manager’s name] does a very good job of managing and likes to be hands on and makes sure everyone is doing what they should”.

People told us they were happy and comfortable in each other’s company and with the staff. There was a nice family atmosphere in the home.

Staff had a good understanding of each person’s needs and preferences. They received appropriate training to enable them to support people safely and effectively. We observed staff checked with people before providing any care or support and then acted on people’s choices. Where people lacked the mental capacity to make certain decisions about their care and welfare the service knew how to protect people’s rights.

There were sufficient numbers of staff to care for people safely and to meet their essential needs. People were engaged in a variety of activities within the home and in the community and they went out most days. However, the social and recreational activities available for some people, who were more dependent on staff support, were sometimes restricted by staff availability. The registered manager was seeking funding to employ additional staff to ensure people continued to experience a good quality of life.

People received their medicines safely and the service supported them to maintain good health through strong links with external health and social care professionals.

People’s relatives were made welcome and were encouraged to visit the home as regularly as they wished. The service was good at keeping them informed and involving them in decisions about their relatives care.

The provider had systems in place to make sure the service maintained a safe and high standard of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of staff to keep people safe and meet their essential needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and to remain safe.

Good

Is the service effective?
The service was effective.

People received effective care and support from suitably trained staff.

People were encouraged to be as independent as they wanted to be. Staff supported people to live enriched lives.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Good

Is the service caring?
The service was caring.

People were treated with kindness, dignity and respect.

The manager and staff were very caring, friendly and considerate.

People and their relatives were supported to maintain their family relationships.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved in the assessment and planning of their care.

People's individual needs and preferences were well understood and acted on.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback.

Good

Is the service well-led?
The service was well led.

The service promoted an open and caring family type environment organised around each person's individual needs.

People were supported by a very motivated and dedicated team of care staff.

The provider had systems to maintain and promote safe and effective services.

Good

Springside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2015 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) and other enquiries about the service.

During the inspection we spoke with four people who lived in the home. We also observed the care and support provided to other people who were unable, or did not wish to speak with us. We spoke with the registered manager, three other members of staff and a visiting relative. We also reviewed the responses and comments from the home's last annual satisfaction survey. This included responses from the seven people who lived in the home and each of their relatives.

We reviewed three care plans and other records relevant to the running of the home. This included staff training records, medication records, complaints and incident files.

Good

Is the service safe?

Our findings

People told us they got on well with all of the staff and they had no concerns about their safety. One person commented "I feel safe and happy". A visiting relative said "I've never had any concerns about any of the staff". Similarly staff told us they had never observed any practices that gave rise to concerns. Everyone appeared happy and comfortable in each other's company and with the staff. There was a nice friendly family atmosphere in the home.

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised with the registered manager they would be dealt with immediately to ensure people were protected.

The risks of abuse to people were reduced through appropriate recruitment and selection processes. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained. This applied to all staff, including part-time staff and the self-employed cleaner.

Care plans contained risk assessments with measures to ensure people received care safely. There were generic and individual specific risk assessments. These included people accessing the local community, participation in social and leisure activities, the environment and use of equipment where applicable. There were risk assessments and appropriate plans for supporting people who sometimes became anxious or distressed. Staff received training in positive behaviour management to de-escalate situations and keep people and themselves safe.

The service experienced very few incidents. Almost all of the incidents were low level and related to one person with complex care and communication needs. The person sometimes grabbed at staff when they were unhappy or anxious, for example when receiving personal care. All incidents were reported to the relevant local authority and the registered manager sought advice from the local authority safeguarding team when needed. None of the incidents were significant enough to report to CQC as statutory notifications. The person's care records showed advice and support had been requested from the local authority's multi-disciplinary team, including psychiatric and psychological assessments.

Staff knew what to do in emergency situations. Staff told us if they had significant concerns about a person's health they would call the emergency ambulance service or speak with the person's GP. Fire evacuation procedures were in place and there was a personal emergency evacuation plan for one person with mobility needs.

The registered manager carried out regular health and safety checks to ensure the physical environment in the home was safe. The service had a range of health and safety policies and procedures to keep people and staff safe. These were prepared with advice from a specialist external consultancy. Specialist contractors carried out annual safety checks on electrical installations, fire safety and gas safety. The service had been awarded the top five star environmental health rating for its food preparation facilities.

The service employed a small close knit team of staff. This included the registered manager, three full time care staff and a self-employed cleaner who also worked one day a week as a care assistant. Another part-time member of staff had been recruited and was due to start once their employment checks were completed. The provider's other two partners provided cover in exceptional circumstances. We were told agency staff would be used if it was absolutely necessary. To-date, they had managed to support people safely without using any external staff who would be unfamiliar to the people in the home.

The registered manager was negotiating with a number of commissioning authorities regarding the funding level to support people in the home. They planned to employ additional staff based on the funding available. The registered manager said "People were not unsafe but extra staff would give people a better quality of life". For example, the current staffing level meant they were not able to provide one to one support to enable some people to participate safely in activities such as swimming.

The service was a family run business and the staff team knew each other and the people in the home well. This helped ensure a flexible and committed workforce prepared to work the shift patterns necessary to maintain people's welfare and keep them safe. On the day we visited

Good

Is the service safe?

there were two care staff plus the registered manager on duty. The cleaner was also present in the morning carrying out housekeeping duties. The registered manager said this was the normal staffing level and there was a regular sleep-in member of staff at night. However, the staffing level varied depending on the day of the week and the planned activities. On certain days most of the people were out at day centres, work placements or other activities. This meant one member of staff could safely support the remaining people in the home. There was always back-up available by telephone.

We observed staff were available to support people in a timely manner whenever they needed assistance or attention. People told us they went out into the community several times a week, either independently, or with the support of staff when required. It was clear the staff worked well together as a flexible and supportive team dedicated to ensuring people received the care and support they needed.

Only two of the people in the home were receiving prescribed medicines at the time of the inspection. Systems were in place to ensure they received their medicines safely. Care staff received medicine administration training and all new staff were observed by the registered manager until they were assessed as competent to administer people's medicines. People's medicines were kept in a secure medicine cupboard. We checked each person's medicine administration record (MAR). Records showed people had received the correct medicines at the right time and in the right doses. The local GP reviewed people's medicines regularly to ensure people's prescriptions were up to date and appropriate.

Good

Is the service effective?

Our findings

People said they were well cared for and were happy with the staff who supported them. One person said "It's very nice living here, I'm very happy". People's relatives thought the service was effective in meeting people's needs. One person's relative commented "[Person's name] is happy and settled and well cared for". Another person's relative said "[Person's name] is doing much better with their reading and participating in activities. [Manager's name] is very proactive and tries very hard to get the right medical treatment for their condition. They will ring me if there are any concerns".

Staff were knowledgeable about people's support needs and preferences. Care and support was provided in line with people's assessed needs and their individual plans of care. Staff told us they received regular training to enable them to meet people's needs effectively. This included generic training such as safeguarding, infection control, and administration of medicines. More individual specific training was also provided to support people with more complex needs. For example, one person could not communicate verbally or use sign language. Staff were trained to recognise the person's physical gestures and vocalisations to enable them to understand the person's feelings and choices.

In addition to online training from the local authority, staff were supported to take vocational qualifications in health and social care through a local further education college. This involved work based and distance learning activities. A training assessor from the college was present on the day of the inspection to certify completion of a member of staff's level 2 diploma. All of the full-time care staff had level 2 or level 3 qualifications.

New staff received an induction programme covering the basic requirements of the job and also shadowed experienced staff until they were familiar with people's individual support needs and preferences. Their competency, knowledge and skills were assessed by the registered manager over a probationary period to ensure they knew how to care for people effectively. All staff received regular one to one supervision sessions and annual performance and development appraisals. Staff meetings also took place every eight weeks.

Staff said everyone worked really well together as a very flexible and supportive team. This enabled them to provide effective care and support for people who lived in the home. One member of staff said "I really love the staff here and how we work together. It's a pleasure to work here". Staff told us they kept up-to-date with current best practices through training, supervision sessions, team meetings and regular discussions with the registered manager. In turn, the registered manager received regular supervision and mentoring support from a well-respected external service related organisation.

Most of the people had the capacity to make their own decisions about the care and support they received. However, where people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. Staff demonstrated an understanding and received training in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. The service followed the MCA code of practice to protect people's human rights.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Apart from one person, people's freedom and choices were not restricted by the service. One person was unable to leave their room without staff support due to their complex mobility needs. They also required a safety harness when using their wheelchair. The registered manager was liaising with the local authority's multi-disciplinary team (MDT) to carry out an up-to-date assessment of the person's needs. The MDT had agreed to advise the registered manager on whether a DoLS application was appropriate, once the person's needs had been fully assessed. The registered manager said they were ready to comply with the DoLS requirements if and when needed.

People had sufficient to eat and drink and received a balanced diet. None of the people required special diets. Meal menus were agreed on a six weekly basis through a group discussion. However, people could always choose an alternative if they did not want the agreed menu meal. The meals were varied and included different dishes, meats and

Good

Is the service effective?

vegetables. Fruit was encouraged and people could have cake or deserts if they wished. People were also encouraged to assist with the preparation and cooking of their favourite meal to promote independent living skills.

Staff monitored people's health and wellbeing to ensure they maintained good health and to identify any problems. The registered manager said the service had good links with a local GP and a dentist. We were told they were very good with the people from the home and were able to relax them and reduce their anxiety. The GP carried out thorough annual health checks for each person at the home. Other health input and advice was sought as needed. People's care plans contained records of their hospital and other health care appointments.

Good

Is the service caring?

Our findings

People who lived in the home told us they liked the staff and they got on very well with each other too. One person said "[Names of staff] are all very nice. It's good fun here". Another person said "I've got loads of friends here" and then listed the names of the other people who lived in the home as their friends.

Relatives commented on how caring the service was. A visiting relative told us "[Manager's name] is very caring. They very much provide the care I would want to give myself". All of the relatives who replied to the home's annual satisfaction survey gave very positive comments about the service. A typical comment was "My [relative] continues to receive superb care. The staff give them sensitive, consistent and loving care".

In all of our discussions with the registered manager her focus was firmly on supporting the people in the home to have the best quality of life possible. Her priority was clearly to meet the needs of people over and above the financial considerations of the service. The registered manager and the other two partners had put their own money into the service to make up for historical shortfalls in funding. The registered manager said "We've got to keep going and look after people well". The registered manager said the funding had improved recently for some of the people. Discussions were ongoing with other funding authorities.

It was clear from our observations, and from what people told us, that they enjoyed friendly and trusting relationships with the registered manager and the other staff members. Staff also spoke fondly about the people they supported and were clearly keen to promote their welfare and well-being. One member of staff said "Our main priority is the residents' welfare. We are just like one big family". We observed staff always spoke to people in a friendly, polite and caring manner. When staff spoke with us they were very respectful in the way they talked about the people in the home.

Staff knew each person's needs and preferences well. Nevertheless, they always checked to make sure people were happy with the choices offered to them. The service continuously sought ways to improve people's quality of life. This included encouraging people to become as independent as they were able to be. The registered manager was proud of the fact that four people who used to live in the home had now moved on to independent living. This was partly as a result of the increased confidence and independent living skills they had gained while living at Springside.

Staff respected people's privacy and dignity. Each person had their own bedroom and most rooms had en-suite WCs and washbasins. There were also two communal bathrooms. People were free to return to their rooms whenever they wished to be on their own. When personal care was provided, staff ensured the door to the person's room was closed and curtains or blinds were drawn. One person did not like their door shut, so staff kept it slightly ajar to satisfy the person's wishes but without compromising their privacy. Staff were available to support people with personal care, as needed, but encouraged people to be as independent as possible. For example, some people needed staff assistance to have a shower or bath but were able to dress themselves independently afterwards.

People were supported to maintain ongoing relationships with their families. This included regular contacts through visits, telephone calls and emails. Relatives were encouraged to visit the home as often as they wished and there were no undue restrictions on their visits. Relatives said they were always made to feel welcome when they visited. People also told us they visited their family homes on a regular basis, either independently or with support from the staff.

Good

Is the service responsive?

Our findings

People told us staff listened to their needs and preferences and acted on their choices. One person said "[Staff member's name] wakes me up at [the person's chosen time] but doesn't make me get up if I don't want to. I choose my own clothes to wear". Another person said "I'm very independent. I go into town to see my friends and have a drink in the pub. I have activities most days but don't have to go out if I don't want to".

People contributed to the assessment and planning of their care. The registered manager said she sat down with each person individually every two months to check how they were doing. She checked if they were happy or if they had any concerns or wanted to review their activities. Staff told us the registered manager wrote the care plans and they regularly read them. If they felt anything needed changing they informed the registered manager. With people's agreement and where it was appropriate, people's close relatives were encouraged to participate in discussions about their care. In most cases, an annual care plan review was undertaken with the involvement of people's family.

Each person had a personalised care plan based on their individual care needs. Care plans included clear guidance for staff on how to support people's needs. Care plans identified each person's personal likes and dislikes, daily routines, activity preferences, risk assessments and health needs. They also included detailed information on how people made choices and decisions if they were unable to communicate them verbally. The registered manager said they were in the process of revising the current bulky care plan files into a more concise and uniform format. This would make it easier for staff to read and digest the information about people's needs and preferences.

Where people or their relatives expressed a preference for support from particular care staff the service tried to accommodate these preferences. Although the staff team was small they tried to ensure people had their preferred staff member to support them with personal care, such as bathing.

The service arranged informal 'residents meetings' to discuss issues of interest to all of the people in the home. This included meal menus, holiday plans, and information about new people who may be moving to the home. The registered manager said they would only consider accepting new people if they were assessed as compatible with the needs of people already living in the home.

People had their own individualised bedrooms which were furnished and decorated to the person's individual tastes and preferences. For example, people's rooms contained pictures and posters that reflected their personal hobbies and interests. People were able to choose the colour schemes for their rooms. One person with mobility needs had a ground floor bedroom with en-suite shower to improve accessibility. People were free to spend private time in their own rooms or to access the communal areas of the home as they wished.

Four of the people were able to go out on their own independently and three people required staff support to go out into the community. People enjoyed a range of social and recreational activities according to their needs and interests. This included walks and trips into town, shopping, cafes, church groups, day centres, voluntary work placements, equestrian activities, animal care, bowling and other leisure activities.

People and their relatives said the registered manager was very accessible and approachable. They were encouraged to feedback any issues or concerns directly to the manager or to any other member of staff. One person said "I like all the staff. I would talk to staff if I had a problem I love it here". Relatives said they were regularly updated if there were any issues or concerns regarding people's health and well-being. One relative commented "I have no concerns and only praise for the way they run the home. On the few occasions when [their relative] had problems the manager dealt with them in the proper manner and contacted me when necessary".

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. There had not been any written complaints in the last 12 months.

Good

Is the service well-led?

Our findings

People who lived in the home, and their relatives, were very complimentary about the service and they had confidence in the registered manager. A visiting relative said "This home is less institutionalised and more family oriented than other care homes. They provide very homely care. [Manager's name] does a very good job of managing and likes to be hands on and makes sure everyone is doing what they should". Another person's relative commented "I want to record our profound gratitude and admiration. The provision they make for our [relative] is beyond praise".

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. People, relatives and staff told us the registered manager was very open, approachable and supportive. One member of staff said the registered manager was "Brilliant and what she does here is a very good thing".

The registered manager said "We have a family ethos and the home is led by each individual living here. It's all about their choices and listening to them. We treat people as we would like to be treated ourselves". In our conversations with staff they appeared highly motivated and dedicated to ensuring people received the best care and support.

To ensure staff understood and delivered the service philosophy, they received mentoring from the manager and training geared to the specific needs of the people who lived in the home. Care practices were also reinforced at staff meetings, shift handovers and regular one to one staff supervision sessions. The service also had policies, procedures and operational practices to support their desired approach.

There were clear lines of reporting and accountability and staff knew the appropriate people to go to for decisions about people's care and support. This included specialist support and advice from external health and social care professionals when needed. Staff said they worked closely together as a small, friendly and supportive team. One member of staff said "I really enjoy working here, it's very rewarding. [Registered manager's name] is amazing and everything I would want in a manager".

The provider had quality assurance systems to ensure they continued to meet people's needs safely and effectively. This included regular audits of key aspects of the service, such as care plans and medicines. The registered manager also carried out regular safety checks of the environment. Specialist external contractors were used for checking gas, electricity and fire safety systems.

All incidents were monitored and reported to the appropriate authorities. For example, when people displayed behaviours that were challenging to the service this was reported to the relevant local authority social care team. The provider sought advice from the local authority's multi-disciplinary team regarding the appropriate support required to meet people's complex needs. It was evident from care plan records that the service had good links with local health and social care professionals. This helped ensure people's health and well-being needs were appropriately met.

People and their relatives were encouraged to give their views on the service. They could express their views directly to the registered manager or to staff and at regular care plan review meetings. In addition, annual satisfaction surveys were circulated to people who lived in the home and to their close relatives. The feedback from the last survey was overwhelmingly positive about the care and support provided.

The provider participated in various forums for exchanging information and ideas and fostering best practice. These included meetings with health and social care professionals, attending seminars and conferences, and as members of the Registered Care Providers Association. They also accessed a range of online resources and training materials from service related organisations. These included the British Institute for Learning Disabilities, Care Focus and the Care Quality Commission.

People were supported to be involved in the local community as much as possible. People went out, either individually or in groups, most days of the week. This included attendance at day centres for people with a learning disability, voluntary work placements, trips into town and various other social and leisure activities. Some people's relatives also took them out for lunch and other treats. Some of the people were able to go out independently whenever they wished. Other people required staff support to go out and their outside activities were sometimes limited by staff availability. The registered

Good

Is the service well-led?

manager was in negotiation with the funding authorities to enable them to recruit more staff. The manager said additional staff would enable the service to offer people an improved quality of life.