PLUS (Providence Linc United Services)

Springbank Road

Inspection report

152 Springbank Road
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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

Summary of findings

Overall summary

About the service
Springbank Road is a care home that provides personal care and support for people with a learning disability and those with autistic spectrum disorders. The care home accommodates up to four people in one adapted building. At the time of our inspection there were four people receiving care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service
People and their relatives told us they felt safe using the service. The provider supported people to take their medicines safely. There were adequate infection control processes in place to reduce the risk of harm. There were sufficient staffing levels to maintain people's safety and ensure their needs were met. Risks to people's health and wellbeing were managed well.

People's health and social care needs were assessed, and plans put in place to meet these. The provider met people's nutritional and hydration needs and supported them to have a balanced diet. People were supported with their physical and mental health and care records contained good information on these.

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; the policies and systems in the service supported this practice.

People told us the registered manager and staff were kind and caring and knew people well. People were treated with dignity and respect. People's religious and cultural needs were met.

People were supported to attend activities of their choice in their local community. People's communication needs were considered, and detailed guidance was in place to help effective communication.

There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

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

Rating at last inspection:
The last rating for this service was good (26 July 2017).

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Springbank Road

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 was carried out by one inspector.

Service and service type
Springbank Road 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 this information to plan our inspection.

During the inspection
We spoke with one person and we carried out observations of people's support and interactions with care workers. We spoke with the registered manager, the deputy manager and three support workers.

We reviewed the care and medicine records of four people and we looked at five staff files in relation to recruitment, induction, supervision, and training. We also looked at policies and procedures and records related to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives of people receiving care and support.

Good

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to ensure people receiving care were protected from harm or abuse. Staff received safeguarding training and this was a regular agenda item during staff meetings so staff could discuss concerns and refresh their knowledge regularly.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary.
- People were protected from financial abuse and there were systems in place to manage and account for people's money if they were not able to manage this themselves. There were regular audits of people's finances to ensure they were being managed appropriately.

Assessing risk, safety monitoring and management

- People using the service and their families told us staff helped them to stay safe. We received comments such as, "The staff make sure no harm comes to [my family member]. They need to have someone with them at all times which the staff make sure of."
- Risks to people were assessed, and precautions put in place to mitigate the risk of harm. For example, the risk of people leaving the building was assessed and an alarm was installed to alert staff immediately if anyone left the building.
- The service ensured each person had a personal emergency evacuation plan which detailed the support and guidance they needed to evacuate their home in the event of an emergency.
- The service had recently been inspected by fire officers from The London Fire Brigade and they found the fire safety measures in place to be satisfactory.

Staffing and recruitment

- The staffing levels were appropriate to ensure people's needs were safely met. Each person's support needs were assessed to ensure they were receiving the correct amount of shared and one-to-one hours. Staffing levels were adjusted according to people's changing needs.
- The service followed safe recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included applicants' right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on applicants' backgrounds, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

● People's medicines were stored, administered, and managed safely. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
● People's medicines were checked regularly by a senior member of staff and any issues were promptly investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly.
● The service also received visits from the dispensing pharmacy to monitor the safety and effectiveness of the medicine management within the service. At the last visit the pharmacist made some recommendations which the registered manager had put in place.

Preventing and controlling infection
● The service ensured infection control was well managed and the environment was kept clean and tidy. There was a cleaning rota in place to ensure high standards of cleanliness were maintained.
● Staff told us they had access to personal protective equipment, such as gloves and aprons; to prevent the spread of infection. We found the service to be clean and free from any unpleasant odours. The kitchen had acquired a rating of five (the highest rating) at the recent Food Standards inspection.

Learning lessons when things go wrong
● There was a system in place for staff to record accidents and incidents. The registered manager received all incident reports immediately, so they could ensure all necessary steps were taken to maintain safety after incidents occurred.
● A representative from the service attended the provider's health and safety meeting to discuss a range of safety matters including previous incidents. This ensured there was shared learning across the organisation.
● The staff recorded incidents of behaviours that challenged so they could be analysed by psychologists who worked with service to help manage people's behaviours.

Good

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before admission to ensure the service could provide effective care and support. Assessments considered all aspects of people's health and social care needs.
- We saw evidence that care plans were devised in consultation with people and their relatives and reviewed on a regular basis and relatives we spoke with confirmed this. One relative told us, "We just had a care plan meeting where we reviewed [family member's] care plan."
- People's mental health needs were assessed, and guidelines were in place for staff to follow when people showed behaviours that challenged themselves or others. The registered manager and the staff worked with psychologists to produce bespoke guidelines for staff to follow when people showed behaviours that challenged themselves or others.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with learning disabilities. The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge.
- Staff told us they felt supported by their manager, had regular supervision and an annual appraisal, and records we saw confirmed this. One member of staff told us, "The supervision is very helpful. It gives you the chance to raise any issues you have so you can resolve them support from the (registered) manager."

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

- People were supported to prepare and cook food they liked and maintain a balanced diet. Staff received training on food safety and received ongoing advice from dieticians. Staff recorded people's food intake daily to ensure it was sufficient and well balanced.
- Care plans contained information on special dietary needs and allergies, so staff would understand what food was safe for people to eat.

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

- People were supported to access appropriate healthcare services when needed and have a regular annual health check.
- People and their relatives told us the service helped them stay healthy and ensured they got medical attention when they needed it. One relative told us, "[Family member] has got a lot of medication and health problems but the staff make sure they see a doctor regularly."

● The service had a good relationship with the GP. One staff member told us, "We don't have any issues with getting a GP to come out to check people over as their needs are so complex."
● People were supported with their oral health and had regular appointments with their dentist.
● Hospital passports had been developed for everyone using the service. These contained detailed personal health information about people which could be shared with hospital staff if they were admitted to hospital.

● The service worked with a range of health and social care professionals to ensure people's needs continued to be met. This included occupational therapists, physiotherapists, psychologists, and social workers. The service also worked with the Royal National Institute of Blind People for advice and guidance to support someone with sight loss.

Adapting service, design, decoration to meet people's needs
● The home was accessible to people who used the service. The rear garden was fully paved so a wheelchair user could access all areas. One person's bedroom door was automated so it could be opened and closed easily by them using an electronic fob.
● People's rooms were decorated to suit their needs and preferences.

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.
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.
● The service had made all the necessary DoLS applications when safety measures meant restricting some parts of people's lives.
● Staff received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff respected people's right to make their own choices and asked their consent before providing care and support. One staff told us, "We always ask people's permission before doing anything, especially around personal care. People have the right to say no."

Good

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. 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 well treated, and relatives told us that people were treated with kindness. We received comments such as, "They are kind and caring" and "[Family member] is always very happy to go home which tells me they are being treated well" and "They are caring for [family member] very well."
- There was a stable staff team in place so people received support from familiar people who knew them well. We observed positive interactions between people using the service and staff and this was confirmed by a health and social care professional who worked with the service. They told us, "They are a very dedicated team who try hard to provide a safe, settled and homely environment."
- The provider respected people's equality and diversity. Care plans contained information about people's cultural needs including specific dietary needs relevant to their religion.

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

- Staff knew how best to communicate with people. People's care plans contained information on what approaches worked best with people and what could upset people. There was clear information on how best to respond if people became agitated including activities that people enjoyed doing which reduced their anxiety and distress.
- Staff told us how they regularly consulted people and their family members on day-to-day aspects of their care. One member of staff told us "We give lots of choices; what to eat, what to wear, what activities people would like to do. They all know what they want."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity and respect. Staff we spoke with described how they maintained people's privacy and dignity. One staff member told us, "I am always very careful and make sure the door is closed and the curtains are drawn when supporting people with personal care."
- Care plans had clear information on what people could do for themselves, so staff could ensure their independence was maintained. We saw detailed step-by-step instructions with pictures to show one person how to make a cup of tea and make a sandwich for themselves.
- The staff's commitment to supporting independence was confirmed by health and social care professionals who worked with the service. One professional said, "I think they try very hard to advocate and ensure that the people who live there have a good life whilst also maintaining independence as much as possible."

Good

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. 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

- Care plans contained detailed and personalised information about people's history, likes and dislikes and needs in all aspects of their care and support so that staff had a full understanding of people's individual needs.
- People were allocated keyworkers who took more responsibility in key areas of people's care and support including communicating with family members and other health and social care professionals.
- The service was responsive to people's changing and fluctuating needs. Staffing levels were flexible to take into account times when people might need greater support; such as when they experienced a decline in their mental health.
- The service advocated on behalf of people to ensure care packages met their needs. One person's support at college had been stopped due to college funding. The service successfully negotiated an increased support package with the local commissioners to enable the person to continue attending college with support from a personal assistant.
- There were assistive technology solutions in place for people to support people's independence. For example, electrical appliances such as the kettle, microwave and washing machine had adaptations to help someone with sight loss use them independently.

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 service was meeting people's individual communication needs through a variety of means. People had communication passports which had been developed with speech and language therapists, so staff would have a good understanding of how people communicated and any aids or adaptations they used to support them. Documents and newspapers were provided in different formats, which met the specific needs of people.

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

- The service provided regular activities to ensure people were occupied and stimulated throughout the week. Regular activities included adult education classes, attending the local library, bowling, swimming, and attending social clubs for people with learning disabilities.
- People were supported to engage in community projects in their local area. For example, some people

had recently taken part in the 'beautiful boroughs project'. This gave people the opportunity to help clean up local areas such as parks and gardens to help improve local facilities.

● People were supported to maintain relationships that were important to them. This included support to make calls to family members and keeping them up to date with important information. Staff told us, "We are always liaising with the family member when we need to and making sure we support people to keep in contact with their family."

Improving care quality in response to complaints or concerns

● The service responded to complaints and acted to address issues when they arose. The manager kept a record of complaints which showed what action had been taken to resolve issues that had occurred.

● There was an easy read complaints policy and relatives of people using the service were satisfied they would be listened to if they voiced any concerns. One relative told us, "I have not had to complain about anything but If I had any issues I would speak to the (registered) manager."

End of life care and support

● At the time of the inspection the service was not providing end of life care and support. Due to the young age of the people receiving care and support no one had been consulted about their end of life care needs.

Good

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 remained the same. 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.

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

- The service worked to achieve positive outcomes for people. Relatives told us, "We are very happy with the service. They are looking after [family member] very well. No complaints" and "[Family member] has a lot of difficult behaviours but I think they are managing well and providing very good care."
- Staff were positive about how the team worked together to improve the quality of people's lives. Staff told us, "I would definitely recommend this place to a family member. The care is good. We are not perfection, but we are trying our level best to help people have a good life" and "We work as a team and try to communicate with each other and put people first."

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 understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.
- The registered manager and other members of staff were clear about their roles. The registered manager understood their responsibility to monitor and mitigate risks to people using the service and care workers understood their responsibilities to provide safe and effective care.
- There were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities.

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

- The service sought feedback from people in a variety of ways. For example, they had recently arranged a survey event at the head office where people were invited to participate in discussions about what the organisation does well and what needs to improve. Following the event an action plan was made to address concerns that were raised during the meeting.
- Relatives told us they were satisfied the service communicated with them when they needed to. One relative told us, "Oh yes they keep me informed. The registered manager calls me up and lets me know what's happening."
- The registered manager held regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information. Regular agenda items included, health and safety, safeguarding, mental capacity and DoLs.

● The service has set up an 'shadow board' made up of people receiving care and support. The shadow board discussed a range of topics including new organisational initiatives, activities and opportunities within the local community and made recommendations to the board of trustees.

Continuous learning and improving care

● There were regular quality assurance visits of the service conducted by senior managers which looked at key areas such as care and support, rapport between staff and people receiving care, dignity and respect, food and drink available and medication systems and processes.

● The registered manager had created a plan for the service with key objectives to work towards to improve the quality of care and support. Objectives included ensuring individual communication needs were met, introducing positive behaviour support plans and improving the use of technology within the service.

Working in partnership with others

● The service regularly worked in partnership with a range of other health and social care professionals to ensure people received ongoing support to meet their needs. These included social services teams, behaviour specialists, psychologists, speech and language therapists and other healthcare specialists as needed. One professional told us, "They work very well with us and my team have often commented on what a nice setting with a good team it is."

● The service had also co-produced bespoke staff training with psychologists to ensure staff had the right skills and knowledge to support people who had behaviours that challenged.