

Springland Care Ltd

Springland Care

Inspection report

188 Colyers Lane
Erith
DA8 3PS

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30 June 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Springland Care provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs and include people with a learning disability and autistic people. At the time of our inspection two people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support

The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests and achieve their aspirations and goals. Staff supported people to take part in activities and pursue their interests in their local area and to interact with people who had shared interests. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role, in maintaining their own health and wellbeing, maintaining a healthy lifestyle and accessing specialist health and social care support in the community.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the

management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The registered manager enabled people and those important to them to work with staff to develop the service. The service valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

However, none of the staff working at the service were permanent employees of the provider. This meant there were risks to people's continuity of support and the provider relied on training delivered through other organisations.

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 23 December 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess whether the service was applying the principles of 'Right Support, Right Care, Right Culture.

Recommendations

We have made recommendations about staff recruitment and supporting staff.

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 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 well-led.

Details are in our well-led findings below.

Good ●

Springland Care

Detailed findings

Background to this 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since registering with us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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 one person who used the service on the phone to gather their experience of the care

received. We spoke with two members of staff including the registered manager and a support worker.

We reviewed a range of records. This included one person's care and medication records. We looked at three staff records in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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. 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.

Staffing and recruitment

- We were not assured appropriate recruitment checks were carried out before staff could work at the service. Except for the registered manager and nominated individual the service used regular agency staff to cover all shifts.
- As the provider had not recruited any staff, they were not able to demonstrate they understood and applied safe recruitment practices. The registered manager told us they relied on the agency supplied information and was not able to describe best practice in recruitment.
- The provider's reliance on agency staff meant there was a risk that people may not receive continuity of care as the staff were under no contractual obligation to continue working.

We recommend the provider seeks and follows best practice guidance on recruiting permanent staff.

Following our inspection, the provider informed us they had started advertising and recruiting permanent staff to ensure all staff working at the service had followed appropriate recruitment checks.

- There were enough staff deployed to support people's needs. People were supported by regular staff who knew them well, and the level of support they required.
- The registered manager informed us the staffing arrangements in place were based on people's assessed needs. Staff rotas showed the number of staff on shift was consistent with the numbers planned for and staff confirmed the staffing arrangements in place were enough.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person confirmed they felt safe using the service, and they had no concerns of abuse.
- Staff knew of their responsibility to protect people in their care from abuse and to report any concerns of abuse to the registered manager. They also said they would escalate any concerns of poor practice to the local authority or CQC, if needed.
- The registered manager knew of their responsibility to respond to safeguarding concerns and report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, there were no concerns or allegations of abuse.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and

managed safety well. People were involved in managing risks to themselves and in taking decisions about how to keep safe.

- Risks to people were assessed in areas including medicines, weight management and accessing the local community. The risk management records included guidance on how staff could prevent or mitigate these risks occurring.
- People had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Risks were reviewed regularly to ensure people's changing needs were identified and safely managed.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care and support records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

Using medicines safely

- Medicines were managed safely. People were supported by staff who followed systems and processes to acquire, administer, record and store medicines safely. One person told us they were happy with the support staff provided with their medicines.
- Where staff supported people with their medicines, a medicines administration record (MAR) was completed, and we found no gaps in the MARs. The registered manager carried out regular medicines checks to ensure people were receiving their medicines as prescribed by healthcare professionals.
- Where people were prescribed 'as required' medicines (PRN) such as pain-relief or a laxative, there was a PRN protocol in place for staff to guide them on when and how these should be administered.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

Preventing and controlling infection

- People were protected from the risk of infection. The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The provider had an infection control policy and procedures in place which provided guidance to staff on how to minimise and prevent the spread of infections.
- The registered manager informed us, and staff confirmed, they had access to appropriate PPE to keep both people and staff safe from the risk of infections.
- The provider was following current COVID 19 protocols. People were encouraged to test regularly, wash their hands and maintain their personal hygiene levels. Staff tested for COVID 19 twice a week and were encouraged to have COVID 19 vaccinations.

Learning lessons when things go wrong

- The provider had policies and procedures on reporting, recording and managing accidents and incidents. There had not been any accidents or incidents since the service registered with CQC.

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

Staff support: induction, training, skills and experience

- The service kept records of induction they carried out for each member of agency staff. This was service specific because staff had also completed an induction from their agency. However, the registered manager could not evidence if staff new to social care had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider had training courses they considered mandatory. However, due to the service using only agency staff, they (the agency staff) had not completed any training courses through the provider. The service kept records of training staff had completed through their agencies which included safeguarding, health and safety, medicines administration, infection prevention and control and awareness of mental health, dementia and learning disabilities.
- Staff supervision and appraisals were not being carried out. The registered manager informed us where they were issues, they had meetings with staff. However, this was not being documented or in line with the provider's supervision policy.

We recommend the provider considers current guidance on supporting staff and take action to update their practice accordingly.

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

- Before people began using the service, their needs were assessed to ensure the service was suitable. The registered manager carried out the initial assessments at people's homes following a referral from a local authority.
- Information acquired from these assessments and the referral information from the local authority were used to develop a personalised support and risk management plan.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.

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

- People were supported to eat and drink enough for their health and wellbeing. One person told us they were satisfied with the support they received with their nutrition.

- Care records included information about people's nutritional preferences; their likes, dislikes and guidance on how staff should support them. For example, to prompt people to make healthy food and drink choices.
- People were involved in choosing their food, shopping, and planning their meals. People were given guidance from staff about healthy eating so they could stay at a healthy weight.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way and cultural preferences. One person told us, "They [staff] support with the shopping and all that."

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

- People played an active role in maintaining their own health and wellbeing. People were registered with a GP and were supported to attend annual health checks, screening and primary care services where required.
- Care records showed people had been treated and supported by a multi-disciplinary team of healthcare professionals including GPs, dentists, pharmacists and staff from the community learning disability team (CLDT).
- People had hospital passports which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The service worked within the principles of MCA. Staff understood the importance of seeking consent from people before supporting them and empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff ensured that people with capacity gave their consent to medicines.
- People using the service could make day-to-day decisions about their care and support needs, including the how they took their medicines, the food they ate and how they spent their day.
- The registered manager told us people could express their views and make decisions for themselves. However, if they had any concerns about a person's capacity to make specific decisions for themselves, they would work within the principles of the MCA.

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. 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person told us, "Staff are alright."
- People's life histories and their preferences were included in their care plans; staff used this information to get to know people and to build positive relationships with them. People felt valued by staff who showed genuine interest in their well-being and quality of life.
- The service understood the importance of working within the principles of the Equality Act and supported people's diversity in relation to their protected characteristics including their race, disability, sexuality, sexual orientation and religion in a caring way. People were supported to maintain relationships they were in with others.
- Where required healthcare professionals were engaged and supported people with their sexuality and by educating them about staying safe.

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

- People felt listened to and valued by staff. People had been consulted about their care and support needs. The service involved people and their support network where applicable, in making decisions to ensure their needs were met.
- People were enabled to make choices and were in control of decisions about the support and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. A member of staff told us, "I can't tell them what to do, I respect their choice."
- The registered manager held regular meetings with people so they could express their views about the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and their right to confidentiality was upheld. People had keys to their bedrooms and locked their doors to maintain their privacy. Staff told us people also locked the bathroom door when having a shower.
- Staff knew how to maintain people's privacy and dignity. A member of staff informed us, "I give people their privacy; when I want to speak to them whilst they are in their room, I knock."
- Staff knew the importance of maintaining confidentiality and told us information about people was shared on a need to know basis only. The registered manager gave us an example of how they respected a person's wish not to be present during a consultation with their GP.

- People's independence was promoted. People were responsible for cooking their own food, tidying up their rooms and accessing the community independently. Staff encouraged people to attend clubs that teach and promote activities of daily living to improve their independence.

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. 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 and support was planned and delivered to meet individual needs. Staff ensured people had access to information in formats they could understand. Care plans contained information about people's physical, mental and social care needs; including personal care, medicines, nutrition, communication and social activities.
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. The care plans also included people's interests, likes and dislikes, and their hobbies.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people to understand how they could be achieved. Individual goals included maintaining personal hygiene levels, accessing health care services developing new skills and interests and maintaining a healthy weight.
- Care plans were kept under regular review to ensure people's changing needs were met. Staff knew people well and told us of the support they provided to ensure individual needs were met.

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 and met. How people communicated and any aid and support they required was documented in their care files. There was guidance in their care plans about the support staff should provide.
- The registered manager informed us people currently understood information in standard format. If people required information in other formats including easy read or other languages, they explained this would be made available to them. The service user guide was both in standard and easy read formats.
- Where people could not understand complex words, they used search engines including 'Google' to improve their understanding or staff explained to them using simple words.

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 supported to develop and maintain relationships with those important to them. People were supported to spend time with their family and friends and had friends visit them at home to promote their relationships. They also used their digital devices to make voice and video calls to their relatives and friends.
- People were supported to be active members of their community and access activities of interest to them.

This included volunteering at a local shop between four and six days a week, attending cooking classes, shopping, bowling with friends and spending time with colleagues in the public house.

- When people were at home, they enjoyed watching their favourite television programmes and playing football in the back garden. People were also supported to celebrate important events and occasions such as birthdays and Christmas.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and procedure in place which included guidance on how to make a complaint and the timelines to expect any complaint investigation to take.

- People told us they knew how to make a complaint, but they did not have any complaints to make. One person said, "I am happy with the service and I don't want to complain about anything."

- The registered manager told us they had not received any formal complaints since the service registered with CQC. They said if they receive any complaints, they would follow their complaint policy and procedures to ensure people were satisfied with the service. They would also ensure to learn lessons to prevent repeat occurrences and to improve on the quality of the service.

End of life care and support

- At the time of this inspection, no one using the service required end of life care and support. Advance care planning was discussed as part of people's initial assessment.

- The registered manager told us if end of life care and support was required, they would work with the person and appropriate health and social care professionals to ensure their end of life care needs and wishes were met.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management and staff put people's needs and wishes at the heart of everything they did. The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager worked directly with people and led by example. They were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say.
- The registered manager promoted equality and diversity in all aspects of the running of the service. They told us, "We promote equality and diversity, we don't discriminate, we support two service users who are very different, and we treat them the way they like to be treated."
- Agency staff felt respected, supported and valued by the registered manager which supported a positive and improvement-driven culture. A member of staff told us, "We have a good relationship and my manager is still the best."
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The registered manager carried out various audits and regular unannounced checks on staff practice to ensure they adhered to best practice guidelines. A staff member confirmed. "My manager does spot checks every now and then. It is mostly unannounced."
- Monthly audits were completed in various areas including health and safety, infection control, care planning, daily evaluating records, medicines management and COVID 19 testing. Where issues were identified, for example with PPE stock and expiry date, appropriate action was taken to record expiry date and maintain a stock rotation system to ensure what was used was safe and effective.
- There were systems in place to promote continuous learning and improve the quality of the service. We noted the provider checked over audits carried out by the manager to ensure nothing was overlooked. The registered manager also showed a keenness to learn to improve the quality and safety of the service

delivered.

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

- People's views were sought to improve the quality of the service. Monthly service user meetings were held to gather people's views and drive improvements. Minutes of the meetings covered areas including communication, dignity and respect, staff punctuality, cleanliness, health and safety, eating and drinking and what people thought about the care they received. Information gathered from the various meetings was positive and any minor issues raised had been addressed. For example, where one person commented about staff timekeeping, this was addressed immediately, and the member of staff had avoided repeat issues.
- Staff meetings were held and used to cascade information to staff and gather their views. Minutes of the meetings showed topics discussed included, records management, data security, PPE usage, supporting people and the provider's handover process.
- The registered manager informed us staff were sourced from agencies based on people's needs and preferences. They told us, and records confirmed, agency staff were engaged based on their service delivery and people's feedback.

Working in partnership with others

- The service worked in partnership with health and social care professionals to plan and deliver an effective service. The registered manager liaised with various agencies including charitable organisations and healthcare professionals including, GPs, dentists and community learning disability team and social workers to ensure people received care and support that was effective and met their needs.