

Leonard Cheshire Disability

Springfield - Care Home Physical Disabilities

Inspection report

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Ratings

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

Overall summary

This inspection took place on 3 August 2016 and was unannounced. At the last inspection of the service on 7 May 2013 we had found the service was meeting all the regulations we looked at.

Springfield - Care Home Physical Disabilities provides accommodation and personal care support for up to 11 adults with physical disability needs in their own self-contained apartments within a specially designed environment. At the time of our inspection the service was providing care and support to nine people. There was a registered manager in post. 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.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm. Accidents and incidents involving people using the service were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff received training that enabled them to fulfil their roles effectively and meet people's needs. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with dignity and respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services. People's support, care needs and risks were identified, assessed and documented within their care plan. People were provided with information on how to make a complaint.

There were systems and processes in place to monitor and evaluate the service provided. There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. People's views about the service were sought and considered through service user meetings and satisfaction surveys.

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.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and were consulted about their care and support needs.

Staff respected people's dignity and privacy.

People were supported to maintain relationships with relatives and friends.

People's diverse needs, independence and human rights were supported, promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a registered manager in post and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through service user meetings and satisfaction surveys.

Springfield - Care Home

Physical Disabilities

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 checked whether the provider was 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.

The inspection was carried out by one inspector on 3 August 2016 and was unannounced. There were nine people using the service at the time of our inspection. Before our inspection we reviewed the information we held about the service which included the previous inspection report and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and used this information to help inform our inspection.

On the day of our inspection we met and spoke with three people living at the service. We spoke with four members of staff including the registered manager, shift leaders and support workers. We spent time observing the support provided to people, looked at three people's care plans and records, staff records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they received support from staff which helped them to feel safe and that they felt safe living within their own self-contained apartments. One person said, "I feel very safe and secure living here. It's the best of both worlds as I have staff support on site if needed but also have my own apartment and independence." Another person commented, "Yes I feel safe and I have staff on hand should I need them."

Risks to the health and safety of people using the service were identified and assessed. People were supported to take risks which were safely managed and detailed in their risk assessment. These included information about possible hazards and risks people may encounter. For example when visiting the community or when using electrical appliances. We saw people had signed their records as confirmation they agreed with the actions of preventative measures that enabled staff to help keep them safe whilst promoting independence. Risks to people's physical and mental health were reviewed on a regular basis and included areas such as physical and emotional health and well-being, nutrition, movement and mobility, medicines management and skin integrity. Risk assessments formed part of people's agreed care plan and staff showed an understanding of the risks people faced and the actions they needed to take to ensure people's safety. For example, one care plan documented the person was at risk of increased falls and seizures. Their risk assessment instructed staff on how best to support the person and included information from health professionals to assist staff to manage the person's physical health needs.

There were up to date safeguarding adult's policies and procedures in place to protect people from possible harm and information was readily available for staff reference. Staff received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take. One member of staff said, "The training we get is very good. I am confident that if I had any concerns the manager and senior staff would take appropriate actions to protect people." Staff were also aware of the provider's whistle blowing procedure and how to use it.

Accidents and incidents involving people using the service were recorded and acted on appropriately. Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required. The registered manager told us that all accidents and incidents were documented on the provider's electronic computer system and were analysed by the providers health and safety executives to look for any patterns or trends and to learn from them ensuring further risks to people were minimised.

Medicines were managed, administered and stored safely. Most people using the service were independent in managing their medicines, however some people required support. We saw there were individual Medicine Administration Records (MAR) for each person using the service. MARs detailed people's names, photographs, date of birth and information about their prescribed medicines. MAR sheets were up to date, accurate and had no recorded omissions or errors. Staff we spoke with described how to administer medicines safely and staff training records confirmed that staff had received appropriate medicines training and competency assessments to ensure safe best practice.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely. There was a fire evacuation plan in place to ensure people's safety in the event of an emergency and staff had received up to date fire training and knew how to respond in the event of a fire. Records confirmed that staff participated in frequent fire alarm tests and checks on fire equipment within the home were conducted. Maintenance and environmental checks were also carried out at appropriate regular intervals to ensure the premises were safe.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm applicant's identity, references and history of experience and or professional qualifications. We observed there were enough staff on duty and deployed throughout the service at the time of our inspection to ensure people's needs were met. We looked at staffing rotas and saw there were no gaps in staff cover.

Is the service effective?

Our findings

People told us staff were effective and assisted them in different areas of their lives in addition to personal care, this included support with going out and doing activities they enjoyed. One person said staff accompanied them to a concert they wanted to attend and another person gave us examples of how staff supported them to be independent with daily living tasks. Staff we spoke with were very knowledgeable about people's needs and their preferred routines and desired goals.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Newly appointed staff completed an induction programme which was in line with the Care Certificate, a nationally recognised programme for health and social care workers. Staff were also provided with the providers mandatory training programme and opportunities to work initially alongside more experienced members of staff, to promote good practice. Staff told us they were supported through regular supervision and appraisals of their performance and records we looked at confirmed this. Staff told us they felt supported by management to carry out their roles effectively. One staff member said, "I had a good induction into the service and the training is very good. I have supervision on a regular basis with the manager and feel very supported."

Staff received training that enabled them to fulfil their roles effectively and records confirmed this. One member of staff told us, "The training we have is very appropriate to the people we support. I feel this helps us to achieve our aims better." The provider's training matrix showed a range of training provided including fire safety, Mental Capacity Act and Deprivation of Liberty Safeguards, safeguarding, equality and diversity and specialised training which included areas such as behaviour support awareness and working in an empowering way amongst others.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager demonstrated a good understanding of the MCA and DoLS and told us that people currently living at the service had capacity to make decisions independently. However they told us if they had any concerns regarding someone's ability to make decisions they would work with them, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the MCA.

People were supported to have a balanced diet to ensure their well-being. Care plans contained detailed assessments of people's dietary needs, food preferences, equipment required to prepare meals and the support they required from staff at mealtimes. People had access to adapted equipment within their apartments enabling greater independence when preparing and cooking meals. For example worktops and cooking appliances were within reach for people who used wheelchairs. One person told us, "I love living here. I have everything I need and I am independent with most things. I sometimes help others." Staff were knowledgeable about people's nutritional needs and care plans documented and monitored any risk relating to people's nutritional needs and health. Guidance from health care professionals such as dieticians, nurses and speech and language therapists were also in place to ensure people received the appropriate care and support to meet their needs.

People had access to health and social care professionals when required and care plans we looked at demonstrated this. The registered manager told us they were in the process of implementing a health care plan which detailed the support people required to meet their physical and mental health needs effectively. Records of health care appointments and visits were kept in people's care files documenting the reason for the appointment and any treatment required or received so staff were informed of any changes.

Is the service caring?

Our findings

People told us staff were friendly and supportive and we observed positive relationships between staff and people using the service throughout the course of our inspection. One person said, "The staff are great and the manager is very approachable and supportive. I like a joke and we all have a laugh." Staff spent time with people and engaged in activities and conversation, for example talking to people about their plans for the day and how they were feeling. Throughout our conversations with staff, staff spoke positively about people and in a respectful way. One member of staff said, "I love my job very much and the people we support. It's great to support and empower people to be independent."

Staff introduced us to people living at the service and explained to them the reason for our visit. Information was readily available to people in communal hallways about the service, its aims and values and matters of interest to people. We noticed a large mural on the wall which had been produced by people using the service and drawn depicting the services development, its aims and what people wanted from the service.

People had their own apartment or bungalow located in the grounds and had keys to their front doors enabling them privacy and independence. We were invited by people into their homes and saw their homes were decorated to people's individual preferences and had items of their own furniture, belongings and art works on display. This showed people were supported to make choices in their environment and express individuality. We saw staff respected people's dignity and privacy and treated people with respect. Staff described how they worked with people to ensure their dignity and privacy was maintained, for example by ensuring doors and curtains were closed when supporting people with personal care and knocking on people's doors before entering.

People had the opportunity to socialise with others if they so wished although there were no communal areas at the service for people to meet. The registered manager told us that monthly service user meetings were held by people using the service in individual's homes. They said people took this in turn to host the meetings. One person told us, "I attend the meetings as it's nice to meet with everyone and know what's going on." The registered manager told us they recently attend a service user meeting to discuss having a summer house built at the service which would be beneficial to people as they currently do not have a communal area to meet. They informed us that people discussed the idea and agreed to it and to fundraise to build one. They said they had already raised £631 towards it. Records we looked at confirmed that meetings were held on a regular basis and minutes of the last meeting held in July 2016 showed discussions around fundraising, health and safety and future choices.

Care plans demonstrated people were involved in decisions about their care including sourcing social activities and independent advocates where appropriate for people who required support to make choice about their care. People were allocated their own keyworker who co-ordinated all aspects of their care and keyworkers met regularly with people to review their care needs. People's end of life care needs and wishes were documented if people so wished and were contained within their care plan to ensure their wishes and choices were respected.

People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services such as social clubs. Care plans documented where appropriate that relatives were involved in their family members care and were invited to review meetings and events.

Is the service responsive?

Our findings

People told us staff supported them with their day to day arrangements and activities. One person said, "I really enjoy painting and go to an art class on a regular basis." We saw one person going out with support from a member of staff to buy food to ensure they shopped for the right ingredients. Care plans detailed peoples preferred activities that they took part in, such as visiting local amenities and services, attending classes such as art and cooking and attending social events such as concerts and theatres. Staff told us the support they provided to people was varied depending on people's individual needs.

People's needs were assessed and individual care plans were developed with people to ensure their choices, safety and welfare were considered and respected. Pre-admission assessments were completed on people's physical and mental health care needs ensuring that the service could meet their individual needs appropriately prior to admission. Care plans included assessments of peoples physical and mental health needs and detailed people's strengths, aspirations and objectives including risk assessments to support independence and positive risk taking in a safe and controlled way, for example when accessing community services. Care plans were regularly reviewed and updated to make sure they accurately reflected what support people needed. Staff told us people's views were sought at review meetings and people knew they were able to view and amend their care plan and records at any time they wished.

Care plans provided clear guidance for staff about people's varied needs and how best to support them whilst promoting choice and enhancing independence. Care plans were person centred and provided detailed information for staff guidance. For example, one care plan detailed specific guidance for staff on how to support the person with daily choices and when feeling low in mood. Details of how people preferred to receive their care and support was also documented and focussed on people's levels of independence, for example when choosing what to cook and with preparing and cooking meals.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater independence and promoted dignity whilst ensuring their physical and emotional needs were met. People's homes and the communal environment was also designed and made accessible to all promoting greater independence. Care plans contained detailed guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks by staff and routine servicing when required.

People had the opportunity to discuss things that were important to them at regular individual keyworker meetings and at service user meetings. We saw there was also a 'suggestions, comments and complaints' book located in the entrance hall for people to access. There was a complaints policy and procedure in place and information on how to make a complaint was on display. Information provided guidance on the provider's complaints handling process and how complaints could be escalated. People told us they knew how to make a complaint if they had any concerns. We looked at the complaints records which showed there had been no complaints recorded.

Is the service well-led?

Our findings

People told us they thought the home was well led and staff were supportive. One person said, "The staff are very supportive and know me well. The manager is very good and always listens to anything I have to say." Another person commented, "I love living here. Everyone is so nice and the manager is very supportive." We observed the registered manager encouraged feedback from people and staff which promoted good practice and assisted in driving service improvements. We saw the registered manager made themselves available to everyone during our inspection and spent time with people using the service and the staff. Staff we spoke with told us the registered manager was supportive and open to any suggestions they had. One staff member said, "The manager is very good and is always available if you need to speak with them. I feel much supported in doing my job."

At the time of our inspection there was a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. Daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs, activities and any issues or concerns. Staff team meetings were held on a monthly basis and provided staff with the opportunity to discuss issues relating to the running of the home and the care and supported provided.

There were effective systems and processes in place to monitor and evaluate the service provided. The registered manager showed us audits that were conducted in the home on a regular basis. These included a manager's walk around audit, managers out of hours visit, medicines audits, health and safety audit, care plan audits and infection control audits amongst others. Audits we looked at were conducted as required and were up to date. Records of actions taken to address any highlighted issues were appropriately actioned and documented. For example a service development plan was implemented and documented the work undertaken to ensure the outside environment was safe and free from hazards such as garden waste. The registered manager also showed us audits completed by the provider's head of operations and monitoring visits that were conducted by other managers employed by the provider. These assisted the registered manager in ensuring the service was managed well.

People were provided with the opportunity to give feedback about the service and to be involved in the way the service is run at service user meetings that were held on a monthly basis. People's views about the service were also sought and considered through satisfaction surveys that were conducted across all of the provider's services on an annual basis. We looked at the results for the provider's survey that was conducted in January and February 2016. Results showed that 94% of people using the provider's services were extremely, very or quite satisfied with the care provided and 93% of people said they felt safe in the service. Areas that required improvement were documented and the registered manager was in the process of implementing an action plan which was due to be returned to the provider in September 2016 for action.