

New Boundaries Community Services Limited

Springfield House

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 ● |

Summary of findings

Overall summary

About the service: Springfield House is a residential care home that was providing personal care to five adults with a learning disability at the time of the inspection. Accommodation for people using the service was provided on the ground floor with four bedrooms having en-suite bathrooms. The fifth bedroom is housed within an annex which has its own separate living room and bathroom. The ground floor contained a kitchen, living and dining room, and conservatory. The office and a bedroom for staff to use was situated upstairs. There was a secure garden accessed from the back of the building.

People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support as it promoted and enabled choice, control, independence, and inclusion.
- People received safe care and support from consistent and caring staff who knew them well.
- Some minor improvements regarding the recording of medicines and the maintenance of some pieces of equipment were required.
- People were supported to be healthy, this included meeting their nutritional needs and supporting people to access health care services.
- People were involved in the planning of the care needs and were able to discuss this on a regular basis. This included planning a range of social activities and outings.
- People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The service was well managed. Staff understood their roles and responsibilities, and worked well together.
- The management team were open, transparent, and responsive. They took timely action to make improvements where any issues were identified.
- All the people, relatives, and staff we spoke with were happy with the quality of the service provided.

Rating at last inspection: This was the service's first rating inspection following the registration of the service in May 2018.

Why we inspected: This was a planned inspection based on when the service was first registered.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

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 ●

Springfield House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Springfield House is a care home. People in care homes receive accommodation and personal care. 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: We gave the service two working days' notice of the inspection site visit because some of the people using it needed support to understand and prepare for our visit.

What we did: We reviewed information we had received about the service since they were registered. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and other professionals who work with the service. We had not requested the provider submit to us a PIR by the time of our inspection. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people and two relatives to ask about their experiences of the care provided. Not all people in the service were able to provide detailed verbal feedback. We also observed the support staff provided. We spoke with six members of care staff. This included; four support workers, the assistant manager and the registered manager.

We reviewed a range of records. This included three people's care records and two people's medicine records. We also looked at three staff files, records relating to training and supervision of staff, and records relating to the management of the home.

Following our site visit we reviewed additional information we had requested the registered manager send to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- People and relatives told us they had no concerns regarding the management of medicines. One person said, "I have a cabinet in my room for my meds and I take them. They tell me when to have them, no problem at all." A relative told us, "I have no knowledge of any problems with medications, they have a locker in each room, it looks very straightforward. They seem to know when [name] needs extra meds."
- Medicines for each person were stored safely and securely in their room.
- Some documentation and recording of medicines needed improving. For example, 'As required' guidance was in place for each person but did not always provide detailed guidance about when to give these medicines.
- There were no medicine care plans in place as recommended by national guidelines. The registered manager told us the provider had identified this need and staff were working on these being put in place.
- It was not always clear how stock was being recorded and reconciled with medicine administration. However, we checked the stock of sample of medicines and were reassured that this was a recording issue and did not impact on people receiving medicines.
- Medicines were audited by staff on a weekly basis and a more detailed audit was undertaken monthly by a member of the management team.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel nice and safe, they talk nice to me, they're friendly."
- There were effective safeguarding systems in place and we saw staff reported concerns appropriately.
- Where safeguarding concerns had arisen, the service had worked with other professionals to address and manage them.
- Staff had a good understanding of how to identify safeguarding concerns and where to report these to. One staff member told us, "The safeguarding number is up where everyone can see it on the notice board where you come in."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Most environmental risks had been responded to and managed well. However, we found the servicing for the boiler and some fire safety equipment was out of date.
- The manager promptly arranged for these items to be serviced. They reviewed and changed their systems following this to help ensure these were not missed in the future.
- We were concerned that fire drills were only carried out once a year, which meant not all staff and residents would have been able to take part. The registered manager told us this was the provider's policy but would review and discuss this with them.
- Risks to people were responded to and actions taken to mitigate against future risks. For example, we saw

one person was at high risk of falls. The service had analysed these falls, identified a common factor regarding where the falls were occurring, and had put in place additional equipment in that area of the home.

- Risk assessments were in place and were up to date. These included areas such as vulnerability to others, self-neglect, medicines and mental health.
- Staff we spoke with understood the individual risks to the people they supported and how to manage these.
- The registered manager and staff had a good knowledge of individual accidents and incidents that occurred in the service. The registered manager told us they were starting to think about how they could log and analyse incidents across the service to help identify any areas for improvement.

Staffing and recruitment

- The service assessed staffing levels against people's individual needs and requirements.
- Staff told us they felt there were sufficient staff to meet people's needs. One staff member told us, "Got enough staff here definitely."
- Most of the people living in the service had moved from a home owned by the same provider. The service had ensured continuity and stability for people by allocating staff from the previous service to support people at Springfield House.
- Staff had been recruited safely. Although, it was not clear how the service ensured disclosure and barring checks were still relevant when these had been carried out many years prior.
- We discussed this with the registered manager who told us they would review their processes.

Preventing and controlling infection

- Staff had received training in infection control.
- The environment was clean and hygienic. Regular audits and cleaning schedules were in place to maintain this.

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

Good: □ 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; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives were happy with the support provided. A relative told us, "I'm very happy and relaxed about [name] being there. I have no concerns at all, I'm very grateful and feel blessed they have been so well looked after"
- Staff assessed people's needs, including their choices, with them, relatives, and relevant professionals.
- Staff had worked closely with other health care professionals to ensure the support they provided was in line with best practice. For example, staff had worked with professionals to implement positive behavioural support plans for some people who might have periods of challenging behaviour.
- Staff had worked closely with other professional to help transition people to live in the service. One person told us, "It's so much better here (than previous accommodation), staff are so nice here. They made it easy for me moving here, I came for a night, then 2 then 3 and then just stayed, they made it as easy as they could for me." A relative said, "[Name] doesn't do change very well but the move was handled really well."
- Records showed where staff had concerns about people, for example a deterioration in their mental health, they contacted relevant health professionals in a timely manner.
- Staff spoke positively about the staff team and how they worked together to ensure people's needs were met in a timely manner.

Staff support: induction, training, skills and experience

- Staff spoke positively of the support and training they received. One staff member said, "I feel quite confident when I come out of it [training]." Another staff member told us they liked the class room based training as staff could, "Bounce ideas" between each other.
- Staff told us help and support was always available if needed. One staff member said, "If unsure there is never a problem to go and ask someone".
- Records showed staff received regular supervisions and appraisals. A staff member told us, "We are always given feedback [in supervisions]."
- Staff received training in areas such as, but not limited to, epilepsy, diabetes, data protection, risk assessing, and person-centred care planning.
- New staff received an induction and completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills, and behaviours expected of their role.
- Staff we spoke with were competent and knowledgeable about the support provided.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink enough. People told us they chose and planned what they ate. One person told us, "With food I say what I want on the day like a sandwich or soup."
- Where people were at nutritional risk we saw staff monitored their weight. There was good individual guidance in place for staff to help them manage people's nutritional needs.
- Staff monitored and recorded what food people were offered, we saw from this information, that meals offered were healthy and balanced.
- Staff had a good understanding of how to promote people's health, including through nutrition, whilst balancing people's rights to make unhealthy choices. One staff member told us, "You can advise people, it is their choice at the end of the day they have capacity on what they want to eat."
- We observed dinner being prepared, this was done as a social and communal activity. Staff were supporting people to make healthy versions of pizzas, with people choosing and placing on the different toppings. One person proudly showed us the pizza they had made.
- People were supported to access a range of health care service, this included mental health services, learning disability nurses, doctors, and occupational therapists.

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

- The physical environment was fit for purpose and met people's needs. The communal areas were pleasantly decorated and pictorial signs were used where needed.
- People had been involved in the design and decoration of their rooms. We saw these were very personalised to people's interests and likes.
- People living in the service were keen to show us round. They were proud of their own bedrooms and the choices they had made for their decoration.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had a good understanding of people's abilities to make decisions and what the MCA meant in practice. One staff member told us, "Everyone is deemed to have capacity unless assessed otherwise."
- Records showed where there were concerns about people's ability to make decisions staff worked closely with other professionals to support people with decision making.
- DoLS applications had been made where required. No one had conditions associated with these in place.
- Care plans referenced people's abilities to make decisions regarding certain areas although there was a lack of clearly recorded MCA assessments and written consent for topics such as information sharing.
- The registered manager told us the provider had recognised some improvement in the recording of this was needed and documents were in the process of being reviewed.

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

Good: 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

- Staff were kind and caring towards the people they supported.
- The provider had ensured that staff moved with people from their previous service. This meant people were supported by long standing and consistent staff who knew them well. A staff member told us, "I know the residents well having worked with them at the other house." A relative said, "They have the same staff as [previous service] so that was really good as they know [name] really well."
- Where people were new to the service they had been designated a staff member to get to know them and spend time with them prior to moving to the service.
- We received positive comments about staff and the manner in which they supported people. One person said, "[Staff] are there to listen to me and give me a hug if I need it." Another person told us, "Staff are really nice here, so are the other residents, it's like being in my own home here."
- Staff spoke positively and caringly about the people they supported. There was a friendly and pleasant atmosphere in the home. We observed a good rapport between people and staff, who clearly knew each other well.

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

- People were involved in discussions about their care and felt able to express their views. One person said, "I have a weekly meeting with whoever's on shift, they ask if I've had a good week, if I have any worries and if there's anything I want. They write it down in my Care Plan and Daily Working Folder."
- People told us they felt in control of their day to day decisions and how they spent their time. One person said, "I choose when I wake up, every day at 6am, in the evening I go to bed at 6pm and watch DVDs in my bed until about 9pm and I go to sleep."
- People understood they had a care plan in place and where these were kept. Relatives told us they felt largely informed and involved in the care provided.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be involved and independent, whilst being mindful of people's individual abilities and wishes. One person said, "'I clean my room, I did it yesterday. Sometimes I help with the food, I like to cook sometimes." Another person told us, "I go for a drive sometimes, or go food shopping for the house, they give me a list from the staff. We go to [local supermarkets]. They do the cooking, that's easier for me."
- Staff were respectful of people's privacy and dignity. For example, we observed one person telling a staff member they didn't feel well. The staff member was attentive immediately offering the person the opportunity to go somewhere private to discuss this.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well and had a good understanding of their individual needs. This helped ensure staff were able to provide personalised care that was tailored to the needs and wishes of each person. A staff member told us, "I think we do cater well to the needs of the residents."
- Care plans had been put in place with the involvement of each person, and other professionals involved in their care. These were detailed, individualised, and provided clear guidance for staff.
- Care records contained clear information regarding people's personal history, their preferences and interests. They were provided in easy read formats to help people understand them.
- People's communication needs had been assessed, recorded, and highlighted in line with the accessible information standards. Staff had a good knowledge of people's individual communication needs and shared these appropriately. For example, one person used certain hand gestures or signs to make some of their wishes known. Staff were able to accurately describe these to us.
- People had weekly meetings with staff to review the activities they would like to participate in. A staff member told us, "Because we are all one to one based, everything really is based around that one person so they are given choices."
- There were varied and different activities for people which they clearly enjoyed, this included going away on holidays with staff. One person told us, "I choose what I want to do, in April I'm going to Horning on my own with staff for a holiday." A relative said, "In the past we couldn't get [name] to get out of their room, now they are out so much."
- People had written 'my perfect day' plans which detailed which staff they would like to support them and went through how they would spend their perfect day. Staff told us they then supported people to have their perfect day each month.

Improving care quality in response to complaints or concerns

- The service had not received any concerns or complaints. People and relatives, we spoke with told us they knew how to raise any complaints but none felt they had the need to do so.
- There were systems in place to allow people and relatives to raise any concerns, such as weekly meetings and written questionnaires sent to people's relatives.
- Staff also told us they felt able to raise and discuss any concerns they might have regarding the support provided. One staff member told us, "You never have to be worried about going to any of them, they will always listen."

End of life care and support

- None of the people living in the service required end of life care and support at the time of the inspection.

- Some people had simple easy to read end of life care and support wishes which recorded some of their wishes regarding arrangements at the end of their life.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives, and staff felt the quality of care provided was good. One relative said, "I would certainly recommend Springfield House to others, it has changed [name] for the better. I was concerned about the move but it has all gone brilliantly – all seems good at present." Another relative told us, "I'm very happy and relaxed about [name] being there. I have no concerns at all, I'm very grateful and feel blessed [name] has been so well looked after."
- There were systems in place to monitor the quality of the service provided. These covered, but were not limited to, areas such as medicines, care records, weekly meetings, health appointments, and health and safety.
- The management team and staff were open and honest with us about the service and any areas they saw for improvement.
- All the staff we spoke with were committed to providing a good quality service and cared about the job they did. Staff worked well together and morale within the team was good.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter.

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

- A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The registered manager was also registered to manage another two of the provider's services which were at some geographical distance away. They were well supported by the team leader and assistant manager which minimised the impact of this, however we did find some minor instances of things being overlooked, such as the servicing of equipment, which raised some concerns about the long-term sustainability of such an arrangement.
- The impact of this on the registered manager's visibility was echoed in some of the comments from people and relatives, some of whom regarded the assistant manager as the manager of the service. One relative told us, "I don't know the actual manager, I've had no need for any dealings but I'm sure if I had any issues the Key Worker would put me in touch."
- Staff spoke positively about the management team and its leadership. One staff member told us, "We've got good leadership too." Another staff member said, "Team leader is amazing, they are so good. They went

on to say, "I think [registered manager] understands where we all come from, always on the phone, rings daily."

- There was a clear organisational structure and staff understood their roles and responsibilities.
- The registered manager understood their responsibilities for reporting to the CQC and their regulatory requirements.
- The service applied the principles and values of Registering the right support. These ensure the people who use the service can live a life as full as possible and achieve the best possible outcomes that include control, choice, and independence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to enable and support people, relatives, staff, and external professionals to provide feedback on the service provided. We saw a range of positive comments had been received, particularly from external professionals.
- Staff regularly had individual one to one meetings with people so they felt able to discuss their feelings and any issues they had.
- Regular staff meetings were held, where any issues about the service or information was communicated. Staff felt consulted and listened to.
- The registered manager told us they had introduced themselves to local neighbours. Staff supported people to access local events in the nearby area, such as attending events in the village hall. We saw plans were being made to look at holding a village activity, such as a summer fete, at the service.

Continuous learning and improving care

- There was an open and transparent culture. The management team welcomed input in to the service and where any issues were identified, as part of the inspection, took immediate action to remedy this and evaluate how things could be done differently in the future.
- The registered manager had a good understanding of how the provider aimed to develop and make changes to strengthen the service.
- The registered manager took part in registered manager network meetings which provided an opportunity for peer support, learning opportunities and an update on best practice.