Respite (North West) Limited

Springvale Resource Centre

Inspection report

42 Springvale
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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

Springvale Resource Centre is part of Respite North West and registered to provide accommodation for up to four people. They provide rehabilitation support for people over the age of 18 who have a learning disability or mental health issues. On the day of the inspection there were three people accommodated at the home.

The service were last inspected in May 2014 when the service met all the regulations we inspected.

We undertook this inspection on 01 June 2016. This comprehensive inspection was unannounced and conducted by one inspector.

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

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

People who used the service told us the food was good and they had the opportunity to learn how to cook and plan meals.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were

supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind, knowledgeable and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record kept of any complaints and we saw the manager took action to investigate any concerns, incidents or accidents to reach satisfactory outcomes. There had not been any complaints since the last inspection.

Staff and people who used the service told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

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. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity. People were taught life skills to help promote their independence.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Springvale Resource Centre

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by one inspector on the 01 June 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We did not request a Provider Information Return (PIR) because the provider would not have had sufficient time to complete it. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we talked with two people who used the service, two care staff members and the registered manager.

There were three people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for three people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I feel safe here. It is a safe place to live" and "I feel safe here. We all get on. I get on with the other two residents and the staff." Two staff members said, "I have had my safeguarding training. I am aware of abuse issues. I have read and understand the policy and would be prepared to blow the whistle and go further if I got no joy" and "I understand whistle blowing yes. I would be prepared to use the policy if I saw poor practice or abuse. I would go to the directors or social services if it was the manager."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. There had not been any safeguarding incidents since the last inspection but we were confident from talking to the registered manager and staff they would follow the correct procedures to protect people.

People were supported to manage their finances. We saw there were suitable checks to ensure people were safe from financial abuse.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Although records were mainly held in a central office we did see evidence that there were two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informed the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. The registered manager said she went to the central office and checked all the documents were in order and was involved in interviews. People who used the service were also involved in choosing staff. They sometimes attended the interview or set questions for staff to ask. This would ensure new staff were suitable to work with people accommodated at the home. The registered manager emailed us the following day to say that following our discussion about recruitment during the inspection she had copied all documents relating to staff recruitment and put them in the files at Springvale.

Staffing was normally one to one to ensure people who used the service were able to go out and be supported to learn life skills to try to achieve independence. The off duty showed this was normal for the service.

We saw that electrical and gas equipment was serviced and maintained. This included the electrical installation, portable appliance testing, the fire system, emergency lighting, the lift, hoists and call bell system.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew

the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

We looked at three plans of care during the inspection. We saw people had risk assessments in place. For one person this assessed his needs for poor mobility. There were also risk assessments for safety in using transport, maintaining relationships and keeping safe. The risk assessments allowed people to live a normal life as safely as possible.

There was also an environmental audit to ensure all parts of the service were safe. This covered topics like tripping hazards, faults and décor.

Two people who used the service said, "I get my medicines when I need them" and "They help ensure I take my medication. They tell you when it is due and what it is for."

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. We saw staff had their competency checked for the administration of medicines. We looked at three medicines records and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home and for any hand written prescriptions to help prevent errors.

Each person had a medicines profile and signed there agreement for staff to administer their medicines following an assessment. People could self-administer their medicines if it was safe for them to do so. The medicines profile gave staff all the details a staff member would require to safely administer medicines, for example, if a person was compliant with taking them.

Medicines were stored in a locked room in individual cupboards. This helped minimise any errors. People who used the service either came to the office or staff took their medicines to them. Creams and ointments were stored individually and staff used a body map with colour coding to ensure staff knew where it should be applied.

One person went individually to have an injection at the local health centre.

At the time of the inspection nobody who used the service required controlled drugs although there was a system to store and record them if required.

Medicines were delivered in boxes which contained information leaflets for staff to read should they suspect any adverse reactions.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines.

The documentation for medicines to be given when required clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given. This followed safe practice guidelines.

Staff had access to the British National Formulary to reference for possible side effects or contra-indications.

Staff who administered medicines had their competency checked to ensure they followed safe practice. The pharmacist who supplied the care service was available for staff to contact for advice.

People who used the service told us, "They help me keep my room clean and tidy, well as much as I want to. I have a lot of stuff" and "I help to keep my room clean and tidy."

We toured the building and looked at all communal areas and two bedrooms. During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry which was suitable for people to wash and dry their clothes and bedding. We were told two people were able to do this independently and one person required support. The laundry was sited away from food preparation areas. There were hand wash facilities at strategic points and staff had access to personal protective equipment, for example, gloves and aprons.

We saw that all rooms that contained chemicals or cleaning agents were locked for the safety of people who used the service. Due to people's mental health conditions sharp instruments were also locked up for people's and staff's safety.

Good

Is the service effective?

Our findings

Both people we spoke with thought their rooms met their needs and the home was comfortable to live in.

We toured the building on the day of the inspection. We saw that rooms were very personalised to people's tastes with posters, photographs and equipment such as televisions and stereos.

Three bedrooms had their own facilities and there was a bathroom located near the one room that did not have an en-suite shower or bath.

There was a kitchen on each floor for people to learn how to cook. There was a lounge and dining area on each floor which were well equipped with homely type furniture. People could choose their own furniture and items like curtains.

There was a garden area with seating for people to use in good weather. Staff told us people who used the service liked to sit out, have a party and play music when they could.

People who used the service told us, "You can have what food you want. There is always plenty of food. No complaints about food or anything" and "The food is good. I help plan the menu. I help cook but I am not very good. I try though. I like to eat in the dining room."

People who used the service were encouraged to plan and cook their own food with support dependent upon their skills. Staff had been trained in food safety and nutrition to ensure meals and food was stored and served correctly. One person liked to cook all his own meals.

There was a section in the plans of care around a person's nutritional needs. This highlighted any needs a person may have, for example one person required food to be carried to the table and cut up. Another person was a medicine controlled diabetic. Staff were aware of each person's needs. We saw that advice was sought from dieticians if required.

People could eat in one of the two dining rooms although one person preferred to take his meal in his bedroom.

People helped to plan the menu and staff offered advice around healthy eating. The younger people accommodated at this care home also liked takeaways occasionally and ate out regularly. On the day of the inspection one person told us he had been out for lunch.

There were more than sufficient areas to sit and take a meal in comfort and there were condiments available for people to flavour their food. Two people liked to sit together with staff around to socialise when they ate.

This is a small home and there was not a specific cook. This was because it was part of a person's therapy and goal to be independent. One person said, "I am learning new skills every day." People who used the

service chose the menu which was put up on the wall in the kitchen but staff said they would often change their minds and want something else or swop what was on one day's menu to another. This gave people choice in what they ate.

New staff were given an induction when they commenced working at the service. Staff were shown around the service, introduced to the staff team, had to familiarise themselves with key policies and procedures and informed about the arrangements in case of a fire. Staff were then enrolled on the care certificate which is considered best practice for people new to the care industry. Recent staff employed already had a qualification in health and social care but the documentation was available for new staff to be enrolled on the care certificate.

Two staff members told us, "We do enough training for the role I am in" and "I think we have good training here." We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, care of people with epilepsy, moving and handling, infection control, health and safety, nutrition, safeguarding, behaviours that challenge, medicines administration, care for people with mental health needs, autism awareness, person centred care planning and fire awareness. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care and from looking at the training matrix we saw that most staff had completed a course at various levels. We saw that refresher and further training was planned for future dates.

Two staff members said, "I have had regular supervision since I came here. We can bring up topics of our own" and "We get supervision. It is a one to one session and she asks if we are happy or if anything is bothering you. You can bring up any training you need." We saw staff records that showed formal training was undertaken regularly and occasionally the registered manager undertook unannounced spot checks to check on staff competencies.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

Staff had been trained in the MCA, DoLS and working in the best interests of people who used the service. Two people had a standard authorisation for care and treatment. One person had full mental capacity. Each person had a mental capacity assessment in their plans of care. We noted that an admission was being planned and an application was being made to the relevant authorities to ensure his rights were protected and being in the home was in his best interests.

The plans of care we looked at showed people who used the service had signed their agreement to care and treatment, medicines to be administered, assistance with finances and to be photographed. We also observed staff asking people for their consent before undertaking any tasks. This gave people choice and

ensured they got the support they wanted.

A person who used the service told us, "I get to see my doctor if I need to." Plans of care showed evidence people had access to specialists, for example mental health consultants and professionals such as dentists and opticians. Each person had their own GP. This meant people had access to up to date advice and treatment.

Good

Is the service caring?

Our findings

People who used the service said, "The staff are very caring" and "I am impressed with the staff. I would say they are kind and caring. They are willing and able to help you." A staff member said, "The guys who live here are a good bunch – you can chat and laugh with them. The atmosphere for us all is nice to work in."

We observed staff during the day. We did not see any breaches of a person's privacy and staff delivered care in a professional and polite manner. There was also some appropriate light hearted banter amongst staff and people who used the service. We observed staff were able to sit and talk with people who used the service and also there was a family atmosphere when people were making meals or drinks together with staff.

People who used the service said, "I keep in touch with my father. Staff help me do that" and "I see my family regularly here and I also go out to my daughter's home." The registered manager said visiting was unrestricted and people's families occasionally came to the home to visit or take them out. The homes philosophy was also to get people who used the service to go out and visit their families and friends. Staff supported people to act appropriately and mix with the community.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better and deliver personalised care. We observed that people helped plan their week's activities (one person preferred to do two or three days at a time). This gave people the structured timetable they felt they needed and besides social activities there was a program of support around life skills. This helped people attain their ultimate goal of independent living if they achieved the skills they required.

Key workers sat and discussed a person's activities, outings and menu's each week. This also gave people who used the service the opportunity to discuss their care. People were given choice in what they did or what they ate.

Because people were younger there were minimal details around a person's end of life care or wishes following death. We discussed this with the registered manager who agreed it was possible that anyone could have a fatal accident or heart attack and therefore it was in the care homes best interest to gain more details. We had confidence the registered manager would look at providing more details and filling in the relevant parts of the form that she said would be completed in stages with current people who used the service and on admission for new people. This would ensure people's wishes were known at the end of their life.

One person was supported to attend church services and wanted to attend bible classes. The registered manager said this was trying to be arranged for him but they were reliant upon the organisation for sending

someone to help him. People could attend church services if they wished.

Good

Is the service responsive?

Our findings

People who used the service told us, "I went out for some CD's and had lunch out today. We go out somewhere every day. I go shopping and to the pub sometimes" and "We go out every day. I like shopping for bargains but you can go where you want. They don't mind taking me in the charity shops. I have my own car but staff drive it." Staff said, "We take people where they want to go. They get choice and if we can get there we take them" and "We try to get people to learn social skills as well as cooking and cleaning. They need to learn the skills to live independently and learn to interact with others."

People were taken out to places of interest and had a schedule of events for each week. One person preferred to complete his plan for three or four days. The plans included outings and maintaining or improving life skills such as cooking, cleaning and learning social acceptable behaviour. We saw that people were observed going out and a record maintained of how they coped. Staff maintained a safe distance and only intervened if a person looked to be in danger. People were also observed in how they interacted with other people if for example they were shopping. Coping with financial transactions was also a part of the plan. The aim of this type of activity was to help promote independent living.

Other activities included card games, going greyhound racing, arts and crafts, bingo, board games and going to the cinema. One person liked to place a small bet on football matches. This was supported by staff who ensured it did not get out of hand.

The younger people at this service liked to listen to their own music, watch football and 'do their own thing'. This was accommodated with staff support.

People who used the service told us, "The staff are very good and I have a key worker I can talk to and tell her if I have any concerns" and "I can talk to a member of staff if I have any concerns. They are all helpful." There was a suitable complaints procedure people had access to. Each person also had a copy in the documentation provided on admission. The written procedure was backed up with pictures to help explain the process. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch. We saw the registered manager had a system for analysing complaints which would enable her to provide a satisfactory outcome.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home. The process for a new admission was a series of visits to meet staff, people who used the service, to choose a room and how it was

furnished. This person had stayed for meals to help him socialise with the other people who lived at the home. Following discharge the person was to be supported by staff from the organisation he was leaving as well as staff from Springvale to ensure the move went smoothly. This was good practice for someone who may be anxious about moving.

The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, mental health, diet and nutrition, mobility or sleep, showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. Key worker notes told us what a person did each day. There was also a behavioural monitoring chart for staff to report any behaviour that challenged and used by staff to spot trends and minimise any further adverse behaviour.

There was little staff turnover and most staff had worked at the service for some time. This meant they knew people well which helped them meet people's needs.

Each person had a 'hospital passport'. This enabled staff to quickly send basic but necessary information with people in an emergency.

Good

Is the service well-led?

Our findings

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

People who used the service told us, "The manager is easy to talk to. I am very satisfied with my care and happy living here. I am looking to get my own flat eventually" and "I am happy here. I don't get bored. The manager is very good and you can talk to her." Staff said, "We get good support from the manager and she is very knowledgeable and she never makes you feel inadequate" and "You get plenty of support. You can go the manager about anything. There is a very good staff team, communication is good and we can sort anything out between us. We cover for each other during sickness or holidays." People thought management was approachable and available to talk to.

There were regular recorded meetings with staff. Topics on the agenda included assisting a person with a fish tank, cleaning of the home, repairs, the microwave, annual leave, meal preparation and budget planning. The agenda was put on the notice board prior to the meeting for staff to add any items which gave them a chance to bring up topics of their own. Following the meeting, the microwave, which was a staff topic was replaced with a new one.

The registered manager held regular meetings with people who used the service. At the last meeting topics included keeping safe, a general self-help discussion, finances, the introduction of a new staff member, hobbies, football and betting. We noted that some of the topics had been raised by people who used the service which meant they had a say in how the home was run.

The registered manager conducted audits regularly. The audits included medication, care plans, safeguarding, health and safety, infection control, the environment, spot checks on staff and incidents. The registered manager looked at ways of improving the service and ways to minimise incidents from the results of the audits.

We looked at some policies and procedures which were updated regularly. The policies we looked at included health and safety, reporting of incidents and accidents, infection control, managing behaviours that challenge, safeguarding, confidentiality, privacy and dignity, mental capacity and best interests, DoLS, safeguarding, whistle blowing and the duty of candour. Policies and procedures were available for staff to follow good practice.

Staff were issued with a handbook. This informed staff of the terms and conditions of employment, training, performance reviews, leave, roles and responsibilities, behaviours and actions, do's versus don'ts, (good and poor practice), safe working practices, accidents at work, personal care best practice, control of infection, safe handling of food, the safe handling of chemicals, handling personal finances of residents, incidents and other key facts about what was good practice for care staff.

People who used the service were given documents called the statement of purpose and a welcome pack when they were admitted to the service. These documents gave people all the information they needed to know about the services this care home provided.

There was evidence in the plans of care that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed.

We saw that the service asked people who used the service, family members and external professionals for their views about the service in surveys. We saw the results from a commissioner was very good and commented, "I found staff to be very professional and welcoming and they had a good understanding of my client. There were recovery plans in place and my client seemed happy." One relative had responded very positively as had the people who used the service. People who used the service had said in the surveys that they were unsure about the complaints procedure. The registered manager reissued people with the procedure and explained to people how to make a complaint if they wished.