

Action for Care Limited

Springwood

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

Springwood is a residential care home for up to six adults living with a learning disability, and/or autism. At the time of inspection six people were living at the service in one adapted building.

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

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

People were safe living at the service. Staff were responsive to the risks people faced. Incidents were robustly reviewed and lessons had been learned when needed. As a result, people had become more settled. There were always enough staff on duty to support people. Medicines were safely managed.

Staff were supported to deliver safe care to people. People were involved with shopping and preparing meals. They had regular access to professionals to support their well-being. The environment had been adapted to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Positive relationships were observed between people and staff. Staff demonstrated their understanding of people and were able to think outside of the box to ensure people had every opportunity to live fulfilled lives. They had access to all of the resources needed as part of their care.

People received person-centred care and were involved in all aspects of their care. Records were in place to support this. People participated in a wide variety of activities, in-line with their interests. Complaints that had been received and appropriately addressed.

The staff team worked well together to deliver a good service. Quality assurance methods helped to drive improvement. People and staff had a voice and feedback was used to make improvements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (Published 20 July 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Springwood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Springwood is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the people could become anxious when visitors unknown to them attended the service.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from Stockton, Middlesbrough and North Yorkshire local authority commissioning teams. Not all provided a response. We also contacted professionals who work with the service. This included North Tees infection prevention and control team, Stockton environmental health team, Cleveland fire authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of

the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service, one relative and one mental health professional. We also spoke with the registered manager, deputy manager and five care staff.

We reviewed two staff recruitment and induction records, two supervision and appraisal records and the training matrix for all staff. We also reviewed a range of records relating to the day to day running of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. People received their medicines when they needed them. Some medicine records needed further improvement. This had started to be addressed during inspection.
- The service had signed up to a national initiative for stopping the over medication of people with a learning disability, autism or both (STOMP), with certain medicines which affect the mind, emotions and behaviour. Medicines for behaviour were used as a last resort.

Preventing and controlling infection

At our last inspection the provider had failed to robustly implement systems to manage infection prevention and control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff followed the correct procedures to manage the risks associated with infection prevention and control.
- Staff training was up to date. The service was clean and tidy. Regular checks were in place to support infection prevention and control.
- Personal protective equipment was available and used by staff.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. A relative said, "[Person] wouldn't be here if the care wasn't good. They are very happy here and [person] is always willing to return to the service if we've been out."
- Staff understood their roles to keep people safe. A professional said, "Staff engage in their own policies and have sought advice to promote the reduction of risks."
- Risks to people from abuse were regularly reviewed. This helped to reduce the risk of harm to people

Assessing risk, safety monitoring and management

- Staff demonstrated excellent knowledge and understanding of risk and how to mitigate risk.
- People's safety was maintained during incidents involving behaviours. Individualised behaviour support plans were in place to support staff. A professional said, "Staff worked with us to develop robust positive behaviour plans and have accepted training. We have seen a reduction in [person's] behaviour as a result."
- The health and safety of the building had been maintained. People and staff took part in planned fire drills. Large heavy furniture was not secured to walls. The registered manager took immediate action to address this.

Staffing and recruitment

- Good recruitment procedures were in place.
- There were enough staff on duty at all times. Staffing levels were flexible to meet people's needs.

Learning lessons when things go wrong

- Incidents were regularly reviewed and investigations carried out where needed. The number of incidents involving behaviours and use of restraint had reduced.
- There was evidence lessons had been learned following incidents. Information was shared with staff at all levels. This helped to drive improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

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

- Care was provided in line with national guidance. People's needs were reviewed to make sure they received the care needed. This helped to ensure positive outcomes for people.
- Before moving into the service, people regularly visited to get to know staff. The service worked with other services and professionals to ensure a smooth transition for people.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles. This included supervision and appraisal. New staff needed to undertake the care certificate (standards for working in social care) and the provider was taking action to address this.
- Staff embraced learning and development. A staff member said, "We have a cracking team. We support each other. We are always learning and take part in lots of training."
- Staff received an induction programme. This included extensive monitoring and shadowing.

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

- People were involved in menu planning. They also helped with shopping, food preparation and cooking. Two people described the food as 'Good.'
- People spoke positively about the food. One person told us they enjoyed a 'parmo' (a type of chicken dish) and demonstrated their celebratory dance when they ate this dish.
- People with nutritional risks were supported. Records contained up to date information about these risks.
- People were supported with the diets they required. Mealtimes were flexible to meet people's needs.

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

- People had regular access to health and social care professionals to meet their healthcare needs.
- Referrals to health professionals for additional support had been completed in a timely manner. A relative said, "Staff are very, very responsive to healthcare needs and act quickly."
- Staff supported people with appointments. One person was supported with regular trips to hospital to meet with staff as part of a planned operation. This helped to reduce the person's anxiety about their procedure.

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

- The service was large and spacious. There were several communal areas for people.
- Bedrooms were decorated to people's individual tastes. People told us about their rooms and the input they had into the decoration. One person said, "My room is nice." People had easy access to outside areas.
- An improvement plan was in place. This ensured the environment remained at a good standard.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were routinely given choice in all aspects of their care. We observed staff supporting people to make choices.
- The registered manager had submitted DoLS applications appropriately. Staff had a good understanding of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Positive relationships were observed between people and staff. Staff showed concern for people. Staff knew people's needs well and were able to anticipate the support needed. A relative said, "Overall, we are impressed with care. Staff are very caring and [person's] needs are met."
- People received good care. A professional said, "I can only praise the staff and care team for their commitment and support to meet [person's] individual complex needs."
- People's communication needs were documented. Staff were aware of these and used their knowledge of people when communicating with them.
- People were observed to be happy. We observed people laughing and joking with staff. One person said, "I am happy. I like it here. The staff are nice to me."

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

- People were involved in all aspects of their care. Relatives were asked for their views and these were incorporated into reviews of people's care.
- Advocacy services were available to people who required their support to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was always maintained. People had access to assistive technologies where needed. We observed one person being supported to use a smart TV (access to the internet) to access their favourite TV shows.
- People were supported to be as independent as they could be. Staff ensured they had access to all of the opportunities available to them. One person said, "I can do what I want."
- Information about people was stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received the care and support which they needed. This helped people to live fulfilled lives. A professional said, "Staff have adapted [person's] routine to meet their needs and have continually strived to improve [person's] quality of life."
- Detailed care records were in place which reflected people's choices and wishes.
- People were supported by staff who knew them very well. This reduced the risk of potential harm to people and avoided escalation of incidents. One person said, "I like the staff. They help to look after me."
- Staff maintained good links with relatives. This reassured them about the care people received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records provided detailed information about people's support needs. Staff understood people's needs and were aware of people's non-verbal communication methods.
- Information was available in easy read formats for people. Pictorial information was on display in communal areas. This included prompts for people in the entrance to the service, such as reminding people to have their coats and shoes on before leaving.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in a wide variety of activities which were in-line with their interests. The provider contributed to the cost of activities for people. This meant people were able to access a wider variety of activities.
- Staff supported people to use their mobile phones to keep in contact with their parents and others important to them. Information and pictures from trips into the community were shared with relatives.
- People were supported to go on holiday to areas of their choice. People from other services (within the providers portfolio) were invited to the service to maintain friendships.

Improving care quality in response to complaints or concerns

- Staff were responsive to complaints. Records showed complaints had been dealt with appropriately.

Where concerns had been raised, staff listened and took immediate action to address them.

End of life care and support

- No-one was receiving end of life care during inspection. Care plans in easy read format had started to be put in place. Staff understood the support people may require at this time and stakeholders they would need to involve to make sure people had a comfortable and dignified death.
- Staff needed to undertake training in end of life care. The registered manager started to address this during inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

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

At the last inspection the provider did not have an effective quality assurance system in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The staff team understood their roles and were committed to providing safe care to people.
- They spoke positively about the support they received from the registered manager and said they were listened to. One staff member said, "I love my job. We work well as a team and the [registered] manager listens to us."
- Quality assurance systems were in place. This had led to a continual system of improvement.

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

- People consistently received good care. Staff were committed to providing good care to people. People used the words 'Good' and 'Happy' to describe their care at the service.
- Staff pulled together when incidents took place. A staff member said, "The commitment staff give is fantastic. They stay late, carry out overtime and support each other. Staff also work long shifts to take people out for the day."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies, procedures and best practice guidance were in place to support the service. Staff knew how to access this information.
- Notifications about events taking place at the service had been submitted when needed.
- The provider identified where improvements needed to take place and took action to implement change.

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

- Feedback was sought from people, relatives, staff and professionals. This was incorporated into quality assurance systems.
- Regular meetings for people and staff were carried out to seek feedback and share important information.

Continuous learning and improving care

- The service had continued to improve since the last inspection. Feedback from professionals was shared and acted upon.

Working in partnership with others

- The service worked well with professionals involved in the service. Staff had positive relationships with them. Information was shared in a timely manner.