

Gateshead Council Springwell

Inspection report

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Date of inspection visit:

13 May 2021

28 May 2021

11 June 2021

Date of publication:

24 August 2021

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

Springwell is a 'supported living' service which provides personal care for one person within their own home. The person has their own tenancy for a house which has a designated bedroom for staff to use when providing 24-hour support.

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

The person was very happy with the service and support they received. They were supported by a dedicated staff team who knew them very well. Staff interacted in a very positive manner with the person and demonstrated warm, friendly relationships.

Systems were in place to keep the person safe. Staff safeguarded the person from abuse, where possible. Risks to the person's health, safety and well-being were managed and included positive risk taking. There was an established dedicated staff team in place to support the person to meet their needs and safe recruitment processes were in place. Medicines were safely managed. The registered manager reviewed accidents and incidents to identify any trends or lessons learnt.

The person's needs were assessed before they received support. Staff received regular training and were supported through regular supervisions and annual appraisals. Staff supported the person with their nutritional needs and to access a range of health care professionals. The person was supported to have maximum choice and control of their life, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff supported the person in a respectful, dignified manner. The person was encouraged to maintain their independence.

The person received person-centred care. Care plans detailed how they wanted to be supported by staff with different tasks as well as their choices, preferences and decisions in relation to their care. The person enjoyed a wide range of fun activities with staff support including cooking, exercise, gardening and DIY projects. The provider had a complaints procedure in place and the person felt comfortable raising any concerns with staff.

The person was very happy with the service and staff. The registered manager promoted an open and honest culture and was approachable. The provider had an effective quality assurance process in place which included regular audits and checks to ensure the person was receiving a consistent good level of support. The person was regularly consulted about the quality of the service through surveys, reviews and discussions. Staff were involved in the ongoing development and improvement of the service through regular communication and meetings.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Staff provided choices to people and asked regularly what they wanted to achieve. People were the decision-makers in their care and worked with staff to create personalised care plans which met their needs. The staff team were invested in the people they supported and put them at the heart of everything they did.

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

Rating at last inspection

This service was registered with us on 6 August 2019 and this is the first inspection. The last rating for the service at the previous premises was requires improvement, published on 19 March 2019.

Why we inspected

This was a planned inspection based on the date of registration.

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.

Springwell

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

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure the manager, staff and person would be available to speak with us.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and

reviewed the information they provided. We contacted the local Healthwatch for their feedback. 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 the person who used the service about their experience of the care provided. We spoke with two members of staff including support staff and the registered manager. We reviewed a range of records, including the person's care records, activities and medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training information, staff records, staff rotas, quality assurance records and various other documentation relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to reduce the risk of any potential abuse. The person knew how to report any form of potential abuse, if needed.
- Staff had completed training around how to identify potential abuse and safeguard people from harm.

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

- Risks to people's health, safety and wellbeing were assessed and managed.
- Staff encouraged positive risk taking and completed associated positive risk assessments to support the person.
- The person felt safe with the support they received from staff. They told us, "Staff are here all the time," explaining this also made them feel safe.
- Accidents and incidents were appropriately recorded. Due to the size of the service, accidents were minimal and there were no lessons to be learned from the accidents that had occurred.

Staffing and recruitment

- There were enough staff to meet the person's needs. The person was supported by a consistent team of staff.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff safely managed the person's medicines. Staff supported the person to administer their own medicines at specific times of the day. An appropriate risk assessment was in place to support this practice and to keep the person safe.
- Staff were appropriately trained and competent in managing and administering medicines.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- The person was protected from the risk of infection. Staff followed appropriate infection control measures such as regular hand washing and wearing personal protective equipment when in the person's home.
- Staff carried out regular IPC checks such as the cleanliness of frequently touched surfaces, to ensure infection and prevention control measures were in place.
- Staff were regularly tested for COVID-19.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The person's needs were assessed regularly. Assessments detailed what support the person needed and wanted.
- The person's choices and preferences were included in their assessments and associated support plans. Staff regularly reviewed these with the person to ensure they continued to meet their needs.

Staff support: induction, training, skills and experience

- Staff were provided with regular training to make sure they had the correct skills and knowledge to support the person.
- Staff completed a comprehensive induction at the start of their employment.
- Staff were supported in their roles through regular supervisions and annual appraisals.

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

- The person was supported to maintain a balanced diet. Staff encouraged the person to make healthy nutritional choices and supported them to prepare their meals. The person showed us a recipe of one of their favourite meals and told us they really enjoyed cooking with staff.
- Care records detailed any specific dietary needs the person had and what foods they particularly liked and disliked.
- Risks associated with eating and drinking, such as high sugar intake, were fully assessed and safety measures were detailed in care plans to support and encourage the person to make healthier choices.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff supported the person in line with MCA and best practice guidance.
- Staff received regular MCA training and sought consent from people prior to providing support.
- The person was encouraged to make choices in relation to their everyday life. Staff created care plans with the person that focused on their individual goals and what they wanted to achieve.

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

- The person was supported to maintain their health. Staff supported the person to access health care professionals such as GP and podiatrist, when required.
- Engagement with healthcare professionals was documented and guidance was included in care plans.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person was well cared for by a dedicated, kind and caring staff team. They told us, "I've lived here for four years. I love it. I get on great with the staff."
- Equality and diversity policies were in place to make sure the person was treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff spoke fondly about the person and interacted very positively with them. It was clear the person had a warm, friendly relationship with staff.

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

- The person was supported and encouraged to make decisions about their care. The person told us, "I tell staff what I want to do."
- Staff discussed the person's support needs and wants regularly, during care plan reviews and regular meetings/discussions. The person's choices and decisions were clearly documented and acted upon.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the person's privacy and supported them in a dignified manner.
- The person had a games room and a "Chill out room," they spent time in doing puzzles or listening to music. The registered manager said, "If [person] feels anxious or upset they'll take themselves off to their chill out room for some quiet time."
- Staff promoted the person's independence. Care plans detailed the person's capabilities and what daily tasks they required support with. They also set goals with the person to achieve further independence such as crossing roads safely and cookery skills.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The person received person-centred care which met their needs. Care plans detailed their personal needs, choices and goals, and were created in partnership with the person.
- Staff regularly reviewed care plans with the person to ensure they reflected their changing needs and goals.

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.

- Staff assessed the person's communication needs as part of their initial assessments and these were regularly reviewed.
- The person could access information in different formats such as easy-read and audio.

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

- The person was supported to develop and maintain relationships, and to follow their own interests and social activities.
- Staff supported the person to participate in activities both in their home and in the local community.
- During the pandemic staff supported the person to keep busy with activities such as exercise, gardening, DIY projects and cooking. The person proudly showed us their scrap book of things they had enjoyed doing during periods of lockdown. A staff member said, "We went blackberry picking and made a crumble with them when we got back. [Person] really enjoyed it."
- The person was also supported and encouraged to attend a job they had in the local community. They told us they enjoyed their job and it made them feel more independent.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place that was accessible in an easy-read format. The person knew how to raise concerns and felt confident in doing so if needed.
- The person had not made any complaints and said they were happy with the service.

End of life care and support

- The person's end of life wishes were recorded and respected. Care records contained details of the person's wishes, spiritual faith and what is important to them.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The person was at the heart of the service and staff supported them to improve their well-being and achieve positive outcomes.
- Staff were supported by the registered manager and provider. Staff communicated openly with the registered manager about the service and improvement ideas.
- The person was very happy with the support and encouragement they received from their staff team.

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

- The registered manager fully understood their legal responsibility to be open and honest when something goes wrong. No significant events had taken place that CQC needed to be notified about such as serious injuries.
- The quality assurance systems in place allowed the registered manager to effectively monitor the quality of care the person received.

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

- Feedback from key stakeholders was used to improve the service. The person held regular meetings and discussions with staff about the support they received and how this could be improved. For example, new activities or support to secure voluntary work.
- Staff could provide feedback about the service and improvement ideas at any time. Regular meetings took place between staff and there was also regular communication with the registered manager.
- The provider, registered manager and staff worked in partnership with other health professionals to achieve positive outcomes for the person. The person's care records showed involvement and guidance from other agencies such as GPs and podiatrist as well as their involvement in the local community.