

Homes Together Limited

# 8 Spring Mount Harrogate

## Inspection report

8 Spring Mount  
Harrogate  
North Yorkshire  
HG1 2HX

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05 May 2022

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

8 Spring Mount is a residential care home providing personal care to six people with learning disabilities and/or Autism and sensory impairment at the time of the inspection. The service can support up to six people.

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

#### Right Support

The service supported people to have the maximum possible choice, control and independence over their own lives. However, people were not always supported to pursue their interests, aspirations and plan goals for the future.

We have made a recommendation regarding person centred planning.

The service gave people care and support in a safe, clean and homely environment that met their sensory and physical needs. The communal areas were modern but not personalised. However, people had the option of personalising their bedrooms to reflect their preferences. .

The service adopted least restrictive practices supported by appropriate training underpinned by a positive behaviour approach. Each person had a positive behavioural plan that described de-escalation and support strategies that staff had to follow to respond to distress. Staff helped people to make decisions using methods that reflected people's communication styles and preferences.

People received the medicines they needed to support their health needs. The registered manager closely monitored the use of any 'when required' (known as PRN) medicines prescribed to manage severe distress to ensure they were used appropriately and only as a last resort.

#### Right Care

The service had enough appropriately skilled staff to meet people's needs and keep them safe. The service tried to match staff with people's preferences to enhance their experiences. Staff knew people's individual communication styles well. They knew how to interpret their signs, gestures, behaviours and body language. They ensured people had access to information in formats best suited to their sensory needs.

Staff knew people well and responded to them appropriately and sensitively. People's care, treatment and support plans reflected their range of needs and promoted their wellbeing. People took part in activities and pursued interests tailored to them.

#### Right Culture

The service had a positive culture that focused on person-centred care however, meaningful outcomes for people were not always planned or recorded.

We have made a recommendation about person centred planning and outcomes.

Staff understood the values of the service to keep people safe and well and give them the best care they could in the least restrictive way. Staff knew and understood people well. They got to know people as unique individuals and personalities regarding this as a key element of person-centred care.

#### Rating at last inspection

The last rating for this service under the previous provider was Good (published 26 February 2018).

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

#### 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 the safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in the effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in the caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in the responsive findings below.

### Is the service well-led?

Good ●

The service was well led

Details are in the well led findings below.

# 8 Spring Mount Harrogate

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

An inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

8 Spring Mount is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

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 used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service. We spoke with three members of staff including the registered manager, and two support staff. We reviewed a range of records. These included three people's care records, a variety of records relating to the management of the service, including audits and procedures were reviewed.

#### After the inspection

We carried out telephone interviews with two support staff While also continuing to seek clarification from the provider to corroborate evidence found. We looked at audits, support plans, reports and action plans.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's relatives told us they felt their family members were safe.
- Personalised risk assessments were in place and were regularly reviewed. Where risks were identified, support plans guided staff to manage and reduce these risks.
- Fire safety practices helped ensure people's safety and included regular checks of equipment used by staff. Recommendations from a recent fire department visit had been promptly completed.

### Using medicines safely

- Medicines were managed and administered safely.
- People received their medicines as prescribed and at the right time. Medicine records were clear for staff to follow and were accurately completed.
- Where appropriate people were also supported to manage their own medicines safely.
- The service understood and used the principles of STOMP (stopping over-medication of people with a learning disability or autism). For example, the service closely monitored the use of 'when required' (known as PRN) medicines that can be used as a form of chemical restraint. Chemical restraint is the use of medication to calm people.
- Clear guidance and procedures were in place to manage emergency medicines that were used to manage conditions such as epilepsy.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had received safeguarding training and were able to appropriately identify and raise any concerns.
- Where safeguarding concerns had been raised, investigations and timely appropriate action was taken.

### Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety. Staffing levels were increased when people's needs changed. Some people received one to one staff support to access activities. The registered manager was working with commissioners and people's social workers to have their staffing levels assessed.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed.

### Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The registered manager analysed these to look for any patterns or trends and took appropriate action to minimise risk of further incidents.

### Preventing and controlling infection

- The provider had good infection prevention and control policies and practice in place including a service-specific COVID-19 risk assessment.
- The registered manager ensured good standards of cleanliness and hygiene were maintained. All staff had received training in infection prevention and control. Staff used personal protective equipment (PPE) effectively and safely and they had plenty of PPE stock. Staff tested regularly for COVID-19.
- People received visitors in line with the current government guidance. Relatives told us they could visit whenever they wanted to. The service offered relatives COVID-19 tests and asked them to wear face masks.
- Health and social care professionals had to show a negative COVID-19 test result and wear PPE in the home



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Where people lacked capacity to make decisions in an area of their life they were supported to have maximum choice and control of their lives.
- Decisions were made in people's best interests with involvement from people, their family, advocates and relevant professionals.
- Staff sought people's consent and included people in decisions about their care. People were given choices and encouraged to make their own decisions where possible.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people. Staff completed training to ensure they could meet people's specific needs.
- People were supported by staff who received supervisions and appraisals. Staff told us they valued the opportunity to discuss their practice.
- New staff followed an induction process that included specific training and shadowing experienced staff.

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

- People's eating and drinking needs were met. Staff understood people's dietary needs and supported them to have a varied and nutritionally balanced diet.
- People were able to choose their own food and meal times.

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

- The service worked in partnership with external professionals, such as GPs to support and maintain people's long-term health and well-being.
- People had personalised support plans covering their healthcare needs. These shared important information with healthcare professionals.

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

- People's preferences, support and health needs were assessed and regularly reviewed.
- Changes to people's needs were reviewed with them and their advocate or relatives and this was reflected in their support plans.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.

# 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 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

- Staff were trained in dignity and respect. We observed staff treat people with kindness and respect.
- There was a positive rapport between people, support staff and the management team.
- People were supported to maintain personal relationships. With friends outside of the home and in the community.

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

- People were supported to make plans and discuss any changes to their support with staff and their advocate or relatives.
- People were supported to have their say and had an independent advocate where required to promote their rights.
- Staff spent time listening and talking to people. We observed the relaxed homely atmosphere and mutual respect between people and staff.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop their independence. We observed staff encouraging people to do things for themselves and to be involved in things going on in the home. Such as meal preparation.
- People were supported to learn daily living skills of their choice.
- Staff engaged with people in a dignified way and ensured their privacy was respected.

# 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 Outstanding. At this inspection this key question has changed to 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 support people received was tailored to their needs and was delivered in a person-centred way. However, people didn't have any person-centred plans to include personal goals, aspirations or achievements.

We recommend that the provider ensures people's support plans follow best practice in relation to person-centred planning and include; aspirations, goal setting and record outcomes and achievements.

- People had personalised support plans were reviewed regularly
- Staff considered people's sensory needs when planning care and made the appropriate adjustments.

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

- People's support plans included engaging in the local community and supporting personal relationships.
- People followed their interests and took part in activities that had positive impacts on their lives and their overall well-being. One person told us how they are a keen runner and had joined a group and took part in their local park run.

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.

- People's communication needs were met. Staff adapted information and communication methods to suit people's preferences. For example, providing large print and audio information for those who needed it and other personalised communication.
- People were supported to refresh their Braille skills and share their learning with others.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and was followed by the registered manager and staff.
- People were supported to raise any issues. Where issues had been raised, these were addressed and appropriately followed up.

### Supporting people at their end of life

- People and their relatives were supported to have discussions about their wishes for the end of their lives. The records we reviewed showed discussions about people's preferences.
- Staff received training in end of life care.

# 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 Good. At this inspection this key question has remained the same. 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 provider and registered manager encouraged people and staff to be open with each other and created a culture of acceptance. People who used the service told us, "We like to talk to the manager while having a cup of tea with them."
- People were supported by a well-managed staff team with positive attitudes.

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

- Policies and procedures were current and in line with best practice.
- The registered manager carried out audits that included action plans for improvement where needed.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare had sent us notifications relating to significant events occurring within the service.

Continuous learning and improving care, working in partnership with others

- The registered manager took on board the opinions and views of people who used the service and had put regular house meetings in place for people to share their ideas and views. Questionnaires were used to collect relatives views.

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

- The registered manager understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong and was able to share examples with us and demonstrated how they had taken appropriate action.
- The service had good working relationships with the local authority and commissioners and shared information appropriately.
- The registered manager was open with the inspector during the inspection and took on board suggestions for improvements.

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

- People had regular review meetings with their staff and relevant professionals to review all areas of their support plans ensure any barriers to leading a full life were avoided.

- Staff could approach the registered manager for support at any time. One member of staff told us, "The manager is super, the most understanding manager I've ever had." Relatives we spoke with spoke highly of the registered managers capability, caring attitude and communication.