

Valeo Limited Springfield House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Springfield House is registered to provide accommodation and personal care for up to four people with a learning disability, mental health issues and behaviours that challenge. The home is situated in Barnsley, South Yorkshire near local shops and public transport.

There was a manager at the service who was registered with CQC. 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Springfield House took place on 3 January 2013. The home was found to be meeting the requirements of the regulations we inspected at that time with the exception of Regulation 10, Assessing and

Summary of findings

Monitoring the Quality of Service Provision. We undertook a follow up inspection on 28 March 2013 and found improvements had been made to reach compliance with this regulation.

This inspection took place on 21 September 2015 and was unannounced. This meant the people who lived at Springfield House and the staff who worked there did not know we were coming. On the day of our inspection there were two people living at Springfield House.

We spoke with both people living at Springfield House and their comments were positive. We saw people freely approach staff and have conversations and interactions with them. People commented, "I like it" and "It's good here, staff are nice."

We found systems were in place to make sure people received their medicines safely.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

Staff supervision and appraisal meetings were not taking place on a regular basis to ensure staff were fully supported.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves. Staff had a clear understanding of the MCA and DoLS so that they had the knowledge needed for their role and to make sure people's rights were upheld.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home said that they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home, according to their choice, which were meaningful and promoted independence.

There were systems in place to monitor and improve the quality of the service provided. Checks and audits were undertaken to make sure full and safe procedures were adhered to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



Is the service effective?

The service was not effective.

Staff had not been provided with supervision on a regular basis and some staff had not been provided with an appraisal for development and support.

Staff were appropriately trained to provide care and support to people who used the service.

People were provided with access to relevant health professionals to support their health needs. Where people had specific health needs, staff sought advice from specialists where required.

Requires improvement



Is the service caring?

The service was caring.

People said staff were kind.

We saw that staff were respectful and appeared to know people's preferences well.

Staff were positive and caring in their approach and interactions with people.

Good



Is the service responsive?

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

A range of activities were provided for people which were meaningful and promoted independence.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Staff told us they felt they had a good team. Staff said the registered manager and senior staff were approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Springfield House

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 checked 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 inspection took place on 21 September 2015 and was unannounced. This meant the people who lived at Springfield House and the staff who worked there did not know we were coming. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a

Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield local authority and Sheffield 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 received feedback from Barnsley local authority commissioners. This information was reviewed and used to assist with our inspection.

During our inspection we spoke with both people living at the home, the registered manager and all of the staff working during our inspection, which comprised of two senior project workers and one project worker.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included both people's care records, three staff records and other records relating to the management of the home such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People living at Springfield House told us they felt safe, comments included, “I am okay here” and “Staff are all right, I can talk to them.”

We found three staff were on duty during our inspection. The registered manager told us a minimum of two staff were provided each day, and one staff was provided each night. Staff spoken with confirmed that two staff were always on duty apart from during the night when one staff was available and awake on night shifts. We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people’s needs could be met. Staff spoken with said enough staff were provided to meet people’s needs.

Staff confirmed they had been provided with safeguarding training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that these policies were available to them. Information gathered from the local authority and from notifications received showed that safeguarding protocols were followed to keep people safe.

We looked at three staff files. Two contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character

and had been assessed as suitable to work at the home. We found that some recruitment information for one file was kept at the head office in line with their procedures. We saw indexes confirming DBS numbers and receipts of references were maintained to evidence these had been obtained. The files checked showed that full employment history had been obtained to evidence full and safe procedures had been followed. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We looked at two people’s support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person’s activity and included road safety, community presence, travel, emergency evacuation and daily routines. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

The service had a policy and procedure on safeguarding people’s finances. The registered manager explained that each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for both people and found the records and receipts tallied. The registered manager told us that a financial audit undertaken by staff external to the home took place on an annual basis by the Divisional Financial Controller. This showed procedures were in place to safeguard people’s finances.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and could help keep people safe.

We found that one member of staff, usually the senior on duty, was designated with responsibility for managing medicines. We spoke to the senior staff responsible for medicines on the day of our inspection. They could

Is the service safe?

describe to us how medicine was administered by dispensing into a medicine pot and then marking (dotting) the Medication Administration Records (MAR) chart to indicate which tablet had been dispensed into the pot. The medicines were given from the medicine pot and the person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines safely. When the person had taken their medicine the member of staff signed the MAR sheet. This showed that safe procedures were followed.

We checked both people's MAR charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts.

Whilst no people were prescribed controlled drugs (CD's) at the time of this inspection, a policy on managing CD's was in place and staff were aware of the procedures to follow should this be required. This showed that procedures were in place for the safe handling and storage of medicines.

We found that a policy and procedure was in place for infection control. Training records seen showed that all staff were provided with training in infection control and the staff spoken with confirmed they had been provided with this training. We found staff undertook cleaning, with support from people living at the home with some relevant tasks. We found the home was clean.

Is the service effective?

Our findings

People were positive about living at Springfield House. One person told us, "I like it, I like my room and I like the staff. Staff are nice to me and talk to me." Another person indicated to us they were happy and had no worries.

Staff spoken with and records checked showed that staff were not provided with supervision on a regular basis. Some staff had not been provided with an annual appraisal for development and support. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

We checked three staff files and found within the last 12 months, two staff had been provided with two supervisions and no appraisal. The third file checked showed one supervision and no appraisal had been provided. This meant that Staff were not appropriately supervised to provide care and support to people who used the service.

These examples demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

CQC monitors the operation of the DoLS which applies to care homes. DoLS are part of the MCA legislation which is in place for people who are unable to make all or some decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff confirmed that they had been provided with training in MCA and DoLS. We found that appropriate assessments had been completed by a psychologist to ascertain that both people living at Springfield House had the capacity to agree to their support package. Staff spoken with had a clear understanding of the MCA and DoLS.

We looked at both people's support plans. They contained a range of information regarding each individual's health.

We saw people had contact with a range of health professionals that included GP's, dentists, psychiatrists and hospital consultants. The files held information about people's known health conditions and the staff actions required to support people's health. We saw people's weight was regularly checked as part of monitoring people's health.

The support plans detailed people's food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. Staff told us people were able to choose what they wanted to eat. One person living at Springfield House told us they always chose what to eat and enjoyed going to the shops for their food. We saw records of meals provided that were different for each person in line with their choices. This showed that people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place.

Staff told us that there were always choices of food available. We saw that the fridge contained a variety of fresh produce including vegetables. We saw fresh fruit was available in the kitchen.

Staff told us and records showed that one person's diet had significantly improved since moving into Springfield House.

Staff told us they were provided with a range of training that included conflict management, equality and diversity, first aid, infection control, safeguarding, food hygiene and person centred thinking. We saw a training record was in place so that training updates could be delivered to maintain staff skills. The registered manager told us that training was completed via e-learning on the homes computer, and each learning topic had tests of understanding to complete at the end of training to show staff had understood.

We found that part of the laundry room had damaged flooring caused by discarded cigarettes. The person who discarded the cigarettes no longer lived at Springfield House. The damaged flooring showed this part of the environment was poorly maintained. We discussed this with the registered manager who gave assurances that they had reported this for replacement. They confirmed they would pursue this with the provider in order to provide a well maintained space.

Is the service caring?

Our findings

People told us and indicated to us the staff were caring. One person commented, "I like them all, they help me."

Throughout our inspection we saw examples of a caring and kind approach from staff who obviously knew people living at the home very well. Staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication.

The interactions observed between staff and people living at the home appeared patient and kind. Staff always included people in conversations and took time to explain plans and seek approval. For example, staff were heard discussing a person's plans for the day with them, to make sure they were happy with their choice. The person engaged in conversation and made decisions which were supported by staff. We saw one staff very patiently talking with a person and repeating reassurances and conversation so that the person felt involved. The person clearly enjoyed the staff company and shared laughter was heard. Staff were seen to have conversations with each other and always made sure people were not excluded. This showed a respectful approach from staff.

We saw people freely approach staff and engage in conversation with them. People appeared comfortable and happy to be with staff. Staff knew people well and took time to talk with them.

Throughout our inspection we saw that people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and explaining in a way the person understood so that their view was obtained and staff could be sure the person was happy with their choice. One staff told us, "We are good at promoting independence. We try and make people's lives as fulfilling as we can." Another staff told us "We put people first; it's all about giving the support to enable people."

We saw people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or

compromising privacy. Staff were able to describe how they treated people with dignity. Comments included, "We always ask what people want. We make sure their privacy is respected and when people want time in private it's never a problem."

The registered manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. We found that both people living at the home had limited contact with their relatives, but had contact with their representatives from the local authority, including social workers. One person told us, "I can ring my social worker when I want. I've got their number." Staff told us that staff from Sheffield local authority out of city team visited every few months to ensure people supported had no worries and felt well cared for.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. The records included information about individuals' specific needs and we saw examples where some parts of a record had been reviewed and updated to reflect people's wishes. Examples of these wishes included choice of outings and interests. This showed important information was recorded in people's plans so staff were aware and could act on this.

Whilst the plans showed that people had been involved in developing their support plans so that their wishes and opinions could be respected, neither plan had been signed by the person supported to evidence their agreement. We brought this to the attention of the registered manager who gave assurances that support plans would be signed by the person where they were able to further evidence they had been involved in and agreed to any decisions made.

Is the service responsive?

Our findings

People told us and indicated that staff supported them in the way they needed and preferred. One person commented, "They [staff] know what I like, they help me do the things I like."

We saw that staff understood how people communicated and saw staff responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval. For example, staff were seen to check with a person when they wanted to eat and encouraged them to include vegetables with their meal.

We found a range of activities were provided, and these were based on people's individual interests. The home had a people carrier vehicle available to support trips out. We found activities included meals out at various local pubs, shopping trips, swimming and visits to social clubs. On the day of our inspection one person went food shopping with staff. Staff informed us that the other person living at Springfield House had limited social outings as they preferred their own company and liked to spend time at home.

One person told us about an interest that was important to them. They were able to describe this in detail. We later heard them talking about this interest with staff. A person also told us they liked gardening and attended college for gardening each week. We saw the garden contained vegetables that they had grown and the person told us they also enjoyed making things with the fruit from the garden. We saw staff supporting them with their interest during the afternoon of this inspection. We checked the persons support plan and found details of this interest were recorded so that a full picture of the person was available.

Peoples care records included an individual support plan. The plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact

with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. The plans contained clear guidance for staff on people's communication so that staff could ensure people were consulted. The plans reflected promoting and encouraging independence to support people leading a full life.

We found information was recorded on people's specific and individual support needs. We discussed these with staff, who were fully aware of the actions required to support these specific needs.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person.

We found that both the support plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

There was a clear complaints procedure in place. Staff told us that they would always pass any complaints to the registered manager, who would take these seriously. We saw that an easy read version of the complaints procedure had been provided to people in their service user guide. The procedure included pictures and diagrams to help people's understanding. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. We found that a system was in place to respond to complaints. The registered manager told us that no complaints had been received but she was aware of the need to record the actions taken in response to a complaint and the outcome of the complaint so that an audit could be maintained.

Is the service well-led?

Our findings

The manager was registered with CQC.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process.

The registered manager told us the locality manager completed 'Operational Performance and Monitoring' visits on a monthly basis. Whilst reports from these visits had not been undertaken, we saw the registered manager completed a monthly operational and performance report which was used to inform and record the locality manager's visits. Staff spoken with confirmed that the locality manager visited each month.

We found the provider's quality team had undertaken a full audit of the home in December 2014. We saw the action plan that had been compiled following the visit and evidence that the registered manager was working through identified improvements, for example, updating care plans.

We found the company that provided the homes written policies had visited the home in September 2015 to check that policies had been adhered to as part of the quality assurance processes in place.

We saw checks and audits had been made by the registered manager and senior staff at the home on a daily, weekly or monthly basis. These included daily financial records checks, weekly medication audits and health and safety checks. We found the health and safety audits covered infection control so that any issues identified could be acted upon. We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

We found that surveys had been sent to professionals in September 2014 to obtain and act on their views as part of the quality assurance process. The registered manager told

us that further surveys were planned to be sent to relevant professionals. Surveys had been sent to staff in recent months to obtain their views and identify any areas for improvement. The registered manager told us that the surveys were sent to the homes head office where they were audited to identify any actions required to improve the service.

Surveys to relatives to formally obtain and act on their views had not been undertaken as part of the quality assurance process as people had no or very limited contact with their relatives.

Records checked showed that staff meetings took place on a regular basis to share information and obtain feedback from staff. We looked at the staff meeting minutes and found that five had been held in the previous 12 months. Staff spoken with said that they felt able to contribute to staff meetings and felt listened to.

All of the staff spoken with said the registered manager was approachable and supportive. Staff said they worked well together, supported each other and were "A good team." All of the staff spoken with showed a commitment to their role and told us they enjoyed their jobs. Staff told us communication was good. We saw that staff held handovers every afternoon and evening when staff changed. The records of handovers were detailed and recorded specific information and updates so that staff were aware of these. This showed that this aspect of communication was good.

The home had policies and procedures in place which covered all aspects of the service. We sampled the policies held in the policy and procedure file stored in the office and found these had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff were not receiving appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.