

Achieve Together Limited

Springfield House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Springfield House is a residential care home providing personal care to 10 people with a learning disability at the time of the inspection. The service can support up to 10 people in one adapted building.

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

People and their relatives told us they were happy with the support they received at Springfield House. However, we identified shortfalls with medicines management, which included not having sufficient numbers of medicines trained and competent staff on duty. Staffing levels did not always meet the assessed needs of people, and people were not always able to take part in the activities they wanted to. Risks to people had not been acted on; staff did not complete the necessary checks for people who were at risk of constipation, and checks to the environment, including fire safety had not been completed.

There were not robust systems in place to ensure that actions were taken when the registered manager was not at the service. Staff failed to escalate concerns relating to unexplained bruising in a prompt manner. Training for staff had expired or not been completed in a number of different areas. When we identified issues, they were resolved quickly however, the providers governance systems had failed to identify the shortfalls.

People and their relatives told us they felt safe living at Springfield House. One relative told us, "They would relay back to me if there was a problem the fact that they are always happy to go back says to me there's no problem." People were supported by core staff who knew them well and were kind and caring towards them. People were supported to be involved in the planning and delivery of their care. Staff encouraged people to be as independent as possible; people made decisions about what they wore, how they spent their time and what they ate. People were involved in meal planning and preparation.

The service was clean and personalised to the people that lived there. Relatives and staff told us it felt homely.

People were supported by a range of health care professionals including the GP, dentist, epilepsy specialists and a chiroprapist. People's needs were continually reviewed and re-assessed.

Relatives told us they felt well informed about their loved one's care. There had been no recent complaints. Relatives told us they understood the complaints process and felt they could approach the registered manager with any issues.

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

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 not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. For example, some of the language used within care plans was not respectful. Staff had placed restrictions on people, although this had been identified and acted on by the registered manager, staff showed a lack of understanding of people's rights.

Right support:

- Model of care and setting mostly maximises people's choice, control and independence.

Right care:

- Care is mostly person-centred and promotes people's dignity, privacy and human rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

This is the first rated inspection of this service under the new provider.

Why we inspected

This was a planned inspection due to the length of time the home had not been inspected since the change of provider. The service had been under the new provider since September 2020.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risks to people, staffing and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Springfield House

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

The inspection was carried out by two inspectors.

Service and service type

Springfield House 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 inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the area manager, senior care workers, care workers and agency staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives and the registered manager.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and there was guidance in place on how best to support people, however this was not always followed by staff. Some people were at risk of constipation. Bowel monitoring charts had been put in place to monitor people's movements however these were not consistently completed and had not been completed for January 2022.
- People had positive behaviour support plans to inform staff how best to support them during times of distress. However, guidance did not always detail the least restrictive steps to support the person. Staff we spoke with were able to tell us the steps they would take to de-escalate situations, and before considering any physical intervention, however these were not documented for example to inform new staff, or agency staff.
- Staff had identified unexplained bruising to one person and documented this on a body map. The registered manager was not in the service and staff failed to escalate it for further investigation.
- Risks to the environment had not been mitigated. Environmental safety checks had not always been completed. Fire alarm checks that were supposed to be completed weekly, in accordance with the provider's policy, had not been recorded as completed for three weeks in December 2021.
- Faults in the call bell system that had been identified in September 2021 had not been repaired until December 2021. The call bell system had not been checked since 16 December to make sure it was working. Water temperature checks had not been completed on the sinks and baths in people's rooms. Staff said the hot water was controlled by thermostats, but no checks had been completed to make sure the thermostats were effective, and water was at a safe temperature.

Using medicines safely

- Medicines were not always managed safely. Some people were prescribed emergency medicines that needed to be administered if they had a prolonged epileptic seizure. Other people were prescribed 'as and when' medicines if they were feeling unwell or in pain. We found that on occasions staff working at night had not received training or been competency checked for administering medicines. People were at risk of not receiving medicines they were prescribed when they needed them. When this was identified action was taken to make sure staff working nights had been trained in giving people their medicines safely.
- Some people were prescribed creams that needed to be applied to their skin to keep it healthy. There was no guidance or information available to inform staff where and when the creams needed to be applied.

The registered person failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. The registered person had failed to manage medicines safely. This is a of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their routine medicine on time and correctly, as prescribed by their doctor. Medicines were stored safely and at the right temperature. Records showed people received their medicines in the right way. Special medicines that require specific storage were managed appropriately. Regular audits on medicines had been done to make sure they had been given correctly.

Staffing and recruitment

- There were not always sufficient numbers of competently trained staff on duty. The registered manager had assessed that the service needed six to seven staff on duty during the morning. Staff told us, and rotas confirmed that some days there were only four staff on duty. A relative told us, "They could always do with more staff. I think they cope the best they can with the resource they have."
- On the day of our inspection, there were six staff on duty including one staff member who was completing the induction, shadowing staff and not counted in the numbers. Staff told us people were safe when there were lower numbers of staff, but more limited in taking part in activities or going out. One staff member told us, "It does impact of course. Some of our guys can be inpatient and if they need to wait, that can cause issues."
- There was not always sufficient numbers of staff on duty. For example, some night shifts a new staff member worked with an agency staff member. The registered manager had identified staff needed further support and training however the staff member had continued to work without the support of a permanent staff member. We highlighted this during inspection and rotas were amended to prevent this from occurring again. The provider was recruiting new staff and at the time of the inspection new staff were completing their induction.

The registered person failed to deploy enough trained and competent staff in accordance with the provider's assessment of staffing numbers. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider checked that new staff were suitable to work with people before they started and had carried out all necessary recruitment checks. Each staff member had references from previous employers and a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and the risks of abuse. People were relaxed and happy when spending time with the staff members supporting them and with the other people living at the service. People told us that they felt safe. A person said, "They look after us here, it is good." A relative told us, "I have total trust in the registered manager and staff to keep [my relative] safe but allow them to do as much as possible for themselves. I trust them."
- The registered manager and staff reported any incidences of suspected abuse or abuse to the local authority safeguarding team.
- Staff knew what constituted abuse. They were familiar with whistleblowing processes and said they would not hesitate to escalate concerns if they felt their initial concerns were not being addressed.
- Staff told us the registered manager was approachable and always listened, so they would have no hesitation in raising any concerns they had. Staff told us that in the past they had raised safeguarding concerns. Action had been taken straight away to make sure people were safe.

Learning lessons when things go wrong

- Accidents and incidents had been used as an opportunity for learning and embedding improvements. The registered manager had reviewed incident forms and shared learning from these with staff.

- The registered manager reviewed incident forms for each person on a monthly basis. This information was also logged on the providers electronic system and reviewed by the providers positive behaviour support team for patterns and trends.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

Staff support: induction, training, skills and experience

- We reviewed the services' training matrix. There were many topics where a number of staff had not completed training or had not completed refresher training within the necessary timeframe defined by the provider. For example, staff did not all have up to date fire safety training and had not completed fire checks. We have reported on this further in the well-led section of the report.
- Staff told us they received regular support and supervision. Staff received supervision from the registered manager, and at times managers from the providers other services. Staff told us the manager was approachable and always there to support.
- New staff completed an induction which included shadowing staff and completing training. During their induction staff competency was assessed to ensure they could meet people's needs and offer further support to staff that needed it. We have reported on medicine competency checks in the safe section of this report.

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

- People's needs were assessed in line with guidance to ensure people received the care and support they needed when their needs changed.
- Assessments for people considered their protected characteristics including considering any religious spiritual needs.
- People had support from a positive behaviour support team, who implemented guidance for staff on how best to support people during times of distress.

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

- People were supported to eat and drink sufficient amounts. People were involved in meal planning and preparation and were supported to maintain a balanced diet. A relative told us, "As far as I know the food is fine they love their food. They would always tell me if there wasn't enough food, they certainly eat enough."
- People accessed the kitchen freely, and we observed people making their own drinks and snacks during the inspection. People who needed support when eating received this from staff.

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

- The service met the needs of people living there. Corridors were sufficiently wide for wheelchair access and we observed people making their way around the service independently.
- There was sufficient space for people to spend time independently and with their peers. People had use of a garden and sensory room.
- People's bedrooms were personalised and showed their personality. A relative told us, "Their bedroom is

perfect they have really thought about them there. The home is really clean and tidy." The service was welcoming and homely with photographs of people doing the activities they enjoyed.

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

- Staff were responsive to people's needs, and had made referrals to healthcare professionals as necessary, for example speech and language therapists.
- People were registered with the GP and dentist and had regular appointments to ensure their health was maintained.
- Some people had regular seizures. These were documented by staff, and support and advice was sought from health care professionals to review people frequently.
- To reduce stress to people, health care professionals visited the service to administer vaccinations, including the flu vaccine and covid-19 vaccine.

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.

- Staff understood their responsibilities in relation to the MCA and supporting people to make choices in their lives, for example what they wore and the activities they took part in.
- When people lacked the capacity to consent to care and treatment, capacity assessments were completed, and best interest meetings held to ensure decisions were made in people's best interest. This included if the person was able to manage their finances independently or to help decide if they should have a vaccination.

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

- People told us and indicated they felt the staff were kind, caring and respectful. We observed good humoured exchanges between people and staff within the communal areas of the building. A relative told us, "We have done a lot of face time, you can see from staff faces and how they interact with them that they are caring."
- Staff said they enjoyed their role and were focused on ensuring people received the care and support they wanted in the way they preferred. One staff member told us, "We all want the best for the people we support."
- Social and cultural needs were discussed with people and their family. This information was recorded in their care plans.
- People were encouraged to maintain relationships with their family and friends if they wanted to.

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

- People were involved in planning their care and could change their minds if they wished to do things differently. This was respected by the staff.
- The staff regularly asked people for their feedback on their care. They told us they were keen to make sure the service provided good quality care and needed feedback to do this. One relative told us they had regular contact from the staff and was encouraged to share how their loved one's care arrangements were going.
- Staff actively encouraged and supported people to make decisions. They used pictures and laptops to help people with this.

Respecting and promoting people's privacy, dignity and independence

- Staff expressed and showed genuine concerns for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to confidentiality was respected. Care and support records were kept securely with access only for authorised people.
- Staff provided care and support with the emphasis on promoting people's independence and daily living skills. People were developing skills that helped them become more independent. They were socialising and involved in the day to day activities within the service. A relative told us, "The staff promote and encourage (my relative) to be as independent as possible. (My relative) enjoys living at Springfield's it's their home." Another relative told us, "They would wear the same clothes every day, staff support them with that. Staff encourage them to be independent as best staff can and they can."

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.

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

- Staff told us that staffing levels at times would drop below the required levels. On these occasions' activities people took part in could be reduced or delayed. When staffing numbers were at the required level, people were supported and encouraged to live as normal a life as possible. Staff supported people to follow their interests, take part in activities they preferred and had chosen. People had access to a range of activities both in the service and in their local area.
- On the day of the inspection people were busy going out and about. People were smiling and happy. There was a lively and congenial atmosphere within the service. People and their relatives were positive about the activities offered by the provider.
- There were regular trips to places of interest in the local area. People were involved in farming activities at a local park. On the day of the inspection some people had enjoyed a horse-riding session.
- If people did not want to go out they had opportunities to do activities within the service. Some people had sessions at the on-site activity art and crafts room. People were involved in cooking, shopping and the general day to day running of the service.
- Family and friends who were important to people were involved in their lives. People were supported to maintain family bonds and friendships. People went to visit relatives and relatives were welcome at the service at the service.

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

- People received personalised care from a staff team that knew them well and understood how to best support them.
- Care plans were clear and regularly updated, including changes in people's conditions and any health risks. When people's needs changed staff referred them for assessment by the relevant health care professional.
- People and their relatives were involved in the planning of their care. They were asked information and advice on how best to support the person and care plans were created with this advice. For example, a relative told us that when staff identified something a person needed additional support with, they asked for advice on how best to support the person.

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.

- Some people could communicate with staff and make their needs known. Permanent staff knew people very well and were able to understand and interpret what they needed and wanted.
- People communicated with staff in many different ways. They were not rushed when making their needs known or when just chatting. Staff spent time with people and were genuinely interested in what they had to say.
- When people had difficulty communicating information was available in symbol and pictorial formats. They also used electronic devices to communicate with others.
- Staff described how they supported people who used non-verbal communication, to make visual choices using objects of reference; interpreting the gestures and movements people made in response.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure supported people and relatives to raise concerns and complaints.
- Staff knew if people were unhappy or concerned. They were able to recognise the signs by people's behaviour or gestures. They said would find out what was wrong and take action to rectify any concerns.
- There had been no recent complaints. People's relatives told us they knew how to complain but to date had no complaints to raise.

End of life care and support

- No one was in receipt of end of life care. People and their relatives had been involved in conversations about what they would like to happen at the end of their lives. People had end of life care plans that details their wishes, for example one person was to have their ashes scattered by their family.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems of daily, weekly and monthly quality assurance checks and audits. Despite this, some checks had not been completed. Water temperature checks had not been completed for sinks and baths that people used daily. For the month of December 2021 checks had not been recorded as completed on the fire alarm system, the services vehicle or the first aid box. The monthly health and safety audit for December 2021 had not been done.
- Care plans we reviewed did not always detail the steps to take when supporting people during times of high distress. Daily records including bowel monitoring charts had not been completed fully.
- Staff training had not been completed as required. Staff did not all have in date training in supporting people with a learning disability, supporting people with epilepsy and safeguarding for example.
- Other checks and audits had been completed on the quality of the service. However, these had not identified the shortfalls found at this inspection including identifying risks.

The registered person failed to assess, monitor and improve the quality and safety of the service. The registered person failed to maintain accurate records in respect to each service user. This is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was not always a positive culture within the service. Documentation we reviewed did not always refer to people in a dignified way. For example, one person's care plan described them as 'possessive' and 'whiney.' We discussed this with the registered manager who assured us care plans would be reviewed and amended.
- The registered manager had identified that staff locked people out of their bedrooms to encourage them to take part of activities. Staff did not understand they were restricting the person. The registered manager communicated to staff that this should not occur, and staff should challenge one another if they observed this restrictive practice.

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 duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We

found that the registered manager had been open and honest, and understood their responsibility to comply with the duty of candour.

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

- There were open discussions with people, their relatives and staff to make sure people were receiving the care and support that they wanted. A relative told us, "On the whole I'm very pleased with the care. I get a lot of feedback from [relative] if they have a problem, they would tell me."
- Relatives told us they had every faith in the manager. One relative said, "They should be applauded with how they have managed through the pandemic. There is very good management at the service. They value the staff and support them and this
- Staff worked with a number of healthcare professionals including dietitians, speech and language therapists and the GP to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. The registered person had failed to manage medicines safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to assess, monitor and improve the quality and safety of the service. The registered person failed to maintain accurate records in respect to each service user.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person failed to deploy enough trained and competent staff in accordance with the provider's assessment of staffing numbers.