

Royal Mencap Society Spring House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 15 December 2015 and 07 January 2016. The first visit was unannounced but the registered manager was given a short period of notice before the second visit. This was to help facilitate the inspection and make sure that some people who used the service and staff members were available to talk with us. At our last inspection on 20 November 2013, the service was found to be meeting the required standards in the areas we looked at. Spring House provides

domiciliary care and support for people with learning disabilities in their own homes. The service is provided at five different locations in Hatfield, Hemel Hempstead, St. Albans and London Colney.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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

Summary of findings

run. The registered manager was supported by service and assistant service managers responsible for the day-to-day operation of each location where people received care and support.

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. At the time of our inspection we found that the provider was working within the principles of the MCA where it was necessary and appropriate to the needs of the people they supported.

People told us that staff helped them stay safe, both where they lived and when out and about in the community. Staff had received training in how to safeguard people from abuse and were knowledgeable about the potential risks and how to report concerns. Robust recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's support needs.

Plans and guidance were in place to help staff deal with unforeseen events and emergencies in a safe and effective way. Where necessary and appropriate, people were supported to take their medicines safely and at the right time by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People who received support, relatives and health care professionals were positive about the skills, experience and abilities of staff employed at the service. Staff received training and refresher updates relevant to their roles and had regular 'shape your future' meetings with managers to discuss and review their personal development and performance.

People were encouraged and helped to maintain good health and had access to health and social care professionals when necessary. They were also supported to eat a healthy balanced diet that met their individual needs.

Staff obtained people's agreement to the support provided and always obtained their consent before helping them with personal care. Throughout our inspection, and at all of the locations where services were provided, we saw that staff supported people in a kind and caring way that promoted their dignity. Staff had developed positive relationships with the people they supported and were clearly very knowledgeable about their needs and personal circumstances.

People who received support, and their relatives wherever possible and appropriate, were involved in the planning and reviews of the care provided. However, this was not always consistently or accurately reflected in plans of care or the guidance provided to staff. This was an area for improvement being immediately addressed by the management team. The confidentiality of information held about people's medical and personal histories was securely maintained at the service.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences and routines. People were supported to pursue social interests and take part in meaningful activities relevant to their needs.

Relatives told us that managers and staff listened to them and responded positively to any concerns they had. People were encouraged to raise any concerns they had and knew how to make a complaint if the need arose.

People, their relatives, staff and professional stakeholders were all complimentary about the management team and how the service was operated at all of the locations where support was provided. The management team monitored the quality of services and potential risks in order to drive continuous improvement.

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.

People were helped to stay safe by staff who had been trained to recognise and respond effectively to the potential risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were suitable for the roles performed.

Sufficient numbers of staff were available to meet people's support needs at all times.

People were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Good



Is the service effective?

The service was effective.

Staff obtained people's agreement and consent before support was provided.

Staff were trained and supported which helped them meet people's needs effectively.

People were supported to eat a healthy balanced diet that met their needs.

People's health needs were met and they were supported to access health and social care professionals when necessary.

Good



Is the service caring?

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were involved in the planning and reviews of the support provided.

People were supported in a way that promoted their dignity and respected their privacy.

The confidentiality of personal information had been maintained.

Good



Is the service responsive?

The service was responsive.

People received personalised support that met their needs and took account of their preferences and personal circumstances.

Guidance enabled staff to provide person centred care and support.

Good



Summary of findings

People were helped and supported to pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Relatives, staff and health care professionals were very positive about the managers and how the service was operated.

Staff understood their roles and responsibilities and were well supported by the management team.

Good



Spring 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 15 December 2015 and 07 January 2016 by one Inspector who on the first date made an unannounced visit. However, before the second visit date the registered manager was given a short period of notice to help facilitate the inspection and make sure that some people who used the service and staff members were available to talk with us. Before the inspection, the

provider was also required to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

Spring House provides domiciliary care and support to people in their own homes at five different locations in Hatfield, Hemel Hempstead, St. Albans and London Colney. During the inspection we spoke with nine people who used the service, two relatives, six staff members, three service managers, two assistant managers and the registered manager. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to four people who used the service and two staff files.

Is the service safe?

Our findings

People felt safe and secure because of the help and care they received from the staff who supported them. One person said, “We are safe and well looked after.” Another person commented, “Yes, I feel safe.” People’s relatives told us they were confident that their family members were kept safe and well protected from potential risks of abuse and avoidable harm. The relative of one person said, “I am happy that [family member] is safe and sound.” Another person’s relative commented, “They [staff] go out of their way to make sure everyone is kept safe, especially when they go out.”

People told us that staff gave them help, advice and support about how to stay safe, both at home and when out and about in the community. One person explained the advice they received about being cautious when in the company of strangers. They had also been told about the importance of having a fully charged mobile phone with them at all times so they could ring staff and obtain help if the need arose. Another person asked the Inspector for their name and identity card when they visited the service and told them how to sign-in. They told us, “I feel very safe. They [staff] won’t let anyone in without a badge. They showed me how to answer the door, ask for a badge and get people to sign-in.”

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was prominently displayed at all locations where services were provided. A staff member commented, “The manager always goes the extra mile for safeguarding to make sure people are safe.”

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles performed. One staff member commented, “The recruitment process was very tough and thorough from start to finish.” People who used the service took part in the interviews of prospective candidates and had a say about who was employed to provide them with care and support.

There were enough suitably experienced, skilled and qualified permanent staff available at all times to meet people’s individual support needs. Staffing at each service location was based around the dependency levels and assessed needs of the people it supported. For example, some people were provided with significant periods of ‘one to one’ support they needed, whereas others required much less day-to-day help from staff. One person told us, “Yes, there are always lots of staff around if you need anything.”

People were provided with individual weekly planners so they knew what their commitments were and which staff members had been assigned to help and support them. A staff member commented, “Staffing is just right; there is enough of us.” Another staff member said, “I am happy there are enough of us to meet everyone’s needs. We are a good staff team who all muck in and cover when necessary.” Relatives told us there were always enough staff available when they visited their family members. One person’s relative told us, “Staffing is really magnificent, always enough to provide everyone with what they need.”

People’s medicines were stored, managed and disposed of safely at each of the locations where services were provided. Trained staff supported people to take their medicines at the right time and in accordance with the prescribers instructions. A person’s relative told us, “I have no concerns about [family member’s] medicines. They [staff] always ring and let me know if there have been any changes.” A staff member said, “We liaise with the GP and consultants to ensure our service users are on the right medications to help them have a better life and achieve more in [terms of] their daily skills.”

A positive risk based approach was used to determine the levels of support people needed with their medicines. Wherever possible, people were encouraged and helped to be as independent as personal circumstances allowed following robust and thorough risk assessments. One person explained, “Staff help me sort out my medicines paperwork. [Key worker] has helped me learn how to take and look after my own medicines.” We saw that when errors occurred they were thoroughly investigated, effective steps taken to reduce the risks of reoccurrence and learning outcomes shared with staff.

Where potential risks to people’s health, well-being or safety had been identified, these were assessed and reviewed to take account of people’s changing needs and

Is the service safe?

circumstances. This included in areas such as health and welfare, sports and activities, the preparation of hot food and drinks, use of kitchen utensils, accessing the community alone, road safety, use of public transport and the management of personal finances.

Staff adopted a positive approach to risks to ensure that people's independence was supported and promoted in a safe way that reflected their individual needs and personal circumstances. For example, some people who used the service had been at risk of adverse weight gain and obesity. This was in the main because they had chosen to follow unhealthy lifestyles in terms of their eating habits. They were encouraged and supported to think about their lifestyle choices, join a reputable slimming club and eat a health balanced diet. One person we met during our inspection had managed to lose a significant amount of weight and was both happy and proud to share their achievement with us by showing 'before and after' photographs.

At one stage this person had also been very reluctant to accept any support or help in maintaining or keeping their flat clean and tidy which in turn gave rise to some potential risks around infection control, cleanliness and poor personal hygiene. However, staff persevered in offering them the support needed and have since helped them

clean and maintain their flat on a weekly basis. This has reduced the risks associated with poor hygiene, improved the person's confidence levels and independence and encouraged them to take pride in their home environment which they are now happy to share with others.

All incidents and accidents that occurred at locations where people received support were recorded, investigated and reviewed by the service managers. This was to ensure that steps were taken to identify, monitor and reduce risks. The registered manager was in the process of introducing a new risk management system designed to enable trends, themes and learning outcomes to be identified and discussed at team meetings.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which may affect the services provided or the people they support. This included relevant training, for example in areas such as emergency first aid and fire safety. During our inspection a person became unwell and collapsed at one of the locations we visited. Staff responded quickly and effectively in providing first aid and reassurance before paramedics arrived. Everybody who received support had personalised guidance in place to help staff evacuate them from their homes quickly and safely in the event of an emergency situation.

Is the service effective?

Our findings

People received care from staff who had been trained and supported to meet their needs in a safe and effective way. Staff were clearly very knowledgeable about people's health, welfare and individual support needs. One person who received support told us, "The staff are great here and help make sure I get the support I need to stay in good health." A healthcare professional commented, "I thought the [service] did particularly well and was a supportive placement which [name] could tolerate as it not too intrusive."

People's identified needs were thoroughly documented and reviewed to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. One person's relative told us, "The staff really know [family member] well and how to look after them, which can be very difficult and challenging. The support they get with healthcare is excellent; second to none."

Staff helped people to access appropriate health and social care services in a timely way and supported them to receive any ongoing care needed to meet their individual needs. Information about healthcare appointments was included in people's weekly planners, together with the names of staff assigned to help or accompany them where necessary. During our inspection we saw people refer to these when asking staff for help and advice about where they needed to be and when. One person's relative told us, "The care I cannot fault, all of [family member's] medical needs are met. If they need to see a doctor, a dentist, make an appointment or go to the hospital it gets done straight away."

The levels of support provided were agreed with people who received a service, together with relatives where appropriate, and consent was always obtained before they were supported or helped with personal care. One person told us, "I make all my own decisions, they [staff] will help me but only when it's necessary. I agree and sign my [care/support] plan with my key worker. There is nothing in there I don't like." A staff member commented, "We build up trust with service users and encourage them to lead independent lives. We give them choices and the opportunity to make and agree their own decisions about the support they need."

However, people's care and support plans did not consistently or accurately reflect their agreement and consent in all cases. The registered and service managers have taken immediate steps to ensure that improvements are made in this area and that everyone's support plans include evidence of their consent and involvement.

When we visited the different service locations we saw numerous examples of where staff encouraged and helped people make decisions about what they did and how they received care and support. This included obtaining their agreement and consent about how they wanted to spend their time, both at home and in the community, and what they wanted to eat and drink. Staff also gave people the opportunity to make their own decisions about whether they wanted to speak with us and allow access to their support plans as part of the inspection. One person who received a service told us, "I do like it here. I decide what to do and when. I can do what I want to do, not [staff] telling me what to do."

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Most staff had received training about the MCA and arrangements were in hand to ensure it was provided to the remainder in due course.

People who received a service, their relatives and healthcare professionals were positive about the skills, experience and abilities of the staff who provided care and support. One person told us, "Staff are nice, I'm happy here; fantastic living here." Another person said, "The staff are very nice and helpful." New staff were required to complete a structured induction during which they were trained and shadowed experienced colleagues. They were not allowed to work unsupervised until they had been assessed as being competent in practice in the work place. An assistant service manager told us, "The new induction is very

Is the service effective?

structured and comprehensive. Staff who have done it have felt well prepared.” A relative of someone who used the service said, “All staff are absolutely wonderful; all really good.”

Staff received training and regular updates to help them perform their roles effectively. This included areas such as food hygiene, moving and handling, medicines and safeguarding. They also had opportunities to receive specialist training relevant to some of the people they supported. For example, a specialist nurse has delivered training about diabetes care and a sexual health worker attended staff meetings to raise awareness about issues that may relate to and affect people they supported. Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and take part in the provider’s management development programme. One staff member commented, “Training is really good with yearly updates. We’ve had input from a diabetes nurse.” Another staff member commented, “Training is good and has really helped. Challenging behaviour training was really, really good.”

Managers held regular ‘shape your future’ meetings with staff to discuss and review their personal development and performance. Staff members at all of the locations where a service was provided told us they felt valued, listened to and were very well supported. They were also encouraged to have their say about how the service operated and any

concerns they had at regular staff meetings. A service manager told us about changes to staff rotas and working patterns had come about as a direct result of feedback received from staff. One staff member said, “I definitely feel very supported. The managers are brilliant and give positive feedback and praise during ‘shape your future’ meetings. I feel very much valued.”

Staff were very knowledgeable about people’s nutritional needs and supported them to eat a healthy balanced diet wherever possible. They had access to detailed guidance about people’s dietary needs and personal preferences. The levels of support provided varied in accordance with people’s individual needs and abilities. Some people needed no support whereas others required help to plan menus, shop for ingredients and prepare meals.

At one service location we visited a person was very happy and proud to show us an apple crumble they had made with the help of staff. A person at another location who had prepared their own lunch told us, “I cook my own meals, it’s great. What more could I want?” Another person’s relative told us, “[Family member] has been helped to eat well and have a balanced diet.” People who wanted to lose weight were helped and supported to take part in slimming programmes of their choice. This meant that appropriate steps were taken to ensure that people’s nutritional needs were met in an effective way.

Is the service caring?

Our findings

People who used the service, together with some of their relatives, told us that staff provided support in a kind, compassionate and caring way. One person told us, “It’s like a family. Staff are great and care about us. They are fantastic and help us if we have a problem. It’s a happy place to be. Staff help us because they care. The care is fantastic; ten out of ten.” Another person said, “It’s a beautiful here and staff are good.” A relative commented, “I am more than happy, I am ecstatic about the care; its second to none.”

We visited the locations where services were provided and saw that staff helped and supported people in a calm and patient way while respecting their privacy at all times. Staff asked people for permission before entering their private rooms to provide support and help them with personal care. A staff member told us, “I treat people with respect, the same as I would expect.” A service manager commented, “I love it, I’m here for [the people we support]...it’s all about treating people with respect, as individuals and promoting their independence. It’s all about making sure that people’s individual care needs are met.” Confidentiality was well maintained throughout the service and information held about people’s health, support needs and medical histories was kept secure.

Staff had clearly developed positive and caring relationships with the people they supported and were very knowledgeable about their individual needs, personal circumstances and factors that influenced their moods and behaviours. For example, at one service location a person became upset because they thought they had offended a fellow resident and at another location a person was anxious about hurtful comments made by a housemate. On both occasions staff used effective distraction techniques to reassure and calm the people concerned in a kind and patient way. A staff member commented, “I love it here, we can make a real difference to people’s lives.” A relative commented, “The care and support is excellent. The staff are so very caring and get on so well with [name] and us. There is a family atmosphere.”

People were helped and supported to maintain positive relationships with friends and family members. A relative of one person told us how staff had supported them to attend a family wedding some considerable distance from where they lived. They helped them chose and buy a new outfit, have their hair styled and accompanied them to the venue where they stayed to make sure they had the support they needed and enjoyed the celebrations.

The relative commented, “Everyone had a great time and staff were good with [family member] who can be difficult and challenging. They also help them to visit close family members and go along with them. That’s excellent and we are very happy with the care.” Another relative told us how staff made sure they could enjoy some privacy and quality time with their family member when they visited. They went on to say, “I always come out [from a visit] with a smile on my face, its excellent.”

People who received a service, and where appropriate their relatives, were fully involved in the planning and reviews of the care and support they received. Each person had a ‘key worker’ assigned to them who was responsible for ensuring they received the support required to meet their individual needs. One person told us, “I have ‘one to one’s’ with my key worker and we go through my [care/support] plans.” Another person’s relative said, “The staff are absolutely magnificent and go above and beyond what is required. I have always been ‘kept in the loop’ and fully involved in what goes on.” A staff member commented, “[People we support] have a good quality of life. We involve them in every decision and they don’t sign for anything unless they one hundred percent sure they agree.”

However, people’s care and support plans did not consistently or accurately reflect their involvement in all cases. The registered manager has taken immediate steps to ensure that improvements were made in this area. Guidance provided to staff has been reviewed to ensure that it accurately reflects the planning and delivery of the care provided to everyone supported by the service.

Is the service responsive?

Our findings

People who used the service received personalised care and support that met their individual needs and took full account of their preferences and personal circumstances. Detailed information and guidance had been drawn up to help staff provide care in a person centred way, based on people's individual health and support needs. This included information about people's preferred routines, medicines, dietary requirements and personal care preferences.

For example, entries in guidance provided about one person noted; "I love cooking, especially baking cakes, and I like staff to support me with this."; "Sometimes I get up too early. I like staff to remind me to have a good rest so I don't get tired in the day"; "I love listening to Kiss FM, this is very important to me as it puts me in a good mood and keeps me calm." An entry in guidance about another person stated, "Support me to cook lunch ...and roast dinner on a Sunday. Please check my food is piping hot as sometimes I rush my meals. I need staff to point out areas of my flat which require cleaning and what products and equipment to use."

This meant that people's views and preferences had been considered and taken into account during the planning and delivery of their support. One person told us, "[Key worker] has helped me learn how to do things I want to do properly, like cleaning the house, ironing, shopping for my own food and cooking. I do all my own washing and help keep the house clean. I'm good at it." We were told about another person who wanted to vote in the general election. Staff helped them develop an understanding of the process involved, various party manifestos and the different candidate options. That person's key worker then supported them to attend a polling station to register their vote. They explained, "I am fiercely passionate about promoting [people's] independence, person centred care and decision making. I have built trust with [name] and encouraged and helped them develop new skills."

People were supported to pursue hobbies and social interests and to take part in activities relevant to their individual needs, both in their homes and in the wider community. One person told us, "I am busy. Lots of reading, games, sewing, embroidery, artwork and painting. I watch DVD's I want to see and staff play games with me, I'm helping some to knit. I go shopping and have made some

pottery." Another person with a strong interest in trucks was supported to attend lorry shows and events while others joined a cycle club and took part in sponsored events to raise money for a charities of their choice.

People were also supported to plan and take holidays of their choice, accompanied by staff, both at home and abroad. One person told us how they were looking forward to their holiday and Norfolk and buying a beach ball. A relative commented, "[The service] has excellent care and support. I have seen a real change in [name] since they have been there, more outgoing and confident. Staff have taken them out for walks, trampolining, sailing and are looking into horse-riding. There are lots of activities."

People were also supported to enrol at college and to take part in educational courses online. Details of people's activity commitments were included in their weekly planners and information about other opportunities were contained in schedules drawn up by staff, for example bingo, pamper evenings, cinema club, takeaway food nights, karaoke, themed events and parties. People were also supported to practice their religious beliefs and attend local services of their choice. A staff member told us, "I love it, it's so person centred, the guys we look after are involved in everything. They choose all their activities, it's not about what staff want. Everything is tailored to them, their preferences and routines."

People and their relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how it operated, such as at the regular resident meetings held at all locations. They felt listened to, knew how to complain and told us that the managers responded to any concerns raised in a prompt and positive way. For example, at one location people voted to remove the TV from a communal lounge as it had become the source of too many arguments about what to watch.

Complaints, 'grumbles' and concerns were recorded, investigated and resolved by service managers to the satisfaction of all parties. One person told us, "They [staff] have listened when I have complained and things have changed and improved. We have resident meetings about what we want done." A relative commented, "Staff involve us in what goes on. I have never had any cause for concern or complaints." This meant that managers and staff listened to people's views and responded positively to any concerns they had.

Is the service well-led?

Our findings

People who received support, their relatives and staff members were very positive and complimentary about the management team and how the service was operated at all five locations where support was provided. One person told us, “[The managers] are great and help us run the house like we want to because it’s our home.” A person’s relative said, “I have nothing but praise about [the service manager], they have made lots of improvements; they are excellent.” A staff member commented, “[Managers] are amazing, so efficient with no stone left unturned, I have learned so much from them.”

Staff told us that the registered manager was approachable, gave them clear and consistent leadership across all of the locations where services were provided and was effective in their role. One staff member said, “[Registered manager] is very strong and supportive, very clear on their expectations.” Another commented, “They [registered manager] provide positive feedback and says ‘well done’ when we have performed well. They always give praise where it is due, to both teams and individuals, recognising hard work and good for morale.” Staff were also very positive about a senior representative of the provider [regional manager] who they described as a supportive and highly visible leader.

The management team were clear about the provider’s values and the purpose of the services provided. Staff also

understood these values, their roles, responsibilities and what was expected of them. A staff member told us, “Mencap send a strong message about values and what matters most.” Another staff member commented, “It’s all about taking an holistic view to support and help people achieve their goals and live independent lives. It’s about independence and empowerment.”

Managers were very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that staff had the tools, resources and training necessary to meet the individual, complex and varied needs of all the people they supported.

We found that the views, experiences and feedback obtained from people’s relatives and professional stakeholders about how the service operated had been sought and responded to in a positive way. Service managers also carried out regular checks and audits in a range of key areas, for example in relation to the management of medicines, health and safety, resources, complaints, safeguarding, accidents, incidents, staff performance and people’s support plans. These were reviewed by the registered manager and senior representatives of the provider who also carried out unannounced visits and spot checks at every location where services were provided. The information gathered was used to identify both shortfalls and good practice, develop action plans, reduce identified risks.