

# Action for Care Limited

# Springwood

## 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 ●

# Summary of findings

## Overall summary

### About the service

Springwood is a care home which provides personal care for up to six people living with a learning disability and/or autism. At the time of this inspection there were five people living in the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

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

People were very happy and content living in the home and described staff as "wonderful" and "perfect." They received person-centred care where they were at the heart and focus of the support provided to achieve positive outcomes. One person talking about their journey since moving into the home said, "I'm in a better place [now], the best I have been for a long time."

People were kept safe. Staff were confident in protecting people from abuse. Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs. Arrangements were in place for the safe administration of medicines. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices, in particular, relating to COVID-19.

People's needs were assessed before they started using the service. Staff were suitably trained and received regular supervisions and annual appraisals. People were supported with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff were respectful towards people and supported them in a dignified way. People were encouraged to be as independent as possible and develop daily living skills. People received support from appropriate advocacy services, when needed.

Support plans were detailed and reflected people's individual needs and choices. People's communication needs were detailed within support plans and staff knew how to communicate with them effectively. Staff involved people and their relatives when planning support and activities which incorporated people's interests and wishes. The provider had a complaints procedure in place that was available in suitable formats for people.

An effective quality assurance process was in place. Key stakeholders were regularly consulted about the quality of the service. Staff were involved in the ongoing development and improvement of the service through regular meetings as well as daily communication. The registered manager was open and approachable to all.

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

#### Rating at last inspection

The last rating for this service was good (published 30 August 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Springwood

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Springwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that people would be in during the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We are improving how we hear people's experience and views on services, when they have limited verbal

communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience

We also spoke with two other people about their experience of the care provided and reviewed recent feedback from a relative and a health care professional. We spoke with six members of staff including the regional manager, the registered manager, a senior support worker and three support workers. We also carried out observations in communal areas.

We reviewed a range of records. This included three people's care records and a selection of medicines records. We looked at two 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 also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, health and safety records, other support plans and policies and procedures.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe living in the home and there were systems and processes in place to support this. Staff were fully aware of people's needs and people were happy and comfortable engaging with staff.
- Staff received regular training how to safeguard people from abuse and were confident reporting any concerns.
- Incidents, accidents and safeguarding concerns were recorded and analysed. Any identified lessons learned were clearly recorded and communicated to staff. For example, revised support plans or implementation of additional practices.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were well managed. Assessments were regularly reviewed, and strategies were in place to help minimise harm. For example, positive behaviour support.
- Preventative strategies and de-escalation measures were also recorded for instances when people's anxiety and behaviours may become more heightened. People had gained more of an understanding around their emotions and what action to take when feeling anxious.
- The premises were safe and well maintained. There were environmental risk assessments in place and the registered manager told us they carried out regular fire drills with people and staff.

Staffing and recruitment

- There were enough staff to meet people's needs. People required either one-to-one or two-to one support and had a team of staff dedicated to their care and support each day.
- Staff were recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.

Using medicines safely

- Medicines were managed in a safe way.
- Staff administering medicines received regular training and had their competencies checked to ensure they were fit and able to do so.
- Regular medicine checks and audits were carried out to identify errors. All subsequent action taken in relation to errors was recorded.

Preventing and controlling infection

- People were protected from the risk of infection and the home was kept clean.
- Staff followed appropriate infection control measures such as regular hand washing and wearing Personal Protective Equipment (PPE) when supporting people.
- Staff and people were regularly tested for COVID-19. All visitors had to follow IPC protocols to protect people and staff from contracting COVID-19 such as completing a lateral flow test and wearing appropriate

PPE.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before moving into the home. The registered manager used the information to decide if staff could effectively support the person and fully meet their needs. They also considered the needs and personalities of people already living in the home.
- People's choices were reflected in their assessments and associated support plans. These were regularly reviewed and updated by staff in partnership with each person and their relatives or advocates.

Staff support: induction, training, skills and experience

- Staff were trained, skilled and experienced. Staff received regular training to ensure they had the correct skills and knowledge to support people safely. One staff member said, "Whatever training I or others need, we just ask, and we get it."
- New staff completed a comprehensive induction appropriate to their role which included completion of the Care Certificate. They also completed training specific to people's needs such as autism and learning disability awareness.
- Staff felt very supported in their roles. They received regular supervision as well as annual appraisals and felt they could go to senior staff or the registered manager should they have any concerns or require additional support.

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

- People were supported with their nutritional needs. One person told us they liked cooking and eating healthy food.
- People chose what they wanted to eat and drink. Staff encouraged people to design the menu for evening meals by each choosing a meal option for each day of the week.
- People had nutritional support plans in place. These were personalised to each individual and included their favourite foods and drinks.

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

- People were supported to maintain their health. Staff supported people to access other health care professionals such as GPs, speech and language therapists and occupational therapists, when required.
- Care records documented engagement with health professionals and their recommendations were reflected in people's support plans.

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

- The service was appropriately designed and adapted for people living there. Communal areas were spacious and suitably decorated for the age range of people. People were involved in decisions around décor, including one person going to a carpet shop with staff to look at sample flooring, then choosing the new carpets.
- There were quiet areas including a room with sensory lighting for people to enjoy when they wanted to be alone.

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 supported people in line with MCA and best practice guidance. People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity.
- Support plans detailed least restrictive practices for staff to use in the first instance of people presenting behaviours that may challenge.
- Staff received regular MCA training and sought consent from people prior to providing support.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way. People were supported to follow their chosen faith in accordance with their wishes.
- Staff were caring and supportive with people. They had clearly established close relationships with people and knew them really well. People told us they were happy living in the home with one person saying, "It's perfect, I absolutely love it here, the staff are my family." In a recent survey a relative said, "Everyone is so friendly and professional."
- Staff treated people with kindness and warmth. Staff told us they "absolutely love" working in the home and they were "really proud" of their roles. They spoke very fondly about people and colleagues describing them as "Great."

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

- Staff supported people to be involved in making decisions about their care, where possible. People told us they were involved in all aspects of their support planning, reviews, medicines and health appointments. One person said, "Yes of course [I am involved], it's about me." They also explained how staff always checked they understood things before they made any decisions.
- People's communication needs were recorded in care plans. Staff knew people extremely well and understood how they communicated.
- Information was available for people in accessible formats. For example, easy read documents and pictures had been produced for people who could not understand written words.
- People received support from advocacy services, when needed. An advocate helps people to access information and to be involved in decisions about their lives. Other people received support from relatives when making decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff supported and encouraged people to be independent where safe and possible to do so. Support plans clearly stated what people were able to do for themselves and what they required support with from staff.
- Staff supported people to develop and improve their independence by supporting them with daily living tasks such as cleaning and cooking/baking.
- People were given privacy and time alone when they requested this. People had choice and control regarding when they wanted to socialise with staff and other people or spend time alone in their rooms or

other communal areas.

- People's privacy was respected. Their rooms could only be accessed using an electronic fob, which each person carried with them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care and support. In a recent survey a health professional stated, "People always receive the required level of support and it is very personalised."
- Assessments of people's needs were personalised and used to develop detailed support plans for each individual.

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.

- Information was provided in ways which people could understand, including easy read (where pictures were used to aid people's understanding) and photographs. Pictorial information was on display in communal areas.
- Staff understood how people communicated. They knew how people expressed themselves, so understood when people indicated their choices, were in pain or were becoming distressed. This included specific gestures or actions, such as, sitting at the dinner table when they were hungry.

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.

- People were in control of their lives and what they did on a day to day basis. Staff supported people to enjoy their hobbies and interests and to access the local community whenever they wished to.
- People told us they enjoyed themed days in the home during COVID-19 lockdown such as a French or American day and celebrating Eid. During those days staff and people dressed in costumes, decorated the house, and ate food related to those themes. One person said they were "fab days."
- People's desired short and long term goals were recorded, monitored and updated regularly. For example, one person had been supported to gain confidence and skills to enable them to live more independently. This proved successful and plans were being made for the person to move to a more independent living setting which they told us they were excited about.
- People were supported to maintain relationships important to them. People regularly enjoyed quality time with their loved ones including visiting relatives in their homes and staying overnight or for a weekend.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was available in different formats, such as easy

read.

- The service had not received any complaints since the last inspection. In a recent survey a relative had wrote, "I've never had to complain but when I've had worries about [family member] they have been dealt with speedily and effectively."

#### End of life care and support

- At the time of the inspection no one was receiving end of life care, but the provider had systems in place to support staff to manage these situations. The registered manager told us, "We have conversations with the service users about things relating to end of life."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff fully understood their roles and responsibilities.
- The registered manager monitored the quality of the service to make sure people received a high standard of care and support. This included the completion of regular audits and daily discussions with staff.

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

- The atmosphere in the home was warm, positive and calm. Staff members took pride in their roles, were happy working in the home and felt fully informed.
- People were comfortable and at ease with the registered manager, support staff and other people. People told us they liked living with each other and one person said, "They are my friends."
- In a recent survey a health professional stated, "Staff are always keen to help and are motivated to improve the lives of the people they support. Springwood feels like a home rather than a workplace. Management changes have been handled well and there is a high quality of information sharing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and other key stakeholders were asked for their views of the service through annual surveys and regular communication. In a recent survey a relative said, "I always think it's as good as it can be but then they come up with another idea which makes life even better for [family member] and others."
- Staff felt informed and were kept updated about the home and any improvements through daily communication and regular meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager operated in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as safeguarding concerns.

Working in partnership with others

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people.
- The service had developed links with the community such as theatre groups and voluntary organisations.
- People regularly visited the local community for social and hobby type activities and staff were seeking a

voluntary placement for one person who had expressed an interest in carrying out volunteer work.