

Green Light PBS Limited

Springfield

Inspection report

Springfield House
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Cornwall
TR6 0JA

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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

Springfield is a care home providing care for up to three people. On the day of our visit two people lived at the service. Each had their own self-contained flats. The service provides support to people who have a learning disability and some who may challenge the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We met and spoke to both people during our visit. However, people who lived at Springfield had some communication difficulties due to their learning disability and associated conditions, such as autism. Therefore, they were not able to tell us verbally about all their experience of living there and we spent very short periods of time with people. Staff informed us how people spent their day.

People's relatives said they felt their loved ones were safe with the staff supporting them. However, there were some issues raised about the wellbeing of one person and the lack of activities they were involved with. After the inspection we received information that measures had been put in place to resolve these issues. Systems were in place to safeguard people. Risks to them were identified and managed.

People received their medicines safely in the way prescribed for them. Infection control measures were in place to prevent cross infection. Staff were suitably recruited. Staffing levels were flexible to enable the service to provide a bespoke service to people to meet their needs.

People were supported by staff who completed an induction, training and were supervised. The support required by people with health and nutritional needs was identified and provided.

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

Relatives felt the staff were kind and caring. People's privacy and independence were promoted.

Systems were in place to deal with concerns and complaints. People were supported by staff to complete monthly satisfaction questionnaire. The questionnaire was available in a easy read format and held information for people to raise a complaint.

People's computerised care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People had staff support to access activities and holidays. This was flexible and provided in response to people's choices.

People's communication needs were known by staff. Staff had received training in how to support people with different communication needs.

Staff and a relative were positive about the management of the service. Staff told us senior management and the registered manager were very approachable and always available for advice and support. However, we received feedback from professionals and relatives on the frequent changes of managers and staff team which they felt did not help with continuity.

Records were accessible and up to date. The service was audited, and action taken to address any areas identified that needed improving. Staff were committed to providing good outcomes for people.

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

Rating at last inspection

The last rating for this service was Good (Published 5 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Springfield

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 completed by one inspector.

Service and service type

Springfield 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

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used all this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met both people who lived at the service. We spoke with three members of staff, the registered manager and the operations manager.

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

After the inspection

We continued to receive further information from the service. We sought further clarification from the registered manager regarding the support provided to people who lived in the service. We also received information from two healthcare professional and three relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had up to date safeguarding training and understood about the different types of abuse and how to report it.
- Information about how to report safeguarding concerns externally was displayed in the service.
- Any safeguarding concerns had been investigated appropriately by the registered manager and action taken.
- There was an experienced management team which helped protect people from abuse.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and regularly reviewed. There was guidance for staff on the action they should take to mitigate risk.
- People were supported to take positive risks to promote their independence. For example, individual care records detailed what support people needed to enable them to access the community as independently as possible.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained. Utilities, equipment and fire systems were regularly checked to make sure they were safe and fit for purpose.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Staff had been recruited safely. All pre-employment checks such as criminal record checks and references had been carried out before staff started work.

Using medicines safely

- People received their medicines safely and on time. Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- Systems were in place to help ensure staff were consistent when administering 'when required' medicines. There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- There were systems in place to audit and check medicines stocks to make sure medicines had been given correctly. However, some hand-written entries on the medicine's sheets had not been signed. This was actioned immediately.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. They were discussed at regular staff meetings, as a learning opportunity.
- When untoward events happened action was taken to mitigate the risk of reoccurrence.

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 individual needs had been assessed before they moved into the service to help ensure these could be met.
- Assessments of people's individual needs were detailed, expected outcomes were identified and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs.
- New staff completed an induction which included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.
- Staff received regular supervisions and annual appraisals. They told us they felt well supported on a daily basis and were able to ask for additional support if needed.

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People were supported with shopping and menu planning in line with their needs and preferences.
- Where possible people were involved in meal preparation and the kitchen was suitably equipped to support people to do this.

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

- Staff supported people to see their GP, epilepsy nurse and attend other health appointments when required.
- If people found attending healthcare appointments difficult, because it might cause them to become anxious, additional staff were provided to support people.

- Health information was recorded ready to be shared with other agencies if people needed to access other services, such as hospitals.
- Staff supported people to see external healthcare professionals regularly, such as dentists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Each person had their own self-contained flat.
- People's private space had been personalised to reflect their personal choices.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
- There were processes for managing MCA and DoLS information. The registered manager told us that required applications had been made to have DoLS assessed.
- Where restrictions had been put in place, to keep people safe, this was carried out in line with the requirements of the MCA and associated DoLS. Authorisation for these restrictive practices had been sought and kept under regular review to check they were still necessary and proportionate.
- Staff had completed training in MCA and had an understanding of how to apply it in their daily work.

Is the service caring?

Our findings

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

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

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

- People were treated with consideration and kindness. Staff were friendly in their approach and offered reassurance and support appropriately. Positive and caring relationships had been developed between people and staff.
- Care plans contained information about people's abilities and skills. Management and staff took a pride in people's achievements and were keen to talk with us about this.
- A relative was complimentary about the care and support the service provided. They said they were happy with the discussion about their relatives; "Care and future plans to improve his quality of life."

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

- People were supported to make as many decisions as possible about their daily living. For example, choosing pictures of activities and tasks they'd like to carry out.
- Care plans contained information about people's specific communication methods. People living in the service were not all able to communicate their needs
- Staff knew and respected people's communication styles. They supported us to meet people.
- People, and those acting on their behalf, were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected. Each person had their own private flat. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.
- People were supported to maintain and develop relationships with those close to them. One relative told us staff supported their loved one to visit them at home. Records showed family members had been updated when changes in people's needs were identified.

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.

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

- Relatives said previously people undertook a range of activities that they enjoyed regularly. However, there was an ongoing debate between the management and some relatives about the kind of activities a person was now undertaking due in part to a change in the person's current needs. After the inspection we received information that measures had been put in place to resolve these issues.
- People were supported to maintain relationships that were important to them. People visited their relatives regularly. The service supported people to travel to their homes.

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

- Care plans described people's individual needs, preferences and routines. They had been updated and reviewed.
- Care plans provided a background social history and profile of the persons likes dislikes and personal care and general support needs, capacity and behaviour. This information informed and guided staff support.
- People had individual support needs that were known and monitored by staff. Staff showed they were knowledgeable about people's needs and preferences.

Improving care quality in response to complaints or concerns

- People were unable to actively make complaints on their own behalf, but staff knew how to recognise signs of distress and upset and said they would seek to investigate and resolve any issues identified to support the person.
- A complaints policy was in place and a procedure was provided in an easier read format.
- Some relatives said they felt able to raise issues if they had any with the registered manager or provider. While others felt some of their concerns were being ignored. The registered manager confirmed they had arranged a meeting with some relatives to resolve issues. After the inspection we were informed these issues had been resolved.

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.

- The service was aware of the Accessible Information Standard and had guidance in place to support this.
- People's care plans outlined any communication need and documents could be provided in other formats

if required.

- Information was given to people in an easy read format when required to help aid their understanding. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers had comprehensive oversight of the service and understood the needs of the people they supported. Staff demonstrated an understanding of people's differences and individual preferences.
- Staff and a relative were positive about the management of the service. Staff told us senior management and the registered manager were very approachable and always available for advice and support. However, we received feedback from professionals and relatives on the frequent changes of managers and staff team which they felt did not help with continuity.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- There were established systems for monitoring the delivery of the service. For example, various aspects of the service were regularly audited including care plans, medicines, health and safety and staff training and support.
- Roles and responsibilities were clearly defined and understood. The registered manager, who had been in post for 3 months, was supported by a deputy and senior staff. Staff had key worker roles and had an oversight of named individual's support planning.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "They (named the registered manager) are very supportive and we work well together."
- There was good communication between all the staff employed. Important information about changes in people's support needs was communicated at staff handover meetings each day and at regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service.

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 provider had a duty of candour policy in place and the registered manager was aware of their responsibilities to be open and transparent when things went wrong.
- Relatives told us they were kept informed and were always aware of changes in people's well-being.
- The providers, manager and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.
- Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback. The providers carried out surveys with people, relatives, professionals and staff.
- Team meetings took place and systems such as a communication book, handovers and email messages were used to promote good communication within the team. Staff told us communication within the service was good and they all worked well as a team.

Continuous learning and improving care

- The company used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The registered providers kept up to date with developments in practice through working with local health and social care professionals.
- Springfield policies and procedures were designed to support staff in their practice.
- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.

Working in partnership with others

- The service supported people to access professionals to ensure the relevant support and equipment was made available.
- The registered manager and staff team worked in partnership with representatives from key organisations. These included GPs to provide joined-up care and support.