

Elysium Healthcare No. 4 Limited

Spring House

Inspection report

Spring House
Matford Road
Exeter
EX2 4PD

Tel: 01392715550

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Spring House is a care home for six people with a learning disability and/or autism providing personal care, and treatment of disease, disorder or injury. People living at Spring House may also have associated sensory, communication and physical needs. At the time of the inspection there were six people living at Spring House.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Mental capacity assessments weren't always carried out robustly by staff to ensure peoples' safety. However, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The building and decoration were designed to meet the needs of people using the service and provided six single occupancy apartments or studio apartments with communal spaces.

People were encouraged to be independent and were given a budget so they could choose what they wanted to eat. One person told us, "It's exciting to get to pick my own food."

Right Care:

Risk assessments had been completed but did not cover all the issues we found to ensure people were safe.

People were treated with kindness and compassion. During the inspection we observed positive interactions between people and staff. One person told us staff were kind, they noticed when they were upset, and offered support.

People received care that was tailored to their specific needs. Care plans were individualised and contained detailed information about people's needs and preferences.

People's rights to dignity and privacy were respected. One person couldn't be left alone whilst in the bath due to their health condition. Therefore, a screen was used to respect privacy and dignity, and ensure the person was safe. One person told us the most important thing for them at Spring House was the level of

respect shown by staff for people living there. This was particularly important when people were experiencing difficulties managing their mental health.

Right Culture:

Although there was a quality assurance process, the registered manager was not able to produce a medicines audit which placed people at risk of not receiving their prescribed medicine safely. Risk factors relating to safety had not always been identified and addressed. However, the registered manager said they would address all the issues we found immediately.

Staff received the relevant training when they joined the service, they received ongoing training, had their competencies assessed and received supervision. People told us, "Yes, I feel safe here, I trust the staff" and "Staff have the skills they need to work with 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 service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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.

Enforcement and Recommendations

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 and will take further action if needed.

We found breaches of regulation in relation to safe care and treatment, quality assurance processes and good 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Spring 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 Health and Social Care Act 2008.

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

One inspector carried out this inspection.

Service and service type

Spring House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Spring House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, and two relatives, about their experience of the care provided. We spoke with six members of staff including the registered manager. We reviewed a range of records. This included two staff files in relation to recruitment; two people's care record, medicines records and governance audits of the service. We sought feedback from the local authority and professionals who worked with the service.

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 of 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; learning lessons when things go wrong

- Risks to people were identified, mitigated and detailed in peoples' risk assessments. For example, door handles were designed so they could not be used to tie a ligature. However, one staff member told us sometimes the clinic room door was left open so people could walk in. There had been a previous incident where a person had taken items of risk from the clinic room. We spoke to the registered manager during the inspection who said they would address this to ensure people were safe.
- Risks had not been properly assessed in relation to the laundry room. Liquid and capsules for washing clothes were in an unlocked cupboard. This posed a risk to a people who, even when with staff, drank fluids unfit for human consumption. The registered manager said they would address this immediately.

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. Staff were not always following national guidance in relation to wearing personal protective equipment (PPE) effectively. We observed staff were not wearing masks correctly. The registered manager told us they would remind staff to wear their masks in accordance with the latest guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Using medicines safely

- It was not clear if medicines were always administered safely. One staff member did not refer to the medicine administration record (MAR) prior to administering medicines for one person. They said they knew the person well and did record medicines administration records correctly in returning to the clinic room. The registered manager said they would remind staff to always refer to the MARs.
- Quality assurance processes of medicine management were not always completed. Staff and management were unclear about who took responsibility for auditing medicines. The registered manager

was unable to provide us with completed medicine audits on the day of our visit. We have reported on this further in the well led section of this report.

- A member of staff told us medicine errors were rare, however, due to the lack of quality assurance oversight, this could not be confirmed.
- Medicines were stored appropriately. The clinic room was air conditioned due to the storage of medicines, however the room temperatures were recorded as being higher than the records said they should be. No action had been taken to investigate or prevent this happening. The registered manager said they would audit the room temperatures and take appropriate action.
- Checks were carried out to monitor the physical health of people taking potentially dangerous medicines such as clozapine.

Risks were not always fully identified and assessed to ensure people were safe. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008

- Lessons had been learned when one person self-harmed because the registered manager had been late to their prearranged meeting. The registered manager introduced an hour a day where people could drop in to meet them. Information was shared with staff about the importance of attending meetings on time, and making sure timetables and communications were up to date to reduce potential anxieties for people.
- The registered manager had carried out environmental risk assessments and ensured the environment was well maintained. For example, light fittings and radiators were covered, fire doors were secure but with instant release in case of fire and the premises were well maintained.

Visiting

- Relatives and friends visited people within their bedrooms, communal areas or outside. Visitors could visit whenever people wished them to.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse.
- All staff received training in safeguarding and knew how to identify and escalate any concerns.
- One person told us "Yes, I feel safe here, I trust the staff."

Staffing and recruitment

- Recruitment practices were safe. This included the use of DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to provide safe care and support. People were supported in a timely way. There was a calm atmosphere and people were not rushed. One person told us "There are always enough staff around." There was a stable staff team who knew people well with minimal agency staff used to ensure consistency.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not always working within the principles of the MCA. This was because not all staff carrying out mental capacity assessments had evidenced a person's capacity to make specific decisions in a robust way. For example, one person's capacity was assessed for two different decisions within the same assessment. The assessment stated the person had capacity for both the decisions, but staff had not evidenced how they came to that conclusion. This placed a person at potential risk as the assessment was not correct. The registered manager had identified this issue and re-assessed the risk to keep the person safe in relation to a decision whether to go out unaccompanied. There was a lack of management oversight of the MCA decisions made by staff. The registered manager immediately ensured an audit of MCA decisions was undertaken and no other concerns were found as a result.
- Best interest decisions were otherwise well recorded and involved the relevant health professionals.

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

- The environment was purpose built taking into account the needs of people supported by the service. Spring House had six single occupancy apartments or studio apartments with communal spaces. There was a lounge/dining room and a smaller quiet room with a flexible sensory space. Each apartment had their own en-suite wet room and kitchenette.

- The decoration was of a low stimulation kind, to support people in the service who had autism.
- One relative told us "It's a lovely place, [person's name] is really happy with the environment."

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

- Peoples' needs, and preferences were thoroughly assessed to ensure they could be met before people moved to Spring House.
- People's care records, written from the assessment included risk assessments and Personal Behaviour Support Plans (PBSP) as well as people's preferences, for example, if they followed a particular diet. They were reviewed and updated regularly and when peoples' needs, or preferences changed.

Staff support: induction, training, skills and experience

- Staff received relevant training when they joined the service. There was also ongoing training for existing staff which was monitored and followed up by a manager to ensure all training completed.
- New staff shadowed more experienced staff and had their competencies checked before they were able to work on their own. They were able to use a summary 'grab sheet' to ensure they had an overview of peoples' needs while getting to know them.
- Supervision took place regularly with the frequency tailored to meet the individual needs of staff. For example, one staff member told us they had supervision weekly because this was their first job in the care sector. Individual and group supervision was available.
- One person told us "Staff have the skills they need to work with people."

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

- Spring House website stated, "The service was intended for people who required a high level of support to live within the community. It aimed to support people to return closer to home following an inpatient admission or transitioning into adult services." The service focussed on Positive Behaviour Support (PBS). There was a PBS Lead, occupational therapist, life skills facilitator available to support people that worked at the service.
- People were supported to attend external health care appointments. Spring House commission services as and when they were identified either at the stage of assessing people prior to admission, when needs were identified, or when care was reviewed. Staff accessed these services through peoples' GP. Staff held regular conversations with specialist services already involved and updated care plans accordingly with the information they were provided with. Staff followed up on appointments that were made and communicated with the service if a person declined to attend to either provide information where it was in peoples' best interests or to make another appointment if there was no legal framework supporting the person.
- People were supported to access specialist health care when they needed it. For example, when one person was unable to access support from a dietician through state funded services, the registered manager paid for a private dietician to provide advice.

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

- Staff encouraged people to follow a healthy diet whilst supporting people to choose what they wanted to eat and when. People could choose their own food and were able to access information on healthy eating too.
- People's eating, drinking and weights were monitored in a sensitive way.
- Care records contained specialist input by healthcare professionals.

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 were treated with kindness and compassion. During the inspection we observed positive interactions between people and staff.
- One person told us staff were kind, noticed if they were upset, and offered support.
- Another person told us the most important thing for them at Spring House was the level of respect shown by staff for people living there. This was particularly important when people were experiencing difficulties around managing their mental health.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's independence was respected. For example, people were supported with a weekly budget for food and were encouraged to choose what they wanted to eat. One person told us, "It's exciting to get to pick my own food."
- People's right to privacy and dignity was respected. One person couldn't be left alone whilst in the bath due to their health condition. Therefore, a screen was used to ensure privacy and dignity, and that the person was safe.
- One person had requested additional storage in their room. The staff arranged for them to go out and buy the storage of their choice.
- One person sometimes found it difficult to sleep in their bed. Other options were discussed with them and alternatives facilitated. The person was given choice about where they wanted to sleep so they were comfortable.

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.

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

- People received care that was tailored to their specific needs. People's care records were individualised for each person and contained detailed information about people's needs and preferences.
- People could decide how they spent their time. One staff member described people's days generally as "jam packed" but that if people wanted a quiet day and to watch movies all day, that was fine too.
- One relative told us Spring House had been a bridge between their family member being an inpatient in hospital and being able to move to a supported living arrangement in the community, and that, "No other arrangements appeared to be safe enough." They felt the service was meeting their relative's needs.
- One person had applied for a job recently and was supported by staff to get this and to prepare for the interview.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The staff understood people's communication needs and adapted the way they communicated with them based upon individual needs.
- One person found it difficult to ask for support face to face. They were given a mobile phone so they could text the staff to say they needed support. We were told they often needed the staff to reply with a reassuring text message, and the system worked well for them.
- Documents were produced in easy read formats where needed, and training was provided for staff when there was a person who communicated with sign language.

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 supported to develop and maintain relationships with those important to them. People were supported to spend time with their family and friends if they wanted to. They also used their digital devices to make calls to friends and relatives, where appropriate.
- People were supported to take part in activities of interest to them, for example, going to the gym. People wrote their own weekly timetables with support from the activities co-ordinator. There were also group activities such as games, or movie nights depending on what people wanted to do.

Improving care quality in response to complaints or concerns

- The registered manager responded to complaints made by people and made changes to improve the service.
- There is a formal and informal complaints procedure in place to assist both people using the service and staff raise concerns and staff are aware of the Speak Up Guardian service available at Head Office if they feel that there are concerns that staff would rather not take to the registered manager. The South West Operations Director visited Spring House site on a regular basis and provides drop in clinics for people and staff. For example, one person complained they were the only one emptying the dish washer. Solutions were discussed and the person introduced a system to encourage people to carry out the task.

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. As the service supported young people, end of life and bereavement care would be discussed on an individualised basis where necessary.

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 was a quality assurance process in place, however this had not identified the issues relating to risk, mental capacity assessments and the lack of oversight of the medicines system. There was no clear process for auditing medicines and staff practice around administering medicines and storage.
- The governance processes had also not identified that staff were not always wearing masks correctly or that household items that could pose a risk to some people were not stored safely.

The governance systems were not robust enough to identify and address shortfalls we found during this inspection. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008

- Some audits were carried out, for example ligature risk points. Serious untoward incident records were sent to the provider's regional and central quality assurance leads, for oversight, as were any instances of restraint. The provider carried out audits. For example, re incidents, records were sent monthly to head office. Any issues that needed managing were highlighted for action by the registered manager.
- Statutory notifications were sent to CQC where required and referrals were made to the local authority for safeguarding and DoLS.
- The registered manager had introduced a reflective practice process, to support staff to continually improve the way they worked and the quality of care they provided.

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

- There was a positive culture in the service. People and relatives told us they were happy with the support they received. One person told us, "I think you should give them an outstanding review."
- People told us that staff seemed happy and liked working there. Staff were good at monitoring each other to ensure they were providing the best support possible.
- A staff member told us, "I think it's an amazing place, it's run really well, and it is amazing what the [registered manager] has done with the place, [they are] available. [They are] so open and honest, [they] create such a friendly welcoming atmosphere, you're excited to come to work," and "we all support each other when need to."

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

- Through the course of the inspection the registered manager was open and honest with us. They acknowledged areas identified as shortfalls and were keen to put systems and processes in place to ensure people's care was safe and compliant with legislation.
- The registered manager understood the need to be open with people and apologise to them when things went wrong. This was stated in care plans, and people were apologised to when they made complaints about the service.

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

- People were encouraged to express their views about the service they received.
- Community meetings took place monthly where people could express their views about the service.
- Meetings for the relatives of people living at Spring House had been sporadic recently due to COVID-19, but there were plans in place to reintroduce them.
- The registered manager had sent out the provider's Elysium Healthcare survey to ask relatives for feedback about the service.

Working in partnership with others

- The registered manager worked with professionals, for example, with a person's future care team to ensure a smooth transition to their next home.
- A relative told us that although communication with the registered manager had not been good at first, it had improved. They were able to contact staff to discuss any issues that arose.
- Professionals also told us that communication had not always been good with the registered manager when Spring House first opened, but that generally it had improved.

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
Treatment of disease, disorder or injury	Risks were not always fully identified and assessed to ensure people were safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The governance systems were not robust enough to identify and address shortfalls we found during this inspection. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008