

Leonard Cheshire Disability

Seven Springs - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Seven Springs- Care Home Physical Disabilities is a residential care home providing personal care to 29 people with physical disabilities and a range of other complex needs. The service can support up to 32 people. Most people lived in the main building and there were bungalows on site to promote independence for others. Some people needed support with communication due to their disabilities.

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

People and their relatives told us they felt safe at the service and they knew who to speak with if they ever had concerns.

Risks around people's health needs were assessed and being managed in a person-centred way. Medicines were being managed and people received their medicines as prescribed by trained staff. Environmental risks were assessed and monitored regularly and the registered manager had oversight of these.

Staff were aware of their responsibilities to report concerns and where to report them in order to keep people safe.

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 coronavirus and other infection outbreaks effectively.

The service was working within current infection control guidance and staff were wearing personal protective equipment (PPE) as required. The service was clean and chemicals were being stored safely.

People, relatives and staff were positive about the management of the service. They felt confident to raise concerns if they had any, and said the registered manager had an open door policy.

Quality assurance systems were in place to monitor the quality of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 May 2019) and there were breaches of regulation. The breaches were in relation to regulation 12 safe care and treatment and regulation 17 good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seven Springs- Care Home Physical Disabilities on our website at www.cqc.org.uk.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Seven Springs - Care Home Physical Disabilities

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector and an assistant inspector carried out the inspection on site with assistance of an inspector off-site who reviewed records.

Service and service type

Seven Springs- Care Home Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was to check if any staff or people at the service had tested positive or had symptoms of Covid-19 and to discuss arrangements for the inspection and PPE required.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. 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 spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, assistant manager, team leader, and the chef.

We reviewed a range of records. This included three people's care records and multiple medication 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 and meeting minutes were reviewed off site.

After the inspection

We spoke to a further five staff including team leaders and care workers. We spoke to five relatives regard their experience of the care provided and we continued to review records sent to us during the inspection such as quality assurance audits.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection concerns were found around risks not always being managed in relation to the management of pressure ulcers, dehydration and potentially harmful substances not being stored safely. This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's individual risks regarding pressure care were well managed. Where people had been identified as being at risk, control measures were put in place. For example, one person had developed a pressure sore in hospital. On their return, appropriate action had been taken in a timely way to support the skin to heal. Staff were aware of their responsibilities and how to respond to skin breakdown.
- Chemicals and harmful substances were appropriately stored. Locked cupboards and rooms were used around the service to ensure appropriate storage. When chemicals were being used staff did not leave them unattended. Staff said they were aware of the importance of appropriate storage of chemicals and how they were stored.
- Risks to the environment including fire risks were managed. Regular health and safety checks were in place and carried out both internally and externally. Actions from the fire risk assessment had been completed prior to the recent pandemic. Plans were in place to complete the remaining actions now restrictions have eased.

Staffing and recruitment

- People and their relatives told us they felt there were enough staff. One person said, "There is enough staff about at all times." A relative said, "There always seems to be a lot of staff around."
- Staff continued to be recruited throughout the pandemic and staffing levels were kept under continuous review. One person commented during a 'service user meeting' they were thankful the care staff had worked additional shifts to cover the service, whilst agency staff were not being used.
- We reviewed rotas and previous concerns around staffing levels at the weekend were addressed. We observed staffing levels were appropriate to respond people's needs and call bells were answered in a timely manner. The registered manager had put on additional staff to help with activities and lunch services during the pandemic.
- Safe recruitment practices were followed. The provider ensured pre-employment checks were satisfactorily completed for all staff before they began working at the service. These checks included two

references, full employment history, right to work in the United Kingdom and Disclosure and Barring Service criminal records checks (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed by their GP. We spoke to a team leader about the company procedures. A computerised system was in place which enabled safe administration of medicines and helped monitor stock balances.
- Medicines were stored safely. A secure room was used to store medicines, this included a secure unit for medicines at higher risk of misuse. Temperature checks were completed regularly which ensured these were stored in line with recommended guidance.
- Some medicines were administered on a 'when required' basis such as pain relief or topical creams. However, protocols were not in place for staff to follow after going onto the computerised system. Staff were able to tell us about these medicines and when people required them. During the inspection the registered manager made arrangements to put these in place.
- People were supported to administer their own medicines safely. Risk assessments were in place and systems were introduced to allow people to have their independence promoted.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, 'I feel very safe, I would speak to the management if I didn't.' Another person said, 'I feel safe, I will speak to the managers, mainly [registered managers name]'
- People's relatives told us they felt their loved one was safe. One relative said, 'I feel they are safe, I do not worry at all.' Another relative said, 'I know they are safe because when they visit at home, they want to go back there and they would tell me if they had any worries.'
- People were protected from the risk of abuse. The provider had a safeguarding policy in place which was regularly reviewed. The registered manager was aware of their responsibilities and dealt with concerns appropriately.
- Staff had received training in safeguarding and were aware of their responsibilities. Staff told us they were able to recognise potential signs of abuse and they felt comfortable reporting safeguarding issues.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were not assured that the provider was accessing testing for people using the service and staff. We have also signposted the provider to resources to develop their approach.
- 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.
- Infection control audits were completed on a monthly and annual basis. An infection control policy and guidance on wearing personal protective equipment (PPE) had been reviewed and implemented in June 2020.
- The service was clean with no odours. We observed domestic staff cleaning rooms and communal areas throughout the inspection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify potential patterns or trends. Action would be taken to reduce the risk of reoccurrence, staff recorded what had happened and the action taken as a result. When necessary, people visited the Accident & Emergency Department and changes were made to people's care. This included referrals to other health care professionals.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care, 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 had introduced weekly checks of specialist equipment such as airflow mattresses. This was to ensure issues were picked up and addressed accordingly. During the inspection these checks were changed to daily to ensure potential issues were picked up quicker. This was because one mattress setting was not changed following a decrease in a person's weight.
- A range of audits were completed by the management team to monitor the quality of the service people received. These audits enabled the management team to identify and complete any actions that were identified. For example, medication audits were carried out to check things such as stock balances to ensure people were receiving their medicines.
- A computerised system 'mytag' was used to monitor a range of systems from different areas of the service. Examples included health & safety checks completed by maintenance staff and equipment checks such as, hoists, slings and beds by the physiotherapist. The registered manager had oversight of this system and was able to address any identified concerns.
- The registered manager responded quickly to the current pandemic. They made changes to the layout of the building and created isolation areas in case they were needed. This meant people were kept as safe as possible if someone was to become unwell.
- The provider and registered manager were clear on their responsibilities under the duty of candour. They were open and transparent when things went wrong and took necessary action. The provider had their rating displayed on their website and clearly in the service. The registered manager had informed the Care Quality Commission of events as required in a timely manner.

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

- The staff spoke highly about the management team. One staff member told us, 'The management are approachable, they are very helpful and listen to you.' Another staff member told us, 'Yes the managers are approachable, it's a transparent place, I don't feel like I have to avoid addressing issues. Management are fair to all staff, we have a low staff turnover which speaks volumes.'
- People were aware of the management team and where to go if they had concerns. One person told us, 'Overall the home is well managed, the managers have an open-door policy.' Another person told us, 'The management is good and they listen to me'.
- Relatives were positive about the management team and the service provided. One relative said, 'The management are very approachable and I can call them anytime.' Another relative said, 'I always chat to the manager on the phone, I wish my loved one had gone there years ago, it has made such a difference to their life.'

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

- The registered manager ensured continuous communication about what was happening with the government, people, relatives and staff. Meetings were held to discuss the current arrangements regarding the pandemic and allowed people the opportunity to ask any questions they had.
- Staff received regular supervision and an annual appraisal with their line manager. This enabled staff to raise any concerns or make suggestions about their role.

Working in partnership with others

- The registered manager worked in partnership with others to achieve good outcomes for people, for example, the local authority. We also received positive feedback from the local authority about the service and their person-centred approach.
- The registered manager encouraged working with the local community. Voluntary roles were taking place before the pandemic and the service held corporate days, where additional activities for people were held, such as festive decorating. This included getting the service ready for Christmas, making decorations and putting them up around the home.
- The registered manager worked with other managers within the group to provide additional support to people. They shared resources and before the pandemic they were joining up with other services to have social events.