

Ms Lorraine Kingston

Springfields Residential Home

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

Springfields is a small care home providing personal care for up to six people with mental health needs. There were six people living in the home at the time of the inspection. At our last inspection in December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Systems and processes supported people's safety and risks were appropriately assessed. People were safely supported with their medicines and staff understood safe practice around this. Medicines were securely stored, although one person's controlled drugs were not stored separately and the registered provider agreed to review this. Staff understood how to safeguard people from harm, and there was a system for recording accidents and incidents. Premises and equipment were regularly checked for safety.

Staff completed regular training and engaged in supervision meetings with the provider. 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. People were supported to lead healthy lives and there were effective links with other professionals. People enjoyed the meals and took an active part in preparing these.

Staff were respectful of people's privacy and dignity and there were good opportunities for people to be independent. There was a very friendly, homely atmosphere and people said they felt well cared for.

Care was person centred and people's individual needs were promoted and respected. Care records showed individual preferences and we saw how people chose to follow their own preferred lifestyle.

The provider was very involved in people's care and support and they knew each person well. There was open communication in the home and evidence of effective leadership and teamwork. Audits were in place and regular feedback was sought from people about the quality of the service. Documentation was securely filed, although at times we noted some outdated information, which the provider agreed to review.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Springfields Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 22 March 2018 and was unannounced. There was one adult social care inspector.

We gathered and reviewed information before the inspection such as the provider information return (PIR), notifications about the service and liaison with other agencies, such as the local authority and safeguarding team.

We spoke with all six people who used the service, one member of care staff, the registered provider and one visiting professional. We looked at the premises and some people's rooms with their permission. We looked at two care plans, two staff files, training and supervision records and documentation to show how the service was run, such as maintenance records, policies, procedures and audits. Following the inspection we spoke with two people's relatives over the telephone.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I have never felt as safe as this in my life". One relative we spoke with told us their family member was 'in safe hands'.

Staff knew each person's abilities and the individual risks to each person's safety. Staff also understood the potential environmental hazards, such as the risk of fire and they knew the procedures to follow, as did the people who lived in the home.

Recruitment procedures were in place, although there was a low staff turnover. We saw staffing levels were based upon people's individual needs and the registered provider told us this would be reviewed if people's needs changed. People's dependency needs were low and they told us they were confident staff were on hand and valued their independence.

People's medicines were discussed with them on an individual basis and agreement obtained from people if they required staff to support them. People managed some of their own medicines, such as topical creams. Medicines were stored securely and only the staff had access to the keys, although one controlled drug was not stored separately in line with NICE guidelines. The registered provider said they would attend to this immediately. Records of medicines were maintained well and staff told us they were confident in the medicines management process.

The home was clean with regular cleaning regimes. People were involved in their own daily cleaning chores, such as tidying their rooms and doing their laundry.

Is the service effective?

Our findings

People told us they thought staff had the right skills to care for them. Staff said they had opportunities to complete regular training and they had supervision meetings in support of their work. We saw records confirmed this.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered provider told us there was nobody who required a DoLS as all people in the home had mental capacity. People told us they made decisions about their care and support.

People were involved in the preparation of meals and they made individual choices about what they wished to buy, eat and drink. People's independence was encouraged and we saw they regularly accessed the kitchen to make drinks for themselves or for other people. Mealtimes were sociable and we saw people chose to sit to the table to eat together.

People were supported to maintain healthy lifestyles and there was evidence in care plans and through what people told us about them visiting relevant health professionals, such as their GP and dentist.

Is the service caring?

Our findings

People said they felt well cared for at the home. One person told us they regarded the staff and their peers as their family because they felt settled and secure with good relationships.

We saw people's rooms were personalised according to their interests and preferences. Communal areas had a homely feel and the registered provider ensured necessary information was displayed subtly in order to maintain this.

Staff were respectful in their communications with people and used appropriate humour and banter to create a friendly atmosphere. It was evident from the rapport staff had with people, they knew each person's needs well. Staff were aware when people needed reassurance and offered this to promote people's well being. People were involved in all aspects of their care and support and staff gave good explanations and information about matters affecting them.

People's views were regularly discussed at monthly residents' meetings and people told us they had a say in how the home was run. Such meetings covered whether people were happy with the staff and the food, as well as speaking about individual goals and ideas.

People cooperated with one another to actively help with domestic issues, such as washing up after lunch.

Is the service responsive?

Our findings

People told us they planned their day around what they wanted to do individually, such as go to the shops or out to other local places. We saw the activities people undertook were self-directed. For example, one person chose to go out for a run and another person went to meet a friend. People understood their short and long term needs; one person said they were here until they felt well enough to live independently and staff knew how to support them towards this goal.

The registered provider told us each person's care was based around their preferences and they facilitated what people wanted to do. People were encouraged to maintain links with their family members and friends; for example, one person had a skype call with their relative.

People told us they knew about their care plans and gave us permission to look at these. Care planning was done in conjunction with each person, and as such detailed preferred routines, interests and preferences for care. There was relevant health information for staff to know how to support each person. Regular progress reports outlined any professional visits as well as what people had done each day. Reviews of people's care took place on an individual basis.

Relatives we spoke with said their family members' care was provided according to individual needs. They spoke highly about the way independence was encouraged, although one relative said their family member could benefit from more prompting to change their clothing at times.

The complaints procedure was available within the home. People and the relatives we spoke with said they would be confident to raise any concerns with the staff and registered provider.

Is the service well-led?

Our findings

The registered provider managed the home. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff knew who ran the home and were complimentary about how this was done. The registered provider had a good overview of the needs of the service and how to ensure the quality of care was maintained in line with the regulations.

The registered provider carried out quality audits and sought feedback from people, relatives, staff and visiting professionals to support them with this. Regular maintenance checks were in place for equipment and premises. Staff handbooks were available to each member of staff with individual copies of policies and procedures for staff to read.

Documentation was clearly filed and securely stored, although some of the printed information we saw referred to outdated information. The provider was able to show us how they accessed updated information electronically, such as the most up to date multi-agency safeguarding procedures.

We saw the registered provider was fully involved in the care of each person and recognised the need to be visible and present whilst ensuring people had privacy without constant supervision. We saw there was effective communication between the registered provider and a visiting professional who called at the home and they told us they had no concerns about the way the service was managed.