

Action for Care Limited

Springwood

Inspection report

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Date of inspection visit:
15 May 2018
21 May 2018

Date of publication:
20 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 15 and 21 May 2018 and was announced. This meant we gave the provider 24 hours' notice of our intended visit as this was a small home and we wanted to ensure there would be someone home. This was the first inspection of the service since registering in April 2017.

Springwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Springwood accommodates 6 people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

During this inspection we found medicines administration was not always recorded correctly and policies in place for staff were not available on the day of our inspection. When people were administered 'as and when required' medicines directions were not clear and the records to support this type of administration were not adequate.

Medicines were audited regularly but issues were not always found or addressed. Staff competencies were monitored by senior staff but this also didn't highlight issues found regarding recording.

Care plans were not always sufficiently detailed or clear in giving members of staff relevant information to provide care and support to people. Care plans were reviewed regularly and with the involvement of people who used the service and their relatives.

A programme of audits was carried out by the registered manager these were not always effective at improving the service.

People who used the service were asked for their views about the support through an ongoing exercise, however this wasn't always recorded. Peoples relatives and other healthcare professionals were not asked for their views via questionnaires or feedback forms, however this was to commence.

The home was clean and well presented however there were no hand washing facilities in the laundry or separate clean and dirty areas to minimise the risk of cross infection.

People were supported to take risks safely and personalised risk assessments were in place to ensure people were protected against a range of risks.

Staff had received safeguarding training and were able to describe types of abuse and what they would do to report concerns and protect people.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. 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. The registered manager had extensive experience of working in the social care sector.

Staff recruitment was carried out safely with robust safety checks in place for new staff.

New staff received induction training and were supported by other staff members until they could work alone.

Support for people was person centred this meant their preferences and dislikes were respected at all times. People had planned goals and were supported to achieve them.

People were supported to have choice and control over their own lives from being supported by person centred care. Person centred care is when the person is central to their support and their preferences are respected.

There were sufficient staff to meet people's needs safely and in an individualised way.

Staff were trained in safeguarding, first aid, Mental Capacity Act and infection control. Additional training was in place or planned in areas specific to people's individual needs.

Staff had a good knowledge of people's likes, dislikes, preferences, mobility and communicative needs. People we spoke with gave us positive feedback regarding staff and how their needs were met.

People were supported to maintain their independence by staff that understood and valued the importance of this.

Notifications of significant events were submitted to us in a timely manner by the registered manager.

The registered manager displayed a sound understanding of capacity and the need for consent on a decision-specific basis. Consent was documented in people's care files and people we spoke with confirmed staff asked for their consent on a day to day basis.

Health care professionals, including GP, dietitians or specialist consultants were involved in people's care as and when this was needed and staff supported people with any appointments as necessary.

Staff, people who used the service, relatives and other professionals agreed that the registered manager led the service well and was approachable and accountable. We found they had a sound knowledge of the needs of people who used the service and clear expectations of staff. They had plans in place to make further improvements to service.

People and their relatives were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

Assistive technology was in use at the home and people were supported to use this for communication.

People were supported to access information in a variety of formats to suit their needs and adaptations were made to suit individuals.

People were supported to take part in a wide range of activities at home and in the wider community as active citizens and to suit their individual preferences.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed and recorded safely.

Infection control protective measures were not always in place.

People had individualised risk assessments in place.

Staff were trained in safeguarding and were able to spot and report signs of abuse.

Staff recruitment was carried out safely with robust checks on staff in place.

There was enough staff to meet people's needs individually and safely.

Is the service effective?

Good ●

The service was effective.

People were supported by trained staff.

Staff were supervised regularly.

New staff were supported to complete shadowing and their induction.

Peoples nutrition and hydration needs were met and preferences respected.

Is the service caring?

Good ●

The service was caring.

People were encouraged by staff to maintain their independence.

Peoples rights to dignity and privacy were respected by staff.

Staff had kind and caring attitudes and were patient.

Is the service responsive?

Good 

The service was responsive.

Staff understood people's individual needs and respected people's preferences.

People and their relatives knew how to complain if they needed to and this was supported and well managed.

People's care was person centred and tailored to their needs.

Information was tailored to meet people's requirements and assistive technology was supported.

Is the service well-led?

Requires Improvement 

This service was not always well led.

Audits were in place however, were not always effective.

Policies for staff to follow regarding medicines administration were not adequate.

The registered manager submitted notifications to the CQC of serious events in a timely manner.

People were confident to approach the registered manager to raise any concerns.

Staff told us they felt supported by the registered manager.

Springwood

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.

We visited the service on 15, 21, May 2018 and our inspection was announced. Members of the inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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.

A Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who are unable to talk with us. However, SOFI was not used at this inspection due to people going out to enjoy activities.

During the inspection we spoke with the registered manager, and three support staff. We met with three people who used the service. Following our inspection we spoke with two relatives over the telephone.

We looked at three people's care plans, risk assessments, two staff files, policies and procedures, surveys, meeting minutes, three people's medicines, audits, records, rotas, and associated records.

Is the service safe?

Our findings

We found that medicine records for people who required PRN (as and when required) medicines were not always adequate. Where a person required a PRN medicine, a protocol is required to give staff instructions on how to administer and record this medicine. The protocols we looked at were not clear or effective at instructing staff. This was brought to the registered managers attention who assured us that the correct records would be implemented to make it clearer for staff to follow.

Medicine administration records were not always completed correctly and we found at times different recording systems were being used. When staff were completing records for some PRN medicines they were not using a standard format, some were signing when medicines were given and some were using a signing code when not given and others were leaving the record blank. Some records had the wrong dates on them. When we addressed this with the registered manager they informed us they were unaware of this and would implement a system for all staff to follow.

Some PRN medicines that were administered required more robust recording leading up to administering to state why they were required for example when they are used to treat anxiety. We found that one person's PRN medicine records were not completed within the MAR to state why they had been administered. When we raised this with the registered manager they were unable to locate all the records required within the MAR, but did locate records and evidence from staff regarding behaviour. This was discussed with the registered manager about improving the recording system.

Other PRN medicines that were administered required further records to be kept. For example, body maps for topical creams. These were in place for most of the records we viewed and where these were missing the registered manager assured us these would be implemented immediately.

Peoples medicines were kept in their bedrooms within a locked cabinet, each had a record of the storage temperature to ensure medicines are stored at safe temperatures however, we found gaps in the recording for this.

The registered provider had a policy in place for staff to follow for administering medicines however this policy was not adequate as it did not cover the types of administration carried out at the home such as PRN or controlled drugs (medicines that are at risk of being abused). The registered manager assured us that the policies were being updated. A full copy of the policy was received following our inspection that did cover all aspects of administration. However, from reviewing the policy there are sections that are not being followed by staff regarding RN medicines and recording.

This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was well maintained and extremely clean throughout however when we looked in the laundry room we observed that there was no hand washing sink available for staff or people to use after handling

laundry. We also saw that the laundry didn't have a separate area for dirty and clean laundry and loose laundry was placed in front of the dryer where clean clothes come out. We brought this up with the registered manager who agreed to address this and assured us that hand sanitizer and protective gloves and clothing were available to reduce the risk of infection.

Staff were trained in infection control and had regular access to supplies of personal protective equipment for carrying out personal care, medicines and preparing food.

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These were referred to as positive risks and the assessments included taking medicines or falls. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. For example, making sure people's medicines were stored safely and which foods should be avoided for by people with allergies.

The registered manager investigated all safeguarding incidents we viewed. Actions taken included sharing lessons learned through staff meetings.

Staff had received training in abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "We look out for people becoming withdrawn or acting differently than normal as well as any physical signs."

We saw there were enough staff to support people with the one to one staffing they required. Rotas confirmed there was a consistent staff team. When people were attending activities the staff rotas were changed to support this.

We looked at staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

The service had contingency plans in place to give staff guidance of what to do in emergency situations such as extreme weather conditions.

Accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. Where necessary people's individual risk assessments and care plans were updated following any incident. This helped to ensure any emerging patterns of accidents and incidents could be identified and action taken to reduce risks and prevent reoccurrence wherever possible.

We looked at maintenance of the building and saw that the appropriate checks had been made to ensure the building was safe including, fire systems, emergency lighting, electrical testing, gas safety checks and water temperatures.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team. When we asked people who used the service and their relatives about the staff, one person told us, "It's all good."

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. We saw how people were supported to attend appointments. People were also supported at home by other healthcare professionals such as the community mental health team.

Staff were trained and we saw a list of the range of training taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included, positive behavioural support and learning disability. These were in addition to courses which the provider deemed mandatory such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding.

When we spoke with staff they were complimentary about the training they received. One member of staff told us; "We use social care TV and this is online training that covers everything from Autism to Epilepsy, there is a wide variety and it gets updated regularly. There is face to face training too for example mental health awareness and first aid."

Regular supervisions and appraisal took place with staff to enable them to review their practice. From looking in the supervision files, we could see the format gave staff the opportunity to raise any concerns and discuss personal development. Supervisions and appraisals are important in helping staff to reflect on and learn from practice, personal support and professional development. One member of staff told us, "I love my job, especially the people we support and yes regular supervision helps."

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them. One member for staff we spoke with told us, "I did my induction training, read the care plans first then I shadowed other staff and got to know the people before I felt ready and then worked on my own."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection and staff were trained in the Mental Capacity Act. Where people had a DoLS in place or had applied for one from the local authority this was recorded and monitored by the registered manager.

When best interest decisions were made on behalf of people we found that these were not always clearly recorded in their care plans, but had taken place and involved people, their relatives and appropriate healthcare professionals. The registered manager addressed this by assuring us they would be recorded separately and copies sent to us immediately after the inspection.

Peoples nutrition and hydration needs were met and where people had preferences such as vegetarian. People who suffered from food allergies were supported to avoid certain foods. There was a menu choice for evening meals but other meal times were flexible and people could decide what they wanted on the day. People who were at risk of losing weight were supported to maintain their healthy weight and their progress was monitored. One member of staff told us, "We plan around what we know people like and have a separate planner for people who are vegetarian."

The premises were modern, purpose build and provided a choice of large open plan communal areas and also bedrooms with adapted walk in type showers. The building was adapted to meet the needs of the physical needs of people but also their sensory needs as the buildings impact on people was considered. There was a quiet lounge with extra soft furnishings to reduce sound. Access to the outside space was also adapted for people to freely access the garden area which was spacious.

Is the service caring?

Our findings

People were supported by caring staff. During our inspection we observed positive interactions between staff and people who used the service. We saw that people were smiling and communicating well with staff. One person who we spoke with showed us their bedroom and was busy making arrangements with staff to personalise their bedroom further, they were confident communicating their requests, relaxed and happy with the staff supporting them.

When we spoke with people's relatives we received positive feedback regarding the staff and their caring attitudes. One relative told us, "[Name] has developed a real trust with the staff team and this is a huge thing for them, we are really pleased. All the staff are genuine, caring people who go out of their way to make things good for the people they support so they can lead happy lives."

Privacy and dignity was respected by staff and they were discreet when offering people support. Personal interactions took place privately to respect dignity and maintain confidentiality. One relative told us; "The staff have gone out of their way to make [Name] comfortable when supporting them with personal care."

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life and when offering personal care. One member of staff told us, "Independence is always important and we support people to do what they can themselves." People were involved in reviewing their care and took part in meetings with the registered manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process. One relative told us, "We are consulted and we attend meetings with the manager or Key worker."

People were supported to have choice and control and were supported on a daily basis to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. Life stories were in place for people and these had been put together with the person and their family to share their life story so far. These books were filled with photos, drawings and stories about the person. This gave the staff an insight into the person's background and history to help staff get to know them.

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination.

People who used the service did not require any support to follow their religion at the time of this inspection, however we saw from the assessment methods used when a person moved into the home that they were asked if they had any religious, spiritual or cultural requirements and this could be supported if needed.

Advocacy support was available to people if required to enable them to exercise their rights. However, no one required this type of support at the time of our inspection. We spoke with senior staff who told us they

were able to make arrangements and would contact the local authority if someone required an advocate to support them.

Is the service responsive?

Our findings

People were supported in a person centred way and their preferences were respected at all times.

Care plans were developed with people at the point of moving into the home and were an accurate reflection of their personalities, likes, dislikes and choices. This gave a detailed insight into people's needs. The care plans also included the following information; personal care needs, personal information, communication needs, consent to care and family/relationships however some of the care plans we looked at needed reviewing. Some sections didn't make it clear for staff how they should support people. This was brought to the attention of the registered manager who agreed they needed reviewing and updating and this would commence following our inspection.

People were supported to take part in numerous activities of their choice and were supported to take part in one to one activities such as cinema visits, bowling and trampolining. Activities were also planned in small groups for people who wanted to for example going out to the local pub for tea. During our inspection we saw people were busy and were getting ready to go out for lunch and others coming in from college. People had opportunities to take part in activities in the home such as games and music.

The home had separate areas for different activities, there was a quiet lounge without sensory stimulation for people to enjoy quiet time and also an open plan, kitchen dining and living area where most activities took place and was busy. The home was developing a sensory room with interactive equipment for people to enjoy. This was not completed at the time of our inspection but building and electrical works had begun.

Peoples bedrooms were personalised and each had a seating area as well as a bed and en suite bathroom with walk in shower. Each room we looked at was different and reflected the person's individual taste and personality extremely well.

People were supported to maintain relationships within the community and with their families and friends. People who had recently moved into the service were supported to keep in touch with their friends from outside of the home and also from college. The registered manager told us how people who had known people for a long time but now lived further apart were encouraged and supported to meet up and keep in touch.

Regular communication took place with relatives through phone calls and review meetings. When we spoke with people and their relatives we received positive feedback. One relative told us, "Communication is good, we get regular updates on how [Name] is doing. Phone calls and we can always pop in and speak with staff and we do."

Information was made available in various formats. The registered manager told us how they could make care plans, newsletters or other relevant information in larger print for example or easy to read if needed also, picture symbols were in use. Activity plans and menus were displayed for the people who could read them from a black board in the lounge area and they were also displayed in symbols in peoples bedrooms

who used them.

People were supported to use assistive technology to help their communication. I pads were used to display symbols to help people to make choices and express their needs. When we spoke with relatives they told us about this way of accessing information and they told us, "The symbols on the I pad has definitely improved, staff have took notice of what is working and what isn't and made changes where it's needed and this is working well."

People and their relatives told us they were able to complain if they wished. There was a complaints policy in place. No complaints had been raised at the time of our inspection. People told us they were confident they could raise issues if they wanted to and that they would be addressed by the registered manager. One relative told us, "So far we have had nothing to complain about but I wouldn't hold back if I did and I would also raise it with the social worker if I felt my concerns were not being dealt with. Luckily we have not had to."

No one at the service was receiving end of life care at the time of our inspection and we discussed this with the staff and the registered manager.

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service.

The registered manager ran a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and management arrangements with the provider. However, we found that audits and checks were not robust enough to highlight the issues with medicines and infection control we found during our inspection.

Policies and procedures in place were not robust enough and some were not reviewed. When we spoke with the registered manager they told us that a new set of policies was to be introduced by the provider. However, at the time of our inspection the policy for medicines was not adequate to meet the needs of the people who used the service or to give staff effective guidance and this had not been addressed by the registered manager or the provider.

This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we saw that the registered manager had not yet carried out a quality assurance exercise however they were planning to carry one out once people had lived at the service for 12 months as being new to the service they had plans to develop this to suit the people who lived at the home and their families. The registered manager told us how they collected staff views and other visitors to the home however, this wasn't formalised but plans were in place to strengthen this.

People and their relatives gave us positive feedback about the management arrangements and the registered manager. One relative told us, "We know where the manager is if we need them. We can go to them with anything, they are always approachable and we have regular communication with them and the staff team. We like that we can speak with the manager whenever we want to and that it's not always formal or only when there is a review or something."

When we spoke with staff they gave us positive feedback regarding the registered manager they told us, "I can approach the manager with anything and I know I will be supported and it will be in confidence."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs were discussed and their progress and care

plans and staff told us they valued these meetings.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.

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 Medicines administration were not always recorded and managed effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Procedures for administering medicines and audits by the registered manager were not adequate to highlight issues and manage risks.