

# All Seasons Care Homes

# Springside

## 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

Springside 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. Springside provides accommodation and support for up to eight adults with a learning disability or autistic spectrum disorder in a large family home in a residential area.

Most people had a range of mild to moderate learning disabilities, but one person had complex learning and physical disability needs. Most people were able to carry out their own personal care with prompting and support from staff. People had been involved in planning an individual programme of activities. Some people went out into the community independently although most preferred to be supported by a member of staff. One person was dependent on staff support for all of their care needs. At the time of the inspection there were seven people living in the home.

At the last inspection in October 2015 the service was rated Good. 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

At this inspection we found the service remained Good.

The service was well run by a registered manager who had the skills and experience to run the home so people received high quality person-centred support. The registered manager led a team of staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people. This was to provide a safe, secure and happy environment where each person could be assisted to reach their full potential.

People told us they were supported well at Springside. They said it was "A good place to be" and they "Did very well" in the small, informal environment. The registered manager's regular contact with people and the size of the home contributed to relaxed family style of care and support.

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. People were supported by sufficient numbers of staff to meet their needs in a relaxed manner. People told us they felt safe at the home and with the staff who supported them. They had no worries and were confident they could talk to staff if they had.

The manager and staff were very pro-active in arranging for people to see health care professionals according to their individual needs. Staff noted changes in people's health and arranged GP visits when required.

People were supported by kind and caring staff. Some people had lived in the home for several years. One

relative said "I cannot speak too highly of all involved in the care (of my relative.)They are technically good but also caring and loving."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

There were formal and informal quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of support.

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 remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Responsive.

### Is the service well-led?

Good ●

The service remained Well-led.

# Springside

## 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 inspection took place on 12 February 2018 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection took place the provider completed a Provider Information Return (PIR). This asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

At our last inspection of the service in October 2015 the service was rated as Good overall. Since that inspection no concerns have been identified and the service remains Good.

At the time of this inspection there were seven people living in the home. During the inspection we met with five people in the communal living areas. We spoke with the registered manager, three members of staff and one relative.

We observed how staff interacted with the people. We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of two people who were living at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

# Is the service safe?

## Our findings

People continued to receive care that was safe. People we spoke to told us they felt safe in the home and with the staff who supported them. One person said "I like it here. It is a nice place to be."

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Staff were recruited using thorough recruitment and selection processes. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained. Many staff had worked at the home for many years providing stability for people living there and ensuring staff knew people well.

People were safe because staff had received training in how to recognise and report abuse. One member of staff said "We listen to them and get them to talk to us about any worries." Staff spoken with had an understanding of incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns and were confident that they would be listened to. The registered manager confirmed any concerns reported would be fully investigated and action would be taken to make sure people were safe. The registered manager was knowledgeable and confident with their safe guarding responsibilities and had worked in partnership with relevant authorities to make sure issues were fully investigated.

Care plans contained individual risk assessments relating to people's needs. People went out and about in the community and there were risk assessments and procedures related to leaving the home alone. Some people preferred to be accompanied by staff or liked to go with another person from the home. Any accidents in the home were recorded and audited. The records included details of any action taken to minimise future risks.

One person had complex care needs and their detailed risk assessments related to, for example, the need to prepare their food to the required consistency and the prevention of any falls. The manager and staff were able to tell us about the ways in which people's risks were assessed and the action taken to overcome hazards and reduce the risk of harm.

Staff knew people very well and understood events that might distress them. People had been living together for some time and strategies had evolved so that they might live in harmony. People had their own personal space in their bedrooms and there was a choice of communal areas. This meant people could spend time alone when they wanted to. One person said "This is a good place to be. We have been here a while. We usually all get on."

People's records were accurate and up-to-date. Staff accessed this information in order to provide knowledgeable, safe care. The manager understood the importance of also communicating with staff verbally so they were fully informed about people. They worked alongside care staff and had contact with people on a daily basis. Written information was augmented by daily supervision and team meetings to ensure staff had a full picture of people's needs and the safest means of supporting them.

People were supported by sufficient numbers of staff to meet their needs in a relaxed manner. The service employed a small close knit team of staff and included the registered manager. A cleaner was employed who also worked as a care assistant when required. People moved freely about the home and were able to access staff at any time. At night a member of staff slept in the home. There was a call bell system so the staff member could be contacted. Staff could contact the registered manager at any time if they had any worries.

The home and the equipment used in the home was safe and records showed it had been maintained and serviced regularly. People did not need hoists or bath hoists. Small electrical equipment in the home was tested to ensure it was safe. Fire alarms and emergency lighting was tested through a contract system.

Not all people in the home needed medicines. People's medicines were administered by staff who had received appropriate training. Staff knew why people were taking their medicines. People were able to administer their own medicines if they chose to do so and could also be prompted by staff if this was required. This meant that people could remain safely independent if this was what they wanted.

The home was very clean and free from all odours. This helped to protect people by preventing the spread of infection. Care staff received training in infection control and had adequate supplies of personal protection equipment such as disposable aprons and gloves. Staff received training in food hygiene.

# Is the service effective?

## Our findings

People continued to receive effective care.

Each person had had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. People had been living in the home for many years. The registered manager told us a person coming to live in the home would need to live easily with the people already there.

People received care from staff who were well trained and competent. Staff were experienced and had gained appropriate qualifications. Many had worked at the home for some time. This meant they knew people well and understood the best ways to support them. Records showed staff had accessed an on-line care training system and had recently completed modules in safeguarding, equality and diversity, the Mental Capacity Act and infection control. In-house refresher training in practical topics such as first aid and manual handling had been planned. Some staff had training related to people's particular need for support such as epilepsy and autism. Some of this training had been completed some time ago however staff continued to show they had good knowledge of the people they were supporting.

People's health was monitored and it was clear from their comments and care records action was taken when people were unwell. People had regular health checks and had been offered preventative vaccinations. Care staff said they reported any concerns about people's health to the registered manager and action was taken promptly. On the day of the inspection one person had returned from seeing their GP. They had been accompanied by the registered manager who had kept staff informed of the outcome and action to be taken. Staff were well informed about people's health needs and their role in supporting them.

People's care plans gave information about their health needs and how they were to be addressed. The home arranged for people to see health care professionals according to their individual needs. Records showed short term health needs such as chest infections were addressed promptly. Long term health conditions were monitored and appropriate referrals and visits were made to specialist staff. People had contact with the Somerset Learning Disabilities Team. Records showed people were supported to visit opticians and dentists when they needed to.

People were supported to have a balanced diet that promoted healthy eating. People spoke very positively about the food cooked in the home. Each person took turns to choose the main meal and to cook it with support from staff. The weekly menu had been written on the board and showed meals were varied and included different dishes including meats and vegetables. If people did not like the main meal an alternative was arranged. One person had expressed an interest in baking and their cakes were appreciated by other people living in the home.

When there were any concerns about a person's appetite or weight loss the manager told us they would be referred to the GP. One person needed a diets adapted for their poor swallowing ability. Care plans contained detailed guidance regarding the consistency of food and fluids to be offered.



People only received care and support with their consent. Throughout the inspection we heard staff consulting with people and asking them if they were happy with the support they were offered or had received.

Most people in the home were able to make decisions for themselves and this was respected by staff. Where people lacked the mental capacity to make decisions about their care staff acted in accordance with the principles of the Mental capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the people who know the person well and other professionals when relevant. People's legal rights were protected because the manager and staff had received training and knew how to support people who may lack the capacity to make some decisions for themselves.

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 are called the Deprivation of Liberty Safeguards (DOLS). The registered manager had knowledge of the mental capacity act and worked in partnership with relevant authorities to make sure people's rights were protected.

The home size and design was appropriate for the service provided. People's bedrooms varied in size but were comfortable and reflected their choice of design and interest. One person with mobility needs had a ground floor bedroom with en-suite shower to enable easy access. The communal spaces were modern and homely. There had been recent improvements to the outside space to enable people to enjoy eating outside in good weather. Further repairs and developments were planned and on-going.

## Is the service caring?

### Our findings

The home continued to be caring.

People said they were supported by kind and caring staff. There was a relaxed and happy atmosphere in the home. Throughout the inspection we heard conversations carried on between people who lived in the home and with staff. People appeared to be very much "at home." One relative told us "I cannot speak too highly of all involved in the care (of my relative.) They are technically good but also caring and loving."

Staff we spoke with emphasised the focus of staff in the home was on ensuring people were happy. One staff member said "If people are upset we know the individual. We can offer reassurance. We know what works for different people." Another member of staff said "Everyone has the right to be treated as an individual, to be valued. They are here for support and we do that as well as we can."

People's privacy and dignity were promoted in the home. Each person had their own bedroom and most rooms had en-suite WCs and washbasins. There were also two communal bathrooms. People were free to return to their rooms whenever they wished to be on their own. When personal care was provided, staff told us they ensured the door to the person's room was closed and curtains or blinds were drawn. Staff were available to support people with personal care, as needed, but encouraged people to be as independent as possible. For example, some people needed staff assistance to have a shower or bath but were able to dress themselves independently afterwards.

People looked smart and well presented. One staff member said "It is important how we support and encourage people with personal care. They have their hair cut nicely and their nails done."

People were supported to express their views informally on a daily basis and every two months when their care and support was formally reviewed with the registered manager.

People were supported to maintain on-going relationships with friends and relatives. There were friendships within the home and those made in the community were encouraged and facilitated. Relatives were made to feel welcome in the home. Relatives were kept informed of issues related to their family member's care.

## Is the service responsive?

### Our findings

The service continued to be responsive.

People received support that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person said "We can do what we want here. We can get a book, do some craft, and do stuff of our own." People's rooms contained their own music and televisions if they wanted them.

People told us staff listened to their needs and preferences and acted on their choices. One member of staff said "Everyone can make their own choice. We encourage people to be as independent as they can be. There are no restrictions. It is their home, their life."

One person had expressed a wish to do baking. They were now baking regularly and we heard how their efforts were appreciated by other people who lived in the home. Another person had begun riding a bicycle. During the inspection one person was at their day centre, another on work experience. In the morning people went out on their "healthy walk" with a member of staff.

Each person had a detailed care plan that gave staff the information they required to provide care and support that met people's physical, mental and social needs. People contributed to the planning of their life and support. People were encouraged to live as they chose.

Each person had a weekly plan of activities that included work experience, leisure activities and time at home. They were able to refuse to participate in any of these if they chose. People were encouraged to be as independent as possible and taking part in cleaning their rooms or doing their laundry was scheduled into the week. They were supported to make their own sandwiches when they went on outdoor activities and to go into town with their friends. People had work experience on a small farm and in local cafes.

The registered manager said she sat down with each person individually every two months to check how they were doing. She checked if they were happy or if they had any concerns or wanted to review their activities. Sometimes people had tried an activity or group but had not enjoyed them and had decided not to go again. Records showed that people were asked what their targets and goals were. People had lived at the home for some time and often said they were happy with their long term choices and pattern of life. We discussed this with the registered manager. We discussed whether if people were offered other choices or encouraged to try new things they might enjoy them. The registered manager said there were some things people had enjoyed in the past that had "dropped off" and perhaps it was time to re-visit some of them.

With people's agreement and where it was appropriate, people's close relatives were encouraged to participate in discussions about their care. In most cases, an annual care plan review was undertaken with the involvement of people's family and social services representatives.

People told us they would be able to raise any issues of concern within the home. There was a formal

complaints procedure which had been used infrequently as people were able to talk to the registered manager to have issues resolved promptly.

There were informal 'residents meetings' usually round the dining table to discuss issues of interest to all of the people in the home. These included menu choices, activities and when a person's behaviour was causing other people concern. For example, one person was considered to be very noisy early in the morning. By discussing issues openly and transparently in this way people felt able to raise concerns and were not worried they would be disadvantaged.

People had their own individualised bedrooms which were furnished and decorated to the person's individual tastes and preferences. For example one person liked a particular colour. One person wanted their room to be relaxed with their possessions distributed freely around them. The registered manager said "That is how they like it. Not everyone wants to be tidy."

Many of the people in the home were still young and had not considered care at the end of their lives. The registered manager said the service had been people's home for a long time and they would continue to meet their needs as for as long as possible.

## Is the service well-led?

### Our findings

The service continued to be well led.

There was a registered manager in place who had the skills and experience to run the home. A registered manager is a person who has registered with the Care Quality Commission 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 was also the registered provider and there was an emphasis on family care and involvement in the service. The registered manager took action to ensure people received good care. They knew people who lived in the home and their families very well and were up-to-date with their changing needs and support. They were closely involved with the daily delivery of people's care.

Staff understood the vision the registered manager had created for the service. This was to provide a safe, secure and happy environment where each person could be assisted to reach their full potential.

The registered manager valued the staff team and recognised their commitment to the well-being of people in the home. If not actually on duty the registered manager was on-call and staff could contact them (or occasionally another nominated person) if they needed extra assistance or support at any time. Staff said the manager was "Vvery definitely supportive." One staff member said they would have "Nno qualms about calling (the registered manager) at any time. They are so good if there are ever any problems. Always supportive."

Staff said it was a happy place to work. Staff records showed that as well as providing positive feedback to staff any issues or need to work on aspects of performance were addressed. Staff were given clear direction regarding the standards of support expected and the underlying values of the home.

People's views were gathered informally on a daily basis and through regular meetings with the registered manager. People also completed annual satisfaction surveys. The most recent survey indicated people were satisfied with the support they received in the home. The registered manager told us they kept in regular contact with people's families.

People were encouraged to go outside the home and into the local community. They had work experience in local businesses and attended social service day centres. They attended local events such as the Christmas pantomime and were supported to use local shops and services.

The manager constantly sort sought to improve the service. One change had been made in relation to the main shopping trip for the service. Traditionally people had assisted with the weekly shop. It became clear through discussion with people they did not enjoy this. The service had implemented an on-line shopping system and home delivery.

One person had lived in the home for 11 years. The registered manager had offered them the chance to have their room enlarged and an en-suite added to their room. They had been fully consulted about this and it was offered as something which would improve their quality of life as they got older and needed more private space.

Although people had lived in the home for some years the registered manager looked at ways people's care could be as person-centred as possible and sort solutions to people's care needs on an individual basis. As people's needs changed the way in which their care was delivered was reviewed and up-dated on a completely individual level.

The service was small and run as a family home however it was underpinned by systems that complied with the relevant legal requirements. The manager understood the requirement to notify the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.