

Mrs Margaret Blair

Springfield House

Inspection report

Moor Row
Wigton
Cumbria
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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

Springfield House is a residential care home for up to 4 people living with a learning disability, some of whom may be older people. The home is run by a family with Margaret Blair being the provider/ manager.

The home is a farm house that has been extended and adapted to provide accommodation for up to four people living with a learning disability. The home is in a rural setting, with a large garden. The provider's family also live in the property and the lounge, kitchen and dining area are shared by people in the home and the family. People have single bedrooms. The home does not provide nursing care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People in the home found it difficult to express themselves verbally but we observed them to be relaxed and comfortable in the house.

Three members of the family make up the staff team. They employed bank staff who covered when the family members are not in the home. Staff had received suitable training about protecting vulnerable adults. Good arrangements were in place to ensure that new members of staff had been suitably vetted and were the right kind of people to work with vulnerable adults.

Staff were appropriately inducted, trained and developed to give the best support possible. Team members understood people's needs very well and were experienced in their roles. The staff team was suitable to meet people's needs.

People saw their GP and health specialists when necessary. Medicines were reviewed on a regular basis. Staff took the advice of nurses and consultants. The staff team had good working relationships with local GP surgeries. Nutritional planning was in place and special diets catered for appropriately.

The house was warm, clean and comfortable on the day we visited. The home had equipment in place to support care delivery.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). 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.

We observed kind and patient support being provided. Staff supported people in a respectful way. They made sure confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance. People in the service or their relatives, as appropriate, had influenced the content. The provider ensured the plans reflected the person-centred care that was being delivered.

Staff could access specialists if people needed communication tools like sign language or braille.

Every person had weekly activities planned and, for the most part, people went out together. One person attended a day centre. The home encouraged involvement in local activities. People had regular holidays in different parts of the UK.

The service had a quality monitoring system and people or their families were asked their views. Quality assurance was used to support future planning.

The provider understood how to manage concerns or complaints appropriately and there were suitable procedures in place.

Records were well organised, easy to access and stored securely.

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

Rating at last inspection:

The last rating for this service was good (published 3 May 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Springfield House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Springfield House 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.

The provider was registered with the Care Quality Commission as a provider/manager. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 met with three of the four people who used the service and spoke with a visitor about their experience of the care provided. We spoke with three members of staff including the provider. Not everyone in the service

could communicate with us verbally and we spent time observing their reactions. We spoke briefly with one person.

We reviewed a range of records. This included all four care records and the medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We held further discussions with both health and social care professionals to clarify some information gathered on the day of the inspection. We also received updated information from the provider related to 'best interest' decision making.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Suitable systems were in place to protect people from harm and abuse.
- Staff had received training in the protection of vulnerable adults and understood how to make safeguarding referrals.
- People responded well to the staff team and were comfortable in the home.

Assessing risk, safety monitoring and management

- Risk was lessened and people were kept as safe as possible because good management systems were in place.
- Risk assessments were in place for the delivery of care and for risks around the house.
- Suitable risk assessments were in place for trips out and holidays.

Staffing and recruitment

- Suitable staffing levels were in place and recruitment was completed appropriately.
- Three people delivered care to the people in the home. Bank staff supported the team, when necessary.
- A new member of bank staff was being recruited and suitable checks had been done.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely.
- Every person had regular reviews of medicine and received suitable medicines. No one was given sedative medicines
- Staff had been trained in the administration of a special medicine to treat seizures.

Preventing and controlling infection

- Suitable arrangements were in place to prevent cross infection and to maintain appropriate levels of good hygiene.
- The home was clean and fresh. Bathrooms and toilets had washable surfaces that would ensure good hygiene.
- Staff used personal protective equipment and chemicals to prevent cross infection. Staff had been trained by community nurses in a special technique for one intervention.

Learning lessons when things go wrong

- The staff team reflected on any issues that arose.
- There had been no recent issues where things had gone wrong, but the staff said they reflected daily on

the care and support they provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were suitably assessed and their needs and choices respected. This was done in line with standards, guidance and the law.
- Good assessment of care and support needs were on file and staff were aware of risks.
- People were offered choices and their preferences noted on file.

Staff support: induction, training, skills and experience

- Staff were supported through good induction, support and ongoing training.
- Three people ran the home and discussed the care and support delivery on a daily basis
- All staff had annual updates to training. Specialised training was arranged to meet individual needs.

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

- People were given a varied and nutritious diet and encouraged to maintain their hydration.
- The staff had sought the advice of nurses and dieticians and encouraged people to eat well.
- Individual nutritional plans were being followed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported because the staff team worked well with health and social care agencies.
- A health professional confirmed, "The staff work with us and the care is over and above what you would expect in a care home".
- Social workers and commissioners said the staff had worked well with them to support people's changing needs.

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

- The home is suitably adapted to meet the needs of people living with learning disabilities and physical disabilities.
- Springfield House is an older property with a modern extension, designed to meet the needs of people with restricted mobility.
- Each person had a bedroom decorated and furnished to reflect their personality.

Supporting people to live healthier lives, access healthcare services and support

- People were helped to access medical services to both prevent and treat illnesses. Staff encouraged people to make healthy lifestyle choices.

- People were taken to the local surgery and community nurses and GPs were called out if necessary.
- Staff had been vigilant and recognised urgent care needs, called on emergency support and ensured people had urgent health care support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care and treatment was in line with law and guidance.
- The staff had applied for DoLS authorisation, where appropriate, and had taken the advice of professionals about how to apply these in the least restrictive way possible.
- Best interest reviews had been completed after consultation with relatives and health and social care professionals.
- One person told us they consented to being monitored at night and had been consulted over a moving and handling decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were suitably supported and treated in an equitable way with due consideration given to their cultural needs.
- The staff team live in the building and share some communal space. They know people's needs and consider them to be part of their family.
- Staff were aware of the cultural needs of each person because the people in the home had lived in this rural area for most of their lives as had the provider and staff.

Supporting people to express their views and be involved in making decisions about their care

- People were helped to express their views and were involved as much as possible with decision making.
- Not everyone in the service could express themselves verbally but the staff observed reactions and body language to confirm people's choices.
- People were supported, as much as possible, to make choices. Some people had close relatives who helped staff understand people's preferences.

Respecting and promoting people's privacy, dignity and independence

- The staff treated people with dignity and ensured that privacy was maintained and independence encouraged.
- Staff ensured that personal care delivery and monitoring were discreet, with one member of staff delivering most of the care.
- People were encouraged to be independent and suitable risks were taken to ensure this. Where possible, people were encouraged to develop daily living skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Assessment and care planning were detailed and ensured that people had their needs met.
- Care plans included details of people's preferences and needs.
- Plans included interests and activities and approaches to take if people needed emotional or psychological support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Suitable arrangements were in place to meet people's communication needs in the way they needed and preferred.
- No one in the service used sign language but some people had their own ways to communicate non-verbally. Staff responded promptly to their needs.
- The provider said she could access training and support if they were to admit anyone who used Makaton or other sign languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain and develop relationships and join in activities and entertainments.
- People went on regular day trips and on holidays several times a year. They went to local activities and were supported, where possible, to follow interests and hobbies.
- Relatives visited whenever they wished and the staff used Skype to help maintain contact. We met a personal friend of one person who said they were always welcome in the home.

Improving care quality in response to complaints or concerns

- The provider had an easily understood and accessible complaints policy and procedure.
- No complaints or concerns had been raised by visitors or family members.
- The provider had an 'easy to read' procedure and copies were given to people, or their families.

End of life care and support

- End of life had been managed well in the home so that people could spend their last days in familiar surroundings.
- A health care professional confirmed that the staff had ensured people were comfortable and free of pain at the end of life.
- Staff said they were planning to update their training on this but felt confident that they could support people appropriately.

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

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

- There was a positive culture in the home that allowed people to achieve good outcomes.
- People shared their lives with the provider's family and were treated as valued members of a wider family.
- People had good outcomes because their health, personal care and emotional needs were met in this environment.

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 duty of candour was followed in this service with the provider and the staff team fully aware of their responsibilities.
- The staff were open with people in the home and with relatives and discussed, recorded and evaluated any difficulties.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and the staff team had clearly defined roles and together ensured regulatory requirements were met. The home's previous rating was clearly displayed and notifications made appropriately.
- The provider is also the manager of this service but is supported in this by other family members. Together they had assessed how the home was running and had completed a new plan for the coming year.
- Quality assurance was in place with regular audits completed internally and checked annually by an external auditor.

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

- Good informal systems were in place to engage with people, their relatives and the public.
- Relatives and friends visited and were often involved in activities and outings. People were part of local events and were well known in the area.
- Family members had been included in future planning

Continuous learning and improving care; Working in partnership with others

- The provider aimed to improve and develop the service through quality monitoring and taking guidance

on good practice.

- We met a health care professional who told us the staff worked well with them and were keen to learn and update their practice.
- Social workers told us the staff had worked well with them to ensure people had appropriate care and support.