

Shaw Healthcare (Specialist Services) Limited

Springbank

Inspection report

1 Charlton Lane
Brentry
Bristol
BS10 6SG

Tel: 01179505220
Website: www.shaw.co.uk

Date of inspection visit:
10 February 2023

Date of publication:
13 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Springbank is a 'care home' that provides care and support for up to 11 people. All the people who lived at the home had a learning disability. There were 11 people living there at the time of the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

The home was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this. Staff focused on people's strengths and supported people to take part in activities and pursue their interests.

Right Care:

People received kind and compassionate care. People's support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff understood how to protect people from poor care and abuse. They had training on how to recognise and report abuse which was regularly updated. There were sufficient skilled staff to meet people's needs and encourage them to develop their life skills and independence. People received care that supported their needs and aspirations. They focused on their quality of life and followed best practice.

Right Culture:

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. People received compassionate and empowering care that was tailored to their needs. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. The registered manager and deputy had both worked at the home for many years. The staff team were passionate in ensuring people's rights were upheld and that each person's voice was heard or on their behalf through advocates. The staff were keen for people to live a life of fulfilment and supported people to live freely which included taking positive risks where possible.

Rating at last inspection and update

The last rating for this service was good (published 10 January 2018). At this inspection we have rated the home good.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We inspected the key questions of Safe and Well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the home remains good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springbank on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Springbank

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 Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Springbank is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Springbank is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at the notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who lived at the home, 1 relative and 2 visiting professionals. We also spoke with 3 staff, the deputy and registered manager. We spent time observing people. We could see the interactions between people and staff. We reviewed a range of records. This included risk assessments, care records and medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the home were viewed. This included health and safety records, maintenance checks and quality audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to report and record any concerns, incidents or accidents. All staff completed training in safeguarding vulnerable adults. They were confident any concerns would be acted upon by the deputy and registered manager.
- Where people were anxious and upset, the staff knew people well and were able to offer them comfort and support. We observed one person was upset and distressed. The staff knew the person liked comfort and an interactive dog was given to the person, which helped to distract the person from feeling sad.
- The registered manager identified and reported incidents to the local authority safeguarding team and other appropriate organisations. The registered manager told us they were open and transparent in reporting concerns.
- People felt safe living at the home. One person told us, "Yes, I am safe here. The staff make me feel safe. One relative told us, "I really feel they are safe. They care for them very well. I have no concerns at all."

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. This created a positive culture where people could participate safely in a range of activities of their choosing.
- Staff were trained to monitor, anticipate and observe changes in behaviour. This helped them identify if people were unwell or upset and provide the support they needed.
- Staff understood risks to people and how these were managed. Staff told us how they managed risks to people including seizures, falls and the risk of choking. Recommendations from health care professionals were implemented, adaptations made, and records updated.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Fire drills had taken place, along with regular fire safety checks of the building. The provider employed a maintenance person who helped to oversee the health and safety of the home.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood the principles of the MCA and the importance of supporting people to make as many of their own decisions as possible. Where people did not have the capacity to make specific decisions, systems were in place to ensure each decision was assessed, in the person's best interests and the least restrictive option.
- Some people lacked capacity to make decisions. The appropriate advocates were involved to help make best interests' decisions.
- Three people that lived at the home had authorised DoLS in place. Applications had also been submitted for some people who were awaiting a decision to be made.

Staffing and recruitment

- There were enough staff to support people safely. There were some long-standing staff who worked at the home. The deployment of staff helped to meet people's needs and kept them safe. Staffing levels were assessed regularly and when the needs of people changed, to ensure people's safety. A monthly staffing overview was carried out by the registered manager and discussed at a senior level. This helped to monitor the staffing levels, the hours worked, and any hours lost.
- The staff team each helped to cover annual leave and sickness by working extra shifts. The home also had a pool of bank staff that supported the team. Agency staff were also used to help cover shifts when needed. The agency staff were familiar with people's needs and had got to know people well.
- Recruitment checks of the home were safe. The registered manager ensured the recruitment process was followed. This included an application form, interview, checking the staff's right to work and two references.
- Staff were required to complete a Disclosure and Barring Service check to ensure they were safe to work with vulnerable people before they started working at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The home used an electronic medicines management system. Medicine Administration Records (MAR) were therefore electronic. The records showed that medicines were administered correctly and accurately recorded the total of each medicine in stock.
- Staff that administered medicines had been trained and assessed as competent.
- The team leaders audited people's medicines regularly to check people had received these safely. They maintained good oversight of medicines and they worked closely with the GP surgery and pharmacist to ensure adequate stock levels were managed. Medicines were audited with the tablets counted daily.
- Daily temperatures of the room and fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature.
- People's medicines were being stored safely. Medicines were stored in locked cupboards.
- The registered manager ensured people's behaviours were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping the over medication of people with a learning disability, autism or both). One person had been at the home a few months and were heavily medicated on admission. We were told since being at Springbank their medicines had been reviewed and stopped. They had not needed to use a medicine that was used in their previous home for behaviours and that they were trying all other alternatives first.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visiting the care home. Guidance from the health protection team was followed during a COVID-19 outbreak.

Learning lessons when things go wrong

- The registered manager ensured accidents and incidents were reported and actions taken to mitigate any risks to people. To reduce people's risk of falls reoccurring, they looked at the time of day people had fallen and if any equipment was needed to prevent injury.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. 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 which was person-centred, open and inclusive. People's disabilities were not seen as a barrier to achieving anything. People had taken part in regular small group holidays. Some people enjoyed going out to the pub and being able to place bets at the local shop.
- Each person had their own 'my memory's and activity's dairy'. This contained photos of the person taking part in meaningful activities. This included a local farm bringing in donkeys and lambs into the home. Other photos were of people opening Christmas presents and enjoying the festive period.
- People were supported to celebrate special occasions. This included the queen's jubilee and each person's birthday. On the day of the inspection the home were celebrating a person's birthday. The staff made the person feel special with banners and balloons displayed around the home. They were also going to the cinema with another person and the staff.
- The staff had organised its own sports day. We looked at photos of people taking part in the celebrations with the staff. People were presented with a certificate at the end of the day. Most people had these displayed in their rooms.
- Empowerment and inclusion were highly important to the registered manager. They were keen to support new staff to gain employment at the home. We met with one staff member who was in paid employment at the home. They told us they had a disability themselves and met the registered manager at a jobs fare. They were overjoyed the registered manager looked past their disability and offered them a job, recognising the skills they could offer. It was clear from our observations the staff member's presence had a positive impact on people. They were also the homes 'champion by experience' and helped the registered manager to look at the best ways of communicating with people and shared ideas of formats to use.
- The registered manager and deputy told us they were proud of the staff and described them as an 'excellent staff team'. On the day of the inspection the staff had supported a person who had become unwell and passed away in hospital. It was clear this was a huge loss for the staff and other people. The registered manager and deputy supported the whole home and phoned around all the staff in person so the staff could come to terms with the loss.
- Some people were feeling sad and displayed behaviours of frustration and upset. The registered manager helped to comfort one person in particular who was upset. They gave them the homes interactive dog which provided great comfort.
- The home had received an array of compliments. One professional gave the following feedback to the home, "This home is incredible, you feel the warmth when you arrive. It is so caring and close. "Another professional said, "The care home is very person centred and improved the life of [person] in many ways". A

professional had visited the home and had given the following feedback to the registered manager, "What an amazing home this is, so well managed and really well organised and caring. This is the very first time I have been to any care home and been able to access everything without having to wait for anything. You are so organised answered all our questions it's such a pleasure to have been called here."

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 provider had policies in place to ensure any relevant concerns were addressed with openness and transparency under the Duty of Candour. The registered manager was clear about their responsibilities under the Duty of Candour.
- The registered manager supported people to raise concerns when poor care was given by outside professionals. We reviewed records where the registered manager had asked for a written apology for one person who had been given the incorrect dose of medicines by a professional. This was acknowledged with the person receiving this apology.

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

- The management and leadership of the home was exceptional. This was due to the provider and management team evidencing strong and effective leadership which led to a highly positive culture. People received individualised care to a high standard that enhanced their well-being and self-worth. The management team monitored risks proactively.
- The registered manager and the deputy were excellent role models for the staff. They had both worked at the home since it opened over 22 years ago. They continued to be passionate in providing good care to people. They actively sought and acted on the views of others and genuinely saw individual people with distinct personalities and interests rather than viewing people's disabilities and needs. They had an ethos of helping people and staff develop their skills.
- The registered manager regularly undertook audits of the quality of the home. Each aspect of people's experience was regularly assessed to ensure people received safe and consistent care. These checks included audits in relation to medicines, the environment, people's care records and the health and safety of the home.
- The registered manager had informed the CQC of significant events in a timely way, such as any deaths, where there had been suspected abuse and any significant injury to a person. This meant we could check the provider had taken appropriate action.

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

- Some of the staff had worked at the home for many years. The provider acknowledged the staff's service and they were presented with a long service award by a senior manager. Some people had also lived at the home for a long time. To ensure people were not left out and to support them in feeling valued, they were also awarded a certificate. This was called a 'superstar award'. One person was awarded this with the following quote written on the certificate by the staff, "Your smile, it melts all of us for 12 years, well done."
- Regular 'resident meetings' were held at the home with people. People were encouraged to voice their opinions to the staff and communicate their feelings. Information was also shared with people. The last meeting was held on 2 February 2023. The minutes were displayed clearly on a notice board and were in a pictorial format. People's goals were discussed with one person asking to go the community centre more. We asked one person if they found the meetings effective. They told us, "I really do, and I do speak up with ideas".
- Employee of the month awards were held for the staff team. One staff member told us, "This really boosts

morale and is really appreciated". The awards were displayed in the dining area for everybody to see. One award was given because of the care and observations made of people by the staff member.

Continuous learning and improving care

- The impact of the culture and positive ways of working was clear. People who had previously presented with aggression, falls, risk of nutrition, low mood were happy, calm and living a fulfilled life.
- The registered manager discussed a person that was highly medicated prior to their admission to the home. Their room was bare with no belongings due to the person's needs and risks. The person was sleepy and not engaging on admission. They worked with professionals to reduce the person's medicines. By doing this the person became much more alert and had started to engage more with the staff. As they were more alert, they were eating much better and had started to put on some weight.
- The same person was admitted with an eye condition. It had been deemed prior to their admission that due to their age and disability, that it was not in their best interest to receive treatment for this. However, on admission to Springbank, the staff referred them for a vision test. They assisted the person with a referral, where they received the appropriate treatment to assist them and improve their quality of life.
- The whole staff team looked at how the people's rooms could be made safe but personalised. In one person's room plug sockets were moved up high and cushioned flooring was laid. A low bed was purchased along with a soft bean bag and sensory lights. The person's room was personalised with items. We were told by the registered manager that this had really improved the person's care and wellbeing. The needs of the person were able to now be met safely and effectively.
- The registered manager was passionate in challenging poor care and ensuring the rights of the people they cared for were upheld. We were told one person was discharged from hospital with a DNACPR signed by a consultant from the hospital. Advocates for the person had not been involved. The person lived a happy fulfilling life at the home. The registered manager consulted the GP surgery and arranged for this to be removed. They also contacted the hospital to raise their concerns about this.

Working in partnership with others

- It was clear the registered manager and staff were committed in connecting the home with the local community. People were supported to attend local events and clubs. Some people attended the local golden oldies club at the community centre, they also visited a local café and pub. People and the staff supported local foodbank charity with items which helped to give back to the local community who were highly supportive of the home. One person at the home was collecting money for a cancer charity and were in charge of this.
- The home worked closely with the community learning disability team and community learning disablement team. Both teams were highly involved and consulted with around people's care. Referrals were made to the team with a range of professionals supporting the home when needed.
- The home had a good working relationship with the learning disability team based at the local hospital. If people were admitted to hospital the staff contacted the team to make them aware. We overheard the registered manager advising the team that two people had been admitted to hospital on the day of the inspection. This meant the hospital team were able to support people and ensure they were receiving the appropriate care.
- The home had a really good relationship with the local GP surgery. They were located near the home. A named GP was allocated and visited each week. The registered manager told us they had a "Very positive relationship" and the GP was really supportive of the home.
- On the day of the inspection a local GP visited the home unplanned. This was to check the staff were ok as a person was unwell and had gone into hospital. The GP thanked the staff for their prompt medical attention. The GP told us, "The home provides outstanding care. It is clear they know people very well. They provided really effective care to a person and knew straight away if they were for resuscitation."

- Music and wellbeing sessions were held at the home twice weekly. The provider paid for this independent service to promote the wellbeing of people. We spoke to the professional running the music and wellbeing session during the inspection. They told us, "I love coming here and working with people. People really engage in these sessions individually and within a group. I have always found the home to have really good leadership."