

All Seasons Care Homes

Springside

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Springside is a residential care home providing personal care to up to 8 people in a large family home in a residential area. At the time of our inspection there were 5 people using the service. The service provides support to people who had a range of mild to moderate learning disabilities. Most people were able to carry out their own personal care with prompting and support from staff.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Risks to people were not always properly assessed to protect them from avoidable harm. Not all environmental risks for people using the service had been assessed as safe.

People were supported by staff who knew them well and understood their needs. However, care plans and risk assessments were not always up to date. The registered manager was responsive to our feedback and took action to address the issues identified.

People lived in a service impacted by the death of a person who had lived at the home for a long time. People and staff were being supported with this.

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. During the inspection we observed staff supporting people to be independent and have control over their own lives.

People were supported to maintain their health and wellbeing. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that achieved the best possible health outcome.

Right Care

People received support from staff who were not always trained appropriately to support people.

People received their medicines in line with their preferences by staff who knew people well. Staff mostly followed systems and processes to safely administer medicines, however improvements were needed to ensure medicines were stored safely, and staff received appropriate training and competency assessments.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff were observed communicating with people in ways that met their needs and supported people to make choices.

Right Culture

Improvements were needed to make sure there were effective systems to monitor the quality of the service and plan improvements.

The registered manager was open and transparent throughout our inspection. They acted on queries and our feedback throughout the inspection.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Throughout the inspection we observed that staff were respectful of people and took time to offer support and reassurance when needed.

Staff and the management team at the service spoke positively about people within the service and wanted people to live their best lives. Staff demonstrated their knowledge of people and placed people's wishes, needs, and rights at the heart of everything they did.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

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 20 March 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

We have identified breaches in relation to risk management and the management of the service at this inspection.

We have also made recommendations in relation to medicines and infection control.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Springside

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.

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Springside 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. Springside 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 who is also the provider.

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 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 used all this information to plan our inspection.

During the inspection

One inspector visited Springside on 22 and 24 May 2023. We spoke with the 5 people who used the service and 4 members of staff including the registered manager. On 24 May 2023 we also spoke with a visiting relative about their experience of the care provided.

We looked at a variety of records relating to people's personal care and support and the running of the service. These included, 2 people's care and support plans, 1 person's medicines records, 2 staff recruitment files and a variety of records relating to the management of the service including policies and procedures.

Following the site visits, we received feedback from one professional who works with the service. An Expert by Experience spoke with 4 relatives about their experience of the care provided. The inspector also spoke with 1 relative.

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 has changed to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- On the first day of the inspection, systems in place to manage risks to people and risks associated with the environment were not always effective.
- People had risk assessments and care plans in place. We were not assured that they reflected people's current needs as some of these care plans and risk assessments were found not to have been reviewed. This meant that there was a risk that staff, including any new staff, were following risk assessments that did not contain correct information.
- The home had a fire risk assessment in place that was completed by an external company in 2015 and reviewed by the registered manager in 2017. This fire risk assessment referred to the wrong legislation and contained numerous actions to be completed. The registered manager provided assurances that all but 1 of the actions on the fire risk assessment completed in 2015 had been completed. A fire safety visit was undertaken by Devon and Somerset Fire and Rescue service in July 2021 requesting a review of the risk assessment. This had not been completed.
- On the first day of the inspection personal emergency evacuation plans (PEEP) detailing the support people needed should they need to leave the service due to fire were not consistently in place, and the PEEP's in place had not recently been reviewed.
- Health and safety checks were completed in the home, such as ensuring the fire alarm system and equipment were checked and serviced. However, these were not always completed in line with the providers policy. For example, we found gaps in fire alarm and emergency lighting testing, and the registered manager was unable to tell us when the last fire evacuation exercise had taken place.
- There were several uncovered radiators throughout the service. The risk in relation to these had not been assessed. Water temperatures were also not checked to ensure they were maintained at a safe temperature. We found the hot water coming from taps in one communal bathroom was too hot to hold our hands under after running for 1 minute. The temperatures exceeded the Health and Safety Executive (HSE) recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). This presented a risk of scalds for vulnerable people who lived at the home.
- Not all risk in relation to staff had been considered. For example, at the time of the inspection no lone working risk assessments were in place. This meant risk to staff had not been considered.

The provider had failed to adequately assess, monitor, and manage risks to service users' health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection to the concerns we discussed. They arranged for a fire drill to be completed, thermostatic mixing valves to be fitted to taps and commissioned an external company to complete a fire risk assessment.
- The registered manager was aware that PEEP's, care plans and risk assessments required reviewing and had started to review them prior to the inspection. This continued during the inspection. People's risk assessments supported their independence, and enabled people to take positive risks.

Using medicines safely

- At the time of the inspection, the service supported 2 people with a small amount of medicines.
- People received their medicines as prescribed, although medicines were not always stored appropriately. Temperatures were not monitored to make sure medicines would be safe and effective. We spoke to the registered manager about this who immediately rectified and arranged for temperatures to be taken.
- Medicines were not always administered by staff who had received up to date training in line with the providers policy. We spoke to the registered manager about these concerns who immediately took action to rectify and arrange dates for the required training.
- Records of staff competencies were not available at the time of the inspection, although the registered manager and staff spoken with confirmed they had taken place.

We recommend the provider review best practice guidance in relation to medicines and update their practice accordingly.

- Medicines Administration Records (MARs) were completed and there were no gaps in the administration records reviewed during the inspection.
- Medicine practices promoted independence. We observed one person being encouraged to administer their own medication with staff support.

Preventing and controlling infection

- We conducted a tour of the building, observed staff practices, and discussed the infection prevention control arrangements with the registered manager.
- We were partly assured that the provider was supporting people living at the service to minimise the spread of infection and preventing visitors from catching and spreading infections. On the first day of the inspection, the services infection control risk assessment completed in April 2021 had not been reviewed and referred to out of date guidance. The registered manager responded immediately and reviewed the risk assessment.
- We were partly assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed cleaning taking place, although schedules and records were not completed to confirm this. Fridge temperatures were taken and recorded. Some of these were noted to be outside of the recommended range with records not detailing the actions taken to address this.
- We were partly assured that the provider was making sure infection outbreaks can be effectively prevented or managed. A number of staff had not received up to date infection control training in line with the providers policy. We spoke to the registered manager about these concerns who immediately took action to rectify and arrange dates for the required training.

We recommend the provider review best practice guidance in relation to infection control and update their practice accordingly.

- 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's infection prevention and control policy was up to date.

Visiting in care homes

- The provider facilitated visits for people living in the home in accordance with government guidance.

Staffing and recruitment

- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We identified 2 staff members files contained no recent photo or proof of identity. We discussed this with the registered manager who told us they would address this.
- There were enough staff available to meet people's needs. People, and relatives spoken with told us that there were enough staff available to meet people's needs. Comments included, "There are enough staff, yes", "There is always someone there to support [relative]. She has 1:1 to go out and do things" and "[Relative] is able to go out and about. She always looks clean and well cared for."
- The registered manager told us people's commissioned hours were being met. One staff member told us staffing levels were, "Okay for the amount of people living here."

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 service was working within the principles of the MCA.
- There were currently no legal authorisations in place to deprive a person of their liberty. The registered manager had applied for a DoLS for one person, which was awaiting assessment. The service was also currently assessing another person to determine whether a DoLS was required.
- People were not restricted and were supported to make their own choices. People told us about choices they had made. For example, when they want to go to bed, where they wanted to go on holiday and activities they wanted to participate in.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and happy living at the service. Comments included, "Yes, I definitely feel safe" and "I feel really safe."
- Relatives spoken with raised no concerns regarding the safety of the service. All relatives spoken with felt their relative was safe living at the home, and if they had any concerns they would be dealt with immediately by the staff and registered manager. Relatives told us, "I am happy with the safety of everything there" and "I have no concerns with safety at all."
- Although some staff had not completed refresher training on how to recognise and report abuse in line with the providers policy, staff knew people well and staff spoken with understood how to protect them from abuse.

Learning lessons when things go wrong

- The registered manager was found to be responsive to our feedback. Some feedback given to the registered manager after the first day of inspection had been actioned prior to the second day of the inspection.
- Systems were in place for recording incidents and accidents. Staff were aware of their responsibilities to raise concerns and report incidents.
- Staff spoken with felt comfortable raising mistakes with the management team when needed. One staff member told us during staff meetings, learning is discussed, and thoughts are shared on how tasks could be completed differently.

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 has changed to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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; Continuous learning and improving care

- The provider had not always ensured the safety and quality of the service had been effectively assessed. People lived in a service impacted by the death of a person who had lived at the home for a long time. The registered manager was very open and honest and told us things had "slipped."
- Quality assurance systems were not in place to monitor and assess the quality of care. The registered manager told us they did not complete any audits to ensure oversight of the service. This meant shortfalls found at this inspection had not always been identified.
- There was a lack of systems in place to monitor health and safety, including fire detecting equipment and fridge temperature checks.
- There was no effective system in place to monitor training.
- Support plan reviews had not always been completed. One person told us the registered manager used to sit and go through her care plan with her, but recently this hasn't been done.
- On the first day of the inspection, policies and procedures were in place but were not all individualised to the service or available to staff unless they made a request to the registered manager. During the inspection the registered manager started to review the policies and procedures to ensure they were relevant to the service, and ensure staff had access to them.

The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and honest throughout the inspection, accepted the shortfalls found and immediately sought to rectify them.
- Questionnaires to people and families for feedback and not been completed. The registered manager advised that she constantly sought feedback, although there were limited records in place to evidence this.
- Relatives felt involved. All relatives spoken with told us they were involved in their loved one's care, with their views valued and listened too. Relatives told us, "I am fully involved in everything. [Registered manager] always contacts me and asks what I want to do about things. They ask me if I want to do it or them to do it

e.g. visits, appointments etc. I am involved in meetings and reviews and am always able to discuss things with staff when I visit" and "I have been invited and attended reviews and meetings regarding [relative]. I am fully involved."

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

- There was a positive culture within the service. The registered manager and staff spoke passionately about people being supported and wanted them to live their best lives. The team showed their commitment to providing person centred, high-quality care.
- People told us they liked living at the service and were observed to receive individualised support, which promoted independence, from staff who were kind, caring and patient. One staff member told us the vision of the service was to, "Encourage, support and enable people to be more independent."
- Relatives told us the staff team was small and consistent and rated the team very highly. They told us that because of the length of time people and staff had been together, they all knew one another, and it was a "family" affair. Comments included, "Staff are always kind and compassionate" and "Staff are very kind and treat [relative] with respect."
- Staff spoken with felt able to raise concerns with managers and felt listened too.
- Relatives were complimentary about the management of the service. Comments included, "[Registered manager] is a great manager and Springside is a well-managed service. She has managed and supported staff through their grief following the death of one of the service users last year. All the clients are very happy", "It is definitely well managed by [registered manager]. She has a bubbly personality, is caring and works well with everyone and is really involved" and "It is rare to meet someone with as much empathy as [registered manager]. She runs the service like a family. [Registered manager] doesn't recognise how good she is."

Working in partnership with others

- Information showed the service worked with others, for example, healthcare professionals and services to support care provision. Relatives spoken too confirmed this. Comments included, "They would call a doctor if [relative] was unwell, communication is good, and they would let me know" and "Luckily [relative] is very healthy, so we don't need medical help very often. Staff did discover and recognise [a health issue] and it was dealt with in a satisfactory and timely manner."
- We received positive feedback from one social care professional who has had recent involvement with the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to adequately assess, monitor and manage risks to service users' health and safety.</p> <p>This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>