

Spout House Support Services Ltd

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Inspection report

Bay Horse
Lancaster
Lancashire
LA2 9DE

Tel: 01524792261

Date of inspection visit:
25 October 2017
27 October 2017

Date of publication:
17 January 2018

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

Spout House Support Services Limited is a care home registered to accommodate up to five people who have a learning disability and, or living with mental health conditions. The home is set in a rural location. All bedroom accommodation is for single occupancy. The service aims to provide an environment that encourages people to maintain and extend their existing skills and abilities.

At the last inspection on 16 July 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

We found high standards of cleanliness at the home. People and a relative told us they felt safe whilst living at the home. We saw evidence staff received training in safeguarding people from abuse or poor practice. People's environmental and personal safety was monitored by closely by staff.

Staff files contained evidence the registered manager had undertaken checks to reduce the risk of recruiting unsuitable staff. People and staff we spoke with said there were sufficient staffing numbers to meet people's needs.

The team leader carried out regular medication audits and raised any issues with the registered manager. The registered manager completed risk assessments and provided staff with relevant training around medicines. We observed staff administered medicines safely.

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 staff supported people with patience, compassion and a friendly attitude. People we spoke with and a relative told us staff involved them in support and care planning. The registered manager supported people to access advocacy services if people wanted someone independent to act on their behalf.

Care records we looked at were detailed and personalised to people's requirements. We observed staff followed agreed support in practice. This ensured responsive care planning matched people's ongoing needs.

The registered manager sought feedback about the quality of care and the home's development. This was underpinned by ongoing checks on the quality of the service, to monitor everyone's safety and welfare.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Spout House Support Services Limited

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 25 and 27 October 2017 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about the service. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. Additionally, we looked at the Provider Information Return (PIR) the provider had sent us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted other health and social care organisations such as the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at the home.

We spoke with a range of individuals about this home. They included two people who lived at the home and one person's relative. We further discussed care with the registered manager and three staff members.

We looked around the building to check environmental safety and cleanliness. We also spent time reviewing records. We checked documents in relation to three people who lived at the home and one newly recruited member of staff. We looked at records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "Yes, I feel safe here. There is always someone around." A relative commented, "Yes, [relative] is safe. The staff are not intrusive, but they keep [relative] safe."

We found the registered manager assessed risks related to the environment and people's personal safety as part of the care planning process. This included support to prevent falls, behaviour that challenges, personal care, mobility, nutrition and weight management. We saw records of accidents and incidents, which included details of the event, any injuries and action taken to reduce the risk of or to prevent recurrence. The registered manager regularly reviewed accident and incident records in order to identify any trends or themes.

The registered manager used a range of checks to safeguard everyone's welfare at the home. For example, they had cleaning records in place and ample supplies of personal protective equipment to maintain good standards of infection control. We observed the home was clean and tidy. We also saw window restrictors in place were secure to reduce the risk of injury to people. We saw electrical, gas and water safety certification was up to date for the home.

Staff records we looked at confirmed they received training in safeguarding people from abuse or poor practice. We discussed this with staff who demonstrated a good understanding of the principles of safeguarding. Staff we spoke with told us they would not hesitate to report any concerns to the registered manager or to external agencies, if they needed to, in line with the service's policy and good practice guidelines.

Staff files contained evidence the registered manager had carried out checks to reduce the risk of recruiting unsuitable staff. This included checks with the Disclosure and Barring Service, a review of the candidate's employment history and references from previous employers. People and staff we spoke with said there were sufficient staffing numbers to meet care requirements. Staffing rotas showed a consistent level of staffing was provided.

We observed a staff administering medicines to two people. They did so patiently and explained the purpose of the medication. Staff were clear about what to do if people refused their medicines and the importance of following their wishes. The team leader carried out regular checks on medicines and reported any concerns or issues to the registered manager. The registered manager assessed risks around medicines and ensured staff received relevant training. This showed the service followed good practice guidelines with regard to medicines management.

Is the service effective?

Our findings

People we spoke with told us they felt they were supported by staff who had a good level of knowledge and skills. They also told us staff supported them to attend appointments in order to manage their ongoing health needs. One person told us, "The staff support me well. I'm going to the doctors today. They will get me an appointment and take me to see the doctor or a nurse if I need them." A relative we spoke with commented, "I am very impressed with what they do. They are always very professional."

In addition to achieving nationally recognised qualifications, the registered manager worked with external organisations to develop their workforce. This included the care certificate, which covered such areas as person-centred care, communication, first aid and environmental safety. New staff completed a 15-week induction. The registered manager closely monitored staff and ensured they were competent and confident in undertaking tasks before they were allowed to do so unsupervised. Staff received supervision and appraisal to support them in their roles. Staff we spoke with told us they felt well supported by the registered manager. A new member of staff we spoke with told us they felt their induction was provided at a good level and had prepared them to work with people they supported.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We reviewed records which showed staff had received training on the MCA and DoLS and staff we spoke with had a good level of knowledge in this area. The registered manager demonstrated they knew the correct processes to follow in order to apply for DoLS authorisation. Care records we looked at showed and staff told us they supported people to make choices as far as they were able. A relative we spoke with commented, "They are very supportive of [relative]'s free will."

We found care records contained evidence people or their representatives had signed consent to their care and support. We observed staff respected people's decisions in the support provided to them.

The registered manager had effective systems in place to protect people from the risk of malnutrition and poor food safety. These included regular weight checks, monitoring charts and risk assessments. We found staff had training in the safe management of food preparation and hygiene. We saw people had been involved in choosing meals which were included on a four-week menu. This was reviewed each month to ensure people we satisfied with the food available to them.

Staff worked closely with other healthcare professionals to maintain people's continuity of care. They retained detailed records of healthcare appointments, for example, hospital and community services and GPs. We saw effective communication systems, such as updated care planning and medication changes, meant staff were informed about each person's ongoing needs.

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind in their approach. One person said, "The staff are nice and friendly." A relative told us, "They treat [relative] as an individual. They have lots of banter and fun, even though [relative] can be moody. The staff are really genuinely nice and have [relative]'s wishes at the forefront."

We observed staff supported people with patience, compassion and a friendly attitude. Staff made good use of eye contact and humour when they interacted with people. We observed people were relaxed when interacting with staff and appeared to have developed positive, caring relationships.

People and relatives told us staff involved them in every aspect of their support and care records. One relative explained they visited their loved one every so often and were also kept up to date by the registered manager in between visits. Care records we looked at contained information about each person's wishes and preferences. The support provided to people was aimed at maintaining their independence and developing life skills. We saw staff knocked on people's doors and asked people for permission to enter their rooms.

Staff had received training which gave them knowledge about respecting people's human rights and how people should not be discriminated against, in line with the protected characteristics in the Equalities Act 2010. The service's policies and procedures took people's rights into account and demonstrated the service had an ethos where equality was promoted and diversity valued.

We discussed advocacy services with the registered manager. An advocate is an independent person who can act on another's behalf, to ensure any decisions are in their best interests. At the time of our inspection, no one was receiving support from an advocate. The registered manager explained one person who lived at the home had been offered but had refused advocacy services. This showed the service offered people access to and respected their wishes around advocacy.

Is the service responsive?

Our findings

People told us they received support that was responsive to their needs and took account of their preferences. People explained they could choose what staff supported them and what they preferred to do by themselves. At the time of our inspection, the service did not support anyone with personal care needs. People were able to come and go as they pleased and were supported outside of the home by staff when they wished to be although this had to be arranged in advance to ensure appropriate levels of staff were available.

Care records we looked at were detailed and individualised to people's requirements. The registered manager completed assessments of people's needs to guide staff to provide the best possible care. These covered personal care, social needs, nutrition, mental and physical health, medication and medical conditions. This information was then transferred to care plans and we observed staff followed agreed support in practice.

We saw care records contained information about people's preferences. This included people's choices around personal care, meals and drinks, preferred name, hobbies and interests. Staff we spoke with demonstrated a good level of knowledge of each person's preferences. Along with all other records, we found people's information was regularly reviewed and updated with them or, where appropriate, their representatives.

At the time of our inspection, the three people who lived at the home were largely independent and led the service provided to them. For example, people told us they went out to local towns, shops, cafés and chose how they spent their time. When we visited, the home was decorated ready for Halloween. People told us and staff confirmed support was arranged around people's preferences, for example, extra staffing was available if people wanted support to go out into town.

Information was available to assist people and visitors to understand how to make a complaint. This covered how the management team would respond and how individuals could raise their concerns with other organisations, such as CQC. The registered manager told us they had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and a relative told us the home was well led and gave positive feedback about the registered manager. One person said, "[Registered manager] is great, really friendly." A relative told us, "I've met and spoken with [registered manager] on the phone, she's always very professional and nice. I'm confident she would sort out any issues."

We observed the registered manager was hands on in their approach and demonstrated an in-depth awareness of each person's needs and backgrounds. Staff confirmed they felt the registered manager was supportive to them and worked with them as part of the team. We saw the registered manager regularly worked supporting people alongside other staff. They told us this gave them opportunity to observe staff practice and to ensure the service continued to meet people's needs.

The registered manager had processes in place to regularly monitor the quality of service provided. These covered staff training, supervision and appraisal; care records; environmental and fire safety; housekeeping; and medication. We saw evidence the registered manager addressed any identified issues to maintain everyone's safety and welfare.

We found the registered manager worked with other organisations, including the local authority, as part of their quality assurance. They also attended local forums and champions meetings, as well as reviewing information from various other sources in order to ensure the service continued to operate within current best practice guidelines.

The service had on display, in the entrance of the home, their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.