Fairfield Residential Limited

Springfield House

Inspection report

57 Warburton Lane
Partington
Manchester
Greater Manchester
M31 4NL

Tel: 01617761757
Website: www.fairfieldresidential.co.uk

Date of inspection visit:
05 December 2018
07 December 2018

Date of publication:
15 February 2019

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 service registered to provide care and support for up to four people with a learning disability. Some people may also have a physical disability or additional mental health needs. The service is a large house with individual bedrooms and communal areas, such as a lounge, dining room, kitchen and two bathrooms. At the time of this inspection there were four people living at Springfield House.

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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

At our last inspection in March 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People enjoyed living at Springfield House and staff practices helped to keep people safe. Positive interactions between the people at the home and staff were observed during our inspection.

Staff received the training and support, through supervisions and team meetings, to effectively meet people's needs. Annual observations of staff competencies were completed.

Staffing levels varied depending on the needs of the people and their preferred daily routines. We saw that the registered manager identified occasions when additional staff might be required and approached commissioners if additional funding was needed.

Person centred care plans and risk assessments were in place to guide staff on the support people needed and how to reduce any identified risks. Where applicable, care plans were in place to support specific health conditions, for example autism and epilepsy. Medicines were administered as prescribed.

At this inspection all equipment was maintained and serviced in line with national guidelines. The home was well maintained and clean throughout. Personal emergency evacuation plans (PEEPs) were in place for each person living at Springfield House.

People's health and nutritional needs were met by the service. People were involved in choosing the varied meals that were cooked and served by staff.

Information about people's preferences, culture, likes and dislikes was recorded. A description of people's preferred daily routines was held on their support plans. Staff recognised the importance of routines and how deviating from these might negatively affect people living at Springfield House. They explored new ways of working with people to try and meet their changing needs.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager had an auditing system in place to monitor the quality of the service provided. All incidents and accidents were reviewed to reduce the likelihood of a re-occurrence.

The service demonstrated examples of working in partnership with people, their relatives, commissioners, and health professionals. The service engaged with people where possible and used all forms of feedback to continuously improve the service to ensure people living at Springfield House were appropriately supported and had a good quality of life.

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 Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well Led	**Good**

Springfield House

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 comprehensive inspection took place on 5 and 7 December 2018. The first day of inspection was unannounced, the second day was by mutual arrangement. The inspection was completed by one inspector from the Care Quality Commission (CQC).

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams however the local authority did not fund any people at Springfield House. We also contacted the local Healthwatch board. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any negative feedback about this service.

A Short Observational Framework for Inspection (SOFI) is a helpful tool inspectors use when it is not possible to find out people's experiences through talking to them. We did not carry out a SOFI as this might have caused unnecessary distress to some of the people living at Springfield House. Instead we made observations of the care and support provided at Springfield House, including interactions between people using the service and staff throughout the inspection.

We spoke with the registered manager, the area manager, and four care staff. We looked at the care files of four people who used the service and records relating to the management of the home including training records, medicine administration records, accident and incidents, quality assurance systems and maintenance records.

Good

Is the service safe?

Our findings

People living at Springfield House were kept safe with appropriate risk assessments in place. Care plans included thorough risk assessments, both generic and situation-specific, for all individuals. Staff were provided with guidance to follow and actions they should take to reduce the identified risks.

Staff were aware of the safeguarding procedures and outlined to us what would constitute abuse. Safeguarding training was an element of mandatory training and was discussed at team meetings and during supervisions. People were protected from potential financial abuse by the daily checks and handover processes carried out by two members of staff. Any errors were quickly identified and rectified.

Medicines continued to be stored correctly and administered as prescribed. People who were prescribed any 'when required' (PRN) medicines had corresponding PRN protocols. These contained the required information to enable staff to administer the medicine as intended, for example details about what the medicine was for and how an individual might display signs of need. We saw that following the use of PRN medicines observations of the individual were carried out and notes were recorded in care plans.

Rotas showed that permanent staff were used to cover the shifts needed. We saw staffing levels varied depending on the needs of the people and their preferred daily routines. We saw that the registered manager identified occasions when additional staff might be required and approached commissioners if additional funding was needed.

Recruitment files were kept securely at the home and we checked a sample of these. All relevant pre-employment checks had been undertaken. Recruitment processes had not changed and we were satisfied that any newly recruited staff were safe to work with vulnerable adults.

A system was in place to record accidents and incidents. These were reviewed by the registered manager and any actions or investigations identified to reduce the likelihood of the incident re-occurring.

A rota of safety checks was completed each week by the staff on duty, including water temperatures, health and safety and fire alarms. A full fire evacuation was undertaken each month so that staff and people living in the service knew how to respond in such an emergency. Personal emergency evacuation plans (PEEPs) were in place for each person living at Springfield House.

The home was clean throughout. Cleaning regimes were being carried out by staff at the home to reduce the risk from legionella, including the cleaning of shower heads in the property. Any equipment was serviced in line with national guidelines and manufacturer's instructions and an annual portable appliance testing (PAT) programme was in place.

Good

Is the service effective?

Our findings

People continued to receive effective care. There had been no new admissions into the service since our last inspection. The registered manager told us there would be a full assessment of people's needs when someone new was admitted to the service and that the needs of those people living in the home would also be considered. They would also request any additional care and support plans, for example if the person had a specific health condition such as epilepsy or was at risk of choking when eating.

People continued to receive effective care from staff trained to undertake their support roles. Annual observations of competency were completed by the registered manager or senior support workers. Staff were supported through regular supervisions and team meetings and competencies of staff were reviewed annually.

There were robust induction processes for new staff who were signed up to elements of the Care Certificate. The Care Certificate is a set of nationally recognised standards that staff new to care should achieve as a minimum. Staff completed aspects of training the provider considered mandatory, in the form of e-learning with additional training sought from external sources to address any specific needs that staff needed to be familiar with.

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).

The registered manager had made DoLS applications to the supervisory body and had the relevant authorisations in place at the time of this inspection. Best interest decisions were made in conjunction with other parties and professionals and were thoroughly documented.

The service continued to involve people in choosing a variety of meals and tried to encourage people to eat healthier options. Fast food was a treat bought on certain occasions. Meals were chosen by people indicating to staff which foods they enjoyed using picture cards and shopping was ordered accordingly. One person we were able to communicate with had soup for lunch and told us, "It was good. I liked it." If someone did not like or want the main meal on offer then they were able to choose an alternative meal.

People living at the service were supported by staff to health appointments, such as to the GP or to hospital appointments. At the time of this inspection the registered manager was working proactively with a local hospital and the GP to treat people and staff diagnosed with a particular disease with the appropriate medication. Others were also being treated to help prevent them from contracting it.

Health professionals attended the home to review people and update any plans in place. People's changing needs were well documented and relevant health professionals were involved. The home worked in partnership with other health professionals, seeking advice and guidance whenever appropriate to do so. We saw examples of complimentary feedback from social workers and other health workers regarding how

well the service supported people in their daily lives.

The building was a large detached house with both shared and private living spaces. We saw that people had decorated and furnished their private bedrooms to their own tastes, with posters, pictures and familiar things that they enjoyed or liked to have around them. One room we saw was not decorated with personal items and there was minimal furniture or belongings in the room. The registered manager explained the reasons for this and we saw that the person was comfortable in their room during the inspection.

Good

Is the service caring?

Our findings

This was still a caring service. People living at Springfield House were happy and smiling. We heard positive interactions between the people living at the home and the staff during our inspection and observed the caring qualities of staff.

Conversations and interviews held with members of staff demonstrated they were knowledgeable about individuals living at the home and wanted to enhance people's lives with the care and support they provided. Staff recognised the importance of routines and how deviating from these might negatively affect people living at Springfield House. They explored new ways of working with people to try and meet their changing needs.

Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. The service acknowledged that it was a requirement for all staff to do formal equality and diversity training and we saw staff had received this element of training. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

Staff gave us examples of how they would promote independence, privacy and dignity. People were encouraged to be independent when it was safe to do so. Staff were able to explain how they maintained people's privacy and dignity, for example by making sure doors were closed when providing personal care and by supporting people to have time in private if this was their choice. Choices were offered to people in their daily lives and people had different daily routines, based around likes and preferences.

Staff were aware of the need for confidentiality, especially when supporting people to access the community, and gave examples of how they maintained this in their support worker role. Records and care plans were securely stored therefore people's private information was kept safe.

Good

Is the service responsive?

Our findings

The service remained responsive. Personalised and thorough care plans in place provided details of the support people needed, for example with personal care and mobility. These were regularly reviewed and were up to date. We also saw care plans on file relating to specific health conditions, for example autism and epilepsy, so that staff were informed and better able to support people. Staff involved in people's care signed each aspect of the care plan to indicate they had read and understood the content.

Where people were not able to communicate verbally, care plans outlined to staff how individuals might be communicating with their body language and facial expressions. We observed staff supporting people and responding to their body language. One person liked to dance so music was turned on for them. Care plans reflected what people liked and did not like, and also indicated instances or situations that triggered negative behaviour. For example, staff had identified that a number of television channels were a negative stimulus for certain individuals. We saw that whilst choices in relation to what TV programmes to watch were offered, these were limited so that people remained relaxed and calm. People were encouraged by staff to do other meaningful activities, like going out for a drive or walking, instead of watching the television. Some people had access to their own vehicle or if not, to a minibus owned by the home.

We looked at how people's current care needs were communicated between staff and saw communication exchanges took place each day in the form of handovers. Shift handovers occurred each time staff changed over, all the people who lived at Springfield House were discussed and any important information was shared and handed over. Checks of medicine stocks and monies held for people were also done to help safeguard people and reduce errors.

Staff were able to give examples of how they met individual needs of people, for example relating to people's medical conditions, behaviour, dietary requirements and personal care. Care plans were reviewed monthly by the manager to ensure they accurately reflected people's needs and were in line with their preferences. We saw that one person's needs were changing rapidly and the service had responded to this. There had been an increased number of incidents and the service was working with relevant health professionals to try and best meet the person's needs, whilst keeping others safe. We saw that a behavioural support plan was updated each time an incident occurred.

People were involved in their care and in the service. Informal household meetings took place where people chose what they wanted to eat and what activities they wanted to do. People were able to communicate this to staff using picture cards or technology, such as an iPad.

People participated in daily activities depending on their preferred routines and what they enjoyed doing. Records were kept in the form of written daily logs and photographs. People were able to access activities in a group or individually, depending on what the activity was. For example, people went out on day trips together or went bowling and then for lunch. Individually people went to the gym, the library, to college or to a park. People had forged good links with the local community as they visited local shops and outside spaces.

A complaints policy was in place although we saw that no formal complaints had been made to the service in the last 12 months. There was an easy read guide about how to make a complaint in the home. We saw examples of compliments made or sent to the service from both professionals and family members.

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in post as required by their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

We saw there was a system of audits and quality checks made by all staff at the home. Daily handover checks involved two support workers checking medicines and monies held on behalf of people, as is good practice. Monthly medication audits were completed and any accidents, incidents and safeguarding referrals made by the service were reviewed. There were also monthly audits on each person using the service, undertaken by the person's key worker, reviewed by a senior member of staff and signed off by the registered manager. The registered manager also kept a chronological log of safeguarding incidents raised with the local authority, used as an audit trail by the service. There was good oversight of the service from the registered manager.

The registered manager received support from an area manager and also from managers of other services in the same group. Audits were undertaken by these managers, independent of Springfield House. We saw instances where these had identified a concern and the registered manager had taken action to resolve it. This meant there were systems in place to monitor and improve the service.

The staff we spoke with were positive about their role and said the registered manager was approachable and offered good support. They were also complimentary about other colleagues and pointed out how good team work was vital when working in a support role.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked our records and looked at records during the inspection and found that all events had been notified to us as required.

The service demonstrated examples of working in partnership with people, their relatives, commissioners, and health professionals. There was good communication with peoples' family members regarding any health concerns, incidents, participation in activities and when monies were required for this.

The service engaged with people where possible and used all forms of feedback to continuously improve the service to ensure people living at Springfield House were appropriately supported and had a good quality of life.