

Valeo Limited

# Springfield House

## Inspection report

176 Sheffield Road  
Penistone  
Sheffield  
South Yorkshire  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Springfield House is a care home that provides accommodation and personal or nursing care for up to four people with a learning disability, mental health issues and behaviours that challenge. The home is situated in Penistone, South Yorkshire near local shops and public transport. It is a detached house with a separate secure rear garden accessed through the house. There were four people living at the home on the day of this inspection.

People's experience of using this service:

- The service had improved since the last inspection. Staff supervision had increased, and these improvements had been embedded. People who used the service and staff were now being asked to provide feedback on the service. This feedback was sought through questionnaires and/or meetings on a one to one basis or in groups.
- People told us they 'liked' the staff and they were positive about how they were treated by staff. People told us they were in control of their day to day routines and staff supported them to remain independent and access and participate in activities in the home and in the community. Staff asked people for consent before providing support.
- People felt safe whilst residing at Springfield House. Recruitment processes were robust and thorough checks were completed before staff started working in the home. We saw there were sufficient numbers of staff on duty to make sure people's care needs were met. Staff supported people safely with their medicines.
- Risks to people receiving care at Springfield House were assessed and kept under review. People's needs were assessed and support plans were developed to guide staff in how to support each person. People were involved in monthly reviews about their support with their key worker at Springfield House.
- Staff had received training and supervision to ensure staff had the knowledge to provide people with appropriate care.
- People had access to health professionals as required. Community health professionals provided positive feedback about the service commenting particularly about the person centred information contained in people's support plans.
- The service was consistently well-led. People felt able to raise any concerns with the registered manager or provider and were confident they would be addressed. Staff felt well supported by the registered manager and we observed the staff team work well together.
- The registered manager and provider coordinated a wide range of quality checks and audits of the service to make sure the care and support provided was of high quality. This supported the continuous

improvement of the service.

- The service met the characteristics of good in all key questions.
- More information is in the full report.

Rating at last inspection: At the last inspection the service was rated requires improvement (published 3 March 2018).

Why we inspected: This was a planned inspection based on the rating awarded at the last inspection.

Follow up: We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

## 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Springfield House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

This inspection was completed by one inspector.

#### Service and service type:

Springfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received, and notifications submitted by the service. A notification must be sent to CQC every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We did not ask the provider to complete a Provider Information Return (PIR). This was because we had changed our inspection dates. 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 gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with this inspection.

At the time of this inspection there were four people using the service. We spoke with two people living at the home and a visiting health care professional, to obtain their views of the support provided. Two people declined our invitation to talk with them. We spoke with one relative on the telephone.

We spoke with six members of staff which included the registered manager, two senior support workers, two support workers and the provider locality manager.

We looked at two people's care records, two medicine administration records, the staff training and supervision matrix and two staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Staff were confident the manager would take any concerns they reported seriously.
- People told us they felt safe living at Springfield House and they knew who to report any concerns to. People told us, "I am alright here, if I am unhappy I talk to [named registered manager and locality manager]."
- People's relatives were also satisfied that their family member was safe. Comments included, "[Name] is safe at the home, I have no worries."

Assessing risk, safety monitoring and management:

- During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance this was provided. We saw staff were aware of people's individual demeanour and behaviour and of the potential risks associated with this.
- The provider had systems in place to ensure that risks were minimised. Support plans contained risk assessments that were individual to each person's specific needs, including an assessment of risk for nutrition, medication, accessing the community, and the need for regular reviews of both physical and mental health.
- Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

Staffing and recruitment:

- People, relatives and staff all thought there were enough staff to help support people when they needed it. One relative told us, "There are always staff about to help [name of person]." A person said, "Yes, staff take me out when I want. I am going out soon with [named staff member] to buy a new mobile phone." Staff said, "Yes I think we are staffed safely. We generally have one staff to one 'resident' each morning." We observed staff were very visible around the home and responded to people's needs as required. We also observed staff taking time to sit and engage with people on a one to one basis and accompanying people to go out of the home when they requested to go.
- Suitable recruitment checks were completed before staff were employed to work at the service, to help make sure the staff were assessed as suitable to work at the service.

Using medicines safely:

- We found medicines were ordered, stored and administered safely by staff.
- People received their medicines as prescribed by their GP. Staff completed records to confirm what medicine people had received and when. Staff were trained in medicines management and their competency to administer medicines safely had been checked.
- We observed the staff member administering the medicines to be patient and professional. The member of staff went to each individual person to administer medicines as the person woke in the morning.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place which helped to ensure these medicines were administered appropriately and at safe intervals.
- An NHS consultant and visiting health professional had visited a person on the morning of our visit and changed the person's medicines. Staff immediately contacted the GP practice and pharmacy to order the medicines to ensure the medicines could be administered to the person as soon as possible.

#### Preventing and controlling infection:

- Springfield House was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and being implemented correctly.
- Staff followed cleaning schedules and had access to personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong:

- Where accidents or incidents had occurred, detailed information had been recorded by staff.
- The provider had systems in place to review and analyse any accidents and incidents each month. These systems assessed whether there were any trends and considered whether there were any steps the service could take to reduce the risk of further accidents and incidents.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- During the last inspection we identified improvements were needed because some staff had not been provided with relevant supervision and appraisal to ensure they had the skills they needed to undertake their role. At this inspection we found improvements had been made.
- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. A relative told us, "They (staff) are good, they know what they are doing."
- Staff completed a comprehensive training programme and regularly refreshed their knowledge of different subjects. Staff told us they thought the quality of training was "good".
- Staff received regular supervision from their line manager and annual appraisals. Staff told us they felt supported to carry out their roles effectively. Staff said, "I feel really supported by the manager. We have supervision regularly and we can go to her at any time for a chat and support."

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

- People's needs were assessed before they moved into Springfield House to check the service was suitable for them. A detailed support plan was then written for each person which guided staff in how to care and support them. People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

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

- People were offered a number of choices for each meal, and although there were menus in place we saw staff asked people what they wanted and prepared the meal that was requested. People and staff chose to eat together in the main kitchen/dining room, but people said if they preferred they ate in a place of their choosing. People said, "The food is good", "I help with the shopping so choose some foods I like", "We go to the pub to eat sometimes" and "I can make myself a drink or snacks like toast when I want." We saw the kitchen appeared to be the hub of the home with people regularly sat at the large dining table having a drink or chatting with staff.

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

- People said their physical and mental health was looked after and they were provided with the support they needed. One person said, "I am going to see my [health professional] again this week. I have been seeing them regularly" and "I see the GP here or sometimes we go up to the surgery."
- The registered manager confirmed medical support was provided by GPs from a local practice.
- The care records we checked showed people were provided with support from a range of health professionals to maintain their health. These included the community mental health and learning disability

teams, dentists and community nurses. Health action plans were fully completed after every appointment and recorded actions implemented in people's support plans.

- Two health professionals visited people in the home on the day of our visit. They and stakeholders we contacted prior to the inspection told us they had no current concerns about Springfield House. One said, "I don't know service too well, but I am impressed with the support I have seen."

Staff working to provide consistent, effective, timely care:

- People and relatives were positive about the care they received from staff. One relative said, "The care the staff give [name] and myself is beautiful. They are lovely people."
- Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care at handover meetings which took place every day. This helped to ensure all staff were informed of any changes to people's needs, so they could provide the correct level of support to people.

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

- The premises had sufficient amenities such as a bathroom, kitchen, individual bedrooms and communal areas to ensure people could receive the support they required.
- A maintenance programme was in place to make sure a safe environment was maintained.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care; and staff understood how and when to make sure decisions were taken in people's best interests. People said, "I have agreed that staff limit the number of cigarettes and cider I have each day. This is in my care plan. You can look if you want?"
- Where people did not have capacity to make decisions, they 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. Records showed where decisions had been made in people's best interests or if people had made decisions themselves.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People were positive about the way in which staff supported them and they told us they liked the staff.
- People's relatives told us their family member was well cared for and that they received support from the service as a family. Relatives commented, "The staff are lovely. I think [named two staff] are very good with [name of relative]" and "[Name] seems to get on with all the staff and they are very good."
- Staff had developed positive relationships with people and displayed a caring attitude towards them. A staff member told us, "We do want the best for the residents. We spend a lot of time together."
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. 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.

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

- People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and where they would prefer to spend their time. People told us they were regularly asked for their views. One person commented, "Staff are always asking me what I want to do during the day."
- People's relatives were also involved in decisions about people's care, where this was appropriate. Relatives told us the service always kept them well informed. Relatives commented, "The staff keep in touch with me and always welcome me when I visit."
- People's care records evidenced they had been involved in formal reviews of their care. People said, "I have a monthly meeting with my keyworker to check everything. We go through my care plan."
- There were contact details for local advocacy services displayed. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. We saw one person had support from an Independent Mental Capacity Advocate (IMCA). The IMCA role is to support and represent the person, who may lack mental capacity, in some decision-making processes.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and dignity. All staff had received training in dignity and we observed staff to be respectful throughout this inspection. Staff knocked on people's bedroom doors and waited for an invitation from the person before entering the room. Staff were polite and addressed people by their preferred name.

- Staff supported people to be as independent as possible, to promote their wellbeing. Staff encouraged people to make snacks and drinks themselves and participate in household chores such as laundry washing and cleaning.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care records were detailed, person-centred and accurately described what support they needed from staff. They were reviewed monthly or sooner, if a person's needs changed. This helped to ensure they were accurate and up to date. A visiting health professional said, "I would say people's care plans and records are excellent. They give you a really good picture of the person."
- Staff knew people's likes, dislikes and preferences. They used this knowledge to support and care for people in the way they wanted.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People told us they enjoyed the range of activities on offer which included opportunities to access the community. People told us, "I do lots of things. I go shopping. I am going to buy a phone later", "Staff are trying to organise for me to go to a day centre, I want to go", and "I sometimes go to football which I like." One person was enthusiastic to show us the gardens and the vegetables they had grown. They spent time telling us what they intended to grow in the summer and also showed us the craft work they had completed. The service had access to a people carrier which several staff could drive. People said they often went out in the vehicle to the shops and to other events such as shopping, meals out and swimming. One person enthusiastically showed us their bedroom which was personalised to their taste with posters on the wall and bedding and photographs of their favourite football team.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- The registered manager confirmed they would keep a record of any complaints which would allow them to easily identify any themes or trends which they could act upon to improve the service. No complaints had been received.
- People and their relatives told us they could confidently raise any concerns with the staff or registered manager and they were sure they would be addressed. One person said, "I know [named locality manager] is visiting today I would tell him if I wasn't happy. He sorts things." A relative said, "I have no complaints, but I would speak with [named registered manager] if I did, she would sort them."

End of life care and support:

- The registered manager informed us, should end of life support be needed, they would liaise with relevant health professionals to provide appropriate support at that time.
- The care plans we checked described how people wanted to be cared for at the end of their life. These plans provided guidance to staff. They described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.

## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care:

- During the last inspection we identified improvements were needed because some staff had not been provided with relevant supervision and appraisal to ensure they had the skills they needed to undertake their role. At this inspection we wanted to evidence a sustained and consistent level of supervision had been achieved and that systems for staff supervision and appraisal were in line with organisational policy. At this inspection we found improvements had been made.
- The service was well run. The provider had effective oversight of what was happening in the service. Staff at all levels understood their roles and responsibilities.
- Staff were positive about the way the registered manager ran the service. Staff commented, "The manager is supportive we can go to her with any problems and she tries to sort them."
- Staff and people receiving support said the manager and the provider were always available to them. Our observations during this inspection showed people receiving support and staff knew the registered manager and locality manager well and were comfortable with them. One person said, "I have a good relationship with [named registered manager]. She is easy to talk to and listens to me."
- The registered manager and provider were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager. They were keen to achieve good outcomes for people.
- The quality assurance system included monthly audits of care plans, accident and incident analysis, medicine management and infection control carried out by the registered manager and overseen by the provider. We found these audits were effective in that, where areas for improvement were identified, action was taken. For example, the registered manager and provider were closely monitoring that all staff were up to date with training and supervision.
- Staff were supported to carry out quality assurance checks on the service in addition to the audits completed by the registered manager and provider. These included daily and weekly checks of medicine management. The registered manager maintained an oversight of the quality assurance system to ensure the service met the regulatory requirements.
- The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities.

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

- People told us they were regularly asked their views about the service. They said, "I see the manager all the time and we have a monthly meeting with my key worker where we talk about things in the home."
- The registered manager confirmed surveys had been sent out for relatives and visiting professionals to return which asked for their views of the service. The registered manager said they and the provider would analyse the returned surveys and the information would be used to continuously improve the service. Action plans would be created where necessary.
- Staff meetings took place and staff were also given the opportunity to raise any ideas or concerns about the service during their supervision meetings.

#### Working in partnership with others:

- The registered manager welcomed community organisations and visiting professionals into the home which enabled the service to work in partnership with them. We saw health professionals visit the home on the day of inspection.
- The service worked with other agencies such as the local authority and local clinical commissioning group who commissioned care for some people living in the home.