

Mrs Carol Mary Leggett

Spring Cottage

Inspection report

Stone Moor Bottom
St John's Road
Padiham
Lancashire
BB12 7BS

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Website: www.springcottagescare.co.uk

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

Spring Cottage is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 22 people. Spring Cottage accommodates 22 people in one adapted building.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. The service ensured all incidents were investigated and reported to the local authority safeguarding team. Systems were in place to promote learning and improvement from any incidents to avoid them reoccurring. People were supported to manage the risks in their daily lives. Positive risk-taking strategies maximised people's opportunities to engage in activities. Staff had been recruited safely and medicines were managed safely.

People's needs had been thoroughly assessed with input from families and professionals. Care plans were detailed. Staff felt the plans provided enough information to understand what support the person needed. Staff had received regular training and supervision to support them to meet people's needs. A comprehensive induction programme ensured new staff had a good understanding of their role and the values of the organisation. People were supported to maintain their health and wellbeing, through access to a range of health services. The service was compliant with the Mental Capacity Act. 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. The service promoted people's choices.

People received person-centred care which was responsive to their needs. Care and support plans had been regularly reviewed to reflect any changes in the person's needs and wishes. People had been referred for further input from professionals when required.

People were encouraged to raise any concerns and complaints. Information about how to do this was available in a variety of formats. We saw the service had responded to concerns fully.

There was a registered manager in post. 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.

The management team were committed to providing high-quality, person-centred care. They embedded the values of the organisation throughout their practice. Staff spoke highly of the management team and the values they set. Roles and responsibilities were clear. Regular audits ensured care was provided effectively and records were accurately maintained. The views of people, their families and staff were actively engaged through meetings and surveys.

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 14 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring

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.

Spring Cottage

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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

Spring Cottage 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 service had a manager registered with the Care Quality Commission. This means that 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.

Inspection activity started on 12 June and ended on 13 June.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We requested feedback from the local authority and commissioners. We used this information to plan our inspection

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff, including the registered manager, care workers and the chef.

We reviewed the care records for three people and looked at medicine administration records. We looked at the recruitment records for three staff, policies and procedures, complaints, quality assurance records and staff supervisions.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was due to issues around staffing levels. Since the last inspection the service had recruited an activities coordinator and staffing levels had improved. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm by robust systems the service had in place. One person told us, " When you get old you need to feel safe. I go to bed and I sleep because I know the staff will keep me safe."
- Staff we spoke with could identify what might be a safeguarding concern and were knowledgeable about how to raise concerns. We reviewed the service's safeguarding records and found they had followed procedures.

Assessing risk, safety monitoring and management

- Staff completed risk assessments in relation to people's health and social care need. The service regularly reviewed risk assessments to ensure they were up to date and had amended risk management plans when required.

Staffing and recruitment

- Staff had been recruited safely. All necessary pre-employment checks had been completed prior to people starting to work. Staffing levels supported people safely. Staff we spoke with told us there were enough staff on duty to keep people safe.

Using medicines safely

- Medicines continued to be managed safely. The service had a medicines management policy based on best practice guidance. Records were complete without any gaps. We checked the stocks of some medicines which we found to be correct.

Preventing and controlling infection

- People were protected from the risk of infection. The service had infection control policies which were based on best practice guidance. We saw there was personal protective equipment, including gloves and aprons available throughout the home. One visitor told us, " The home is clean; in fact, it's spotless."

Learning lessons when things go wrong

- The provider had systems to learn lessons when something went wrong. The registered manager ensured all incidents and accidents had been thoroughly investigated and lessons learned, to prevent things from happening again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff assessed people's needs and choices to ensure the service could meet them. Thorough assessments had been completed which included all aspects of people's health and care needs. People, professionals and their relatives, where possible, were involved in assessments and care plans and contributed their views.
- Staff worked together to ensure that people received consistent, person-centred care and support.

Staff support: induction, training, skills and experience

- Suitably, inducted, trained and supervised staff supported people. People were supported by suitably trained staff. The service ensured staff received training appropriate to their roles. Training records showed people had received a robust induction programme. Records we reviewed showed people were being supported as described in their care plans. Staff told us they had received appropriate skills to understand their role.
- Staff were happy in their role. However, they told us that rotas were not always planned that far in advance which could make it difficult at times to manage a work/life balance. We discussed this with the registered manager who agreed to look into this.

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

- People were supported to eat and drink a balanced diet. People's preferences had been recorded. Some people needed modified diets and advice from speech and language therapists regarding swallowing needs had been included in people's plans and was followed by staff.
- People told us the food was very good. One person told us, "The meals are well prepared and there is plenty of choice". Another person said, "The food is very good but I have not got a good appetite. The girls try to encourage me to eat." Staff were very aware of dietary needs of the individuals. Staff knew which people required modified diets and who needed assistance at mealtimes.

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed evidence of partnership working with other health and social care professionals to ensure consistent and effective care. Reviews were held regularly and people were actively involved in decisions about their care.

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

- Rooms were spacious and the service had recently built an orangery which was a light and airy space for people to sit in. Communal areas were nicely decorated and furnished and a respite room we viewed had a patio door leading onto the accessible garden. The service had just received dementia friendly signage and was in the process of installing it.

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

- The service assessed people's healthcare needs. This included working with community-based health professionals and families. Appropriate referrals were made to other professionals, such as the rapid intervention and treatment team. Regular health checks and screening was completed. For example we saw an optician visiting. One professional told us, "I always find the staff very helpful. People always look well cared for and happy."

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 when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was compliant with the principles of the MCA. Staff understood the importance of consent and we observed staff gaining consent from individuals.
- At the time of inspection, we saw that appropriate applications for DoLS had been submitted to the local authority.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People experienced kind and caring support from staff who were committed to supporting them respectfully. People told us, "I am content here and the staff are wonderful." Staff told us, "It's a nice vibe here, very friendly and the management is good." Staff were caring, knowledgeable and were passionate about the people they cared for. It was evident that they knew them well.
- People told us, "The staff go above and beyond," and "The staff are wonderful people." Another person told us, "My friend has been here only a short time but her progress has been fantastic. She is getting back to her old self slowly but surely. The staff here are making a big difference to my friend's mental health. Encouragement and patience are being shown to her on a daily basis."
- People's equality and diversity needs had been recorded in their care plans and staff followed their cultural needs and wishes.

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

- People were encouraged to express their views and be involved in decisions which affected them. One person told us, "I have been in many homes and this one appears to be a very good one. They really listen." We saw evidence of consultation through resident meetings and satisfaction surveys.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff respected people they supported in ways which upheld their dignity. Staff we spoke with understood the importance of respect and dignity. One person told us, "I do count my blessings that I am very capable and that if I do need help then the staff will assist me. The staff go above and beyond their duty here."
- People had been supported to maintain and improve their independence. One person who had recently been admitted to the service told us, "My aim is to go home and I think, with the staff's help, I will make it eventually." Staff told us that this individual had made great progress during her stay at the home and had regained skills.
- We observed positive interactions which demonstrated warmth, humour and compassion. One person told us, "The staff have shown me great kindness and understanding, I feel I can trust the girls. I am so much better since coming here. I feel like I am living in the real world."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which was responsive to their needs and reflected their needs, wishes and preferences. People's interests had been identified and the service worked hard to achieve positive outcomes for people.
- Monthly reviews of care plans were taken place, to ensure that they remained up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had the option to have service user guides in formats they understood.
- People were supported to express their views and have control. People's needs and care plans were reviewed and updated regularly by the staff. Where needed, people had been referred to other professionals for assessment and support, such as speech and language therapists.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since the last inspection the service had recruited an activities coordinator and people had access to a range of activities. One staff told us, "Having someone to look after activities is a great help."
- People were engaged in activities which reflected their choices. One person told us, "I am a member of the local choir and the staff make sure I get to choir practice when necessary. We go out for meals which is very nice. Staff give up their own time to come with us." People told us they had opportunities for meaningful activities. One person told us, "It is very easy to become detached from the world outside but the staff keep us in touch. Going out for meals and afternoon tea is very important to me."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and responded to through the service complaints procedure. We saw the service had followed their procedure and followed up on complaints they had received. People we spoke with told us they knew how to raise complaints and felt able to do so.
- Compliments received were recorded and shared with the staff team.

End of life care and support

- People had been supported at the end of their life to remain at home, if they wished, with support from

the service and community-based health professionals. Staff had received training to understand people's needs at this time.

- We observed how the service provided sensitive, compassionate care. One relative of a person at end of life told us, "Mother needs lots of attention in her last days and everyone is doing their very best for her. The District Nurses are helping as well. I am sitting with my mother and staff are in and out all the time."
- People had been supported to consider their wishes and make plans which reflected any cultural and religious considerations

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred care which reflected their needs and aspirations and was delivered by staff who were committed to the values of the service.
- Staff we spoke with felt committed to achieving positive outcomes for people. The culture of the service was open and positive and it was clear that people were treated as individuals.

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

- Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. We found the service had met their obligations in this area.

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

- The management structure was clear and staff roles were clearly defined. The management team ensured staff were supported to fulfil their roles by regular supervision and feedback. Staff had confidence in the management team and praised their availability and approachability.
- The quality of the service was maintained by the management who used regular auditing and governance tools to assess and monitor the delivery of care and support and associated record keeping.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were encouraged to be engaged with the service, share their views and contribute to service development. We saw a variety of ways they communicated with people receiving a service through regular meetings and surveys.
- Staff engagement was achieved through team meetings, supervisions and handovers. Staff felt able to contribute to the team meeting agenda and raise any issues or concerns.
- The service had good relationships with people and their families. One person told us, "My mother has been here eight years and we have a very good relationship with the home. I have always been involved with my mother's care and the staff have always encouraged me." Another person told us, "I know I can trust the

manager to keep me informed about mum and she will make sure mum is safe and loved if I am not here." Staff told us, "This is a lovely place to work."

- Conversations with staff and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination , for example on the grounds of disability, sexual orientation, race or gender.
- Continuous learning and improvement was achieved. We saw the service was open to consider all incidents and concerns that may arise.

Working in partnership with others

- The provider worked in partnership with other professionals to ensure the service was able to share knowledge skills and experiences across a broad range of people. This included; the local authority, county commissioning group, health professionals.