National Neurological Services Ltd

Springvale Resource Centre

Inspection report

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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

Springvale Resource Centre is part of National Neurological Services Ltd and registered to provide accommodation for up to four people. They provide rehabilitation support for people over the age of 18 who have a neurological disorder or mental health issues. There were currently four people accommodated at the home.

The service had a registered manager. 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.

This is the first rated inspection since the service changed provider.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff were safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and homely in character. Staff were trained in the prevention and control of infection to help protect the health and welfare of people who used the service.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business contingency plan for any unforeseen emergencies.

People were given choices in the food they ate and encouraged to cook for themselves. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home. Plans of care were individual, person centred and reviewed regularly to help meet their health and social care needs.

We saw that people could take part in activities of their choice and families and friends were able to visit when they wanted.

Staff were trained in end of life care to offer support to people and their family members at the end of their lives.

Audits, surveys and meetings helped the service maintain and improve their standards of support.

People thought the registered manager was approachable and supportive. There were systems to audit the quality of service provision.

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.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and would recognise what a deprivation of liberty was or how they must protect people's rights.

People were supported to shop and prepare their food.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

We saw staff had a caring attitude and had a good relationship with people who used the service.

Records were stored confidentially and staff were trained and aware of protecting data.

People were encouraged to be independent and had choices in what they did.

Is the service responsive?

Good

The service was responsive.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care and support.

There was a range of activities for people to engage in if they wished, which was suitable for their age, gender and religion.

There was a complaints procedure for people to raise any concerns they may have.

Is the service well-led?

Good

The service was well-led.

The audits we saw showed the registered manager looked at ways of maintaining and improving standards at the home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach the manager when they wished.

Springvale Resource Centre

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 was an announced inspection and was conducted by one adult social care inspector on 11 and 12 December 2018.

We did not request a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Rochdale Healthwatch and local authority for their views of the service and they did not have any concerns.

We spoke with two people who used the service, the registered manager and two care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care and medicines administration records for two people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

Two people who used the service said, "It is very good here, peaceful and relaxed" and "I feel safe here. The new staff are all nice and kind."

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local social services safeguarding policies and procedures to follow a local initiative, which meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. A member of staff said, "I would report any abuse and have had the training."

There had been one safeguarding incident the service self-reported and we saw action was taken to investigate the concern and minimise further errors.

We saw there was a system to record accidents and incidents. The records we looked at showed the service had responded to the mainly minor behavioural incidents of people who used the service and looked at ways to prevent them. Staff completed training for behaviours that may challenge so any intervention was in a non-confrontational way and helped keep themselves and people who used the service safe.

During the week there were four staff on duty. At weekend there were three staff to support the four service users which showed there were sufficient staff to meet people's needs. The off duty records showed this was the consistent number of staff each week.

We looked at four staff files and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment were investigated) and proof of address and identity. The checks ensured staff were safe to work with vulnerable people.

There was a business continuity plan to help ensure the service could function in an emergency such as a loss of utilities or staff shortage in bad weather and each person had a personal emergency evacuation plan (PEEP) to help people be safely evacuated in the event of a crisis such as a fire. There was a copy of the PEEP in each care file. There were arrangements to keep people safe in an emergency.

We saw in the plans of care that there were risk assessments for any specific need a person had. Personal risk assessments included the risk of falls, tissue viability (the risk and prevention of pressure sores), self neglect, harm to others, risk to self and the use of transport. There were also environmental risk assessments which highlighted possible hazards such as slips, trips and falls. We saw the risk assessments were used to keep people safe and did not restrict their lifestyles.

There was a system for the reporting and repair of equipment. Electrical and gas installation and equipment was maintained by qualified external contractors including the fire system. On both days of the inspection we saw work being undertaken to repair faulty equipment.

The fire system was checked regularly and staff were trained how to respond to the fire alarm sounding including evacuation of the building. Staff also undertook regular checks to ensure the hot water outlets were not a risk of scalds and windows had a device fitted to prevent accidental falls. There was a system to reduce the risk of Legionella. We saw cupboards that contained cleaning agents were locked to prevent possible misuse.

A person who used the service told us, "I like to live in a clean home and respect my environment." Staff were trained in the prevention and control of infection. Staff also had access to personal protective equipment (PPE) to help reduce the risk of cross contamination of infection, for example gloves and aprons. A staff member was completing cleaning from a rota in between taking people out and filled in a form to show what had been done. People were also encouraged to do as much for themselves as possible and this included cleaning the home. There was a small laundry with a commercial washing machine which had a sluicing facility for the rare occasion of incontinence and colour coded bags for transferring any soiled linen. This helped protect staff and people who used the service from infections.

There was a medicines policy in place which guided staff to provide safe administration, storage, ordering and disposal of medicines. All staff who administered medicines had undertaken training. We observed staff administering medicines and found they followed the safe procedures.

Medicines were stored in the locked office and each person had their own cupboard which their medicines were dispensed from. The cupboards were securely attached to the wall. The staff member completed the medicines administration record (MAR) when a medicine had been given. We checked the MAR charts for two people and found they were completed accurately.

There was a system for ordering and checking the numbers of medicines each month. Managers and staff conducted audits to spot any errors and staff had their competence regularly checked to ensure their practice remained safe. The temperature of the room medicines was stored in was recorded to ensure they remained effective.

Due to the nature of people's mental health no person currently self-medicated and we saw one person may need to be given medicines covertly for their well-being. We saw this had been arranged by professionals and a GP and was in this person's best interest.

The service retained copies of medicines information leaflets and had other reference material to be aware of any side effects or other possible indications a medicine should not be given. Medicines that were to be given 'as required' had clear information about what the medicines were for, the dose, the time between doses and the maximum number in a 24-hour period. This prevented possible overdose of medicines such as for pain relief.

Good

Is the service effective?

Our findings

Two people we spoke with told us, "I like my coffee in the morning. I do my own cooking and I am a good cook. I like to cook for myself because I know what I like. We can make what we want within the budget. I enjoyed my breakfast out today," and "I can make anything. I like cooking. I have to be careful about what I cook. We do our own shopping and cooking meals. I plan for three days at a time. The food is good."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. Meals were very informal and people were able to make what they wanted. We observed that the kitchen was the general meeting place and staff interaction with people was friendly. People who used the service and staff sat and had a drink together and chatted about the days events or where they wanted to go. People were able to plan and make individual meals but we also saw that there was a regular curry or other themed meal where people joined in with each other as a social event. There were photographs on the kitchen wall of the group cooking activities. We saw the kitchen was clean and tidy.

Staff had been trained in safe food hygiene and there was advice around good nutrition. On both days of the inspection some people went out for lunch or brought home food when they had been shopping. People told us they could eat out regularly or have a takeaway every now and then.

On the first floor there was a kitchenette for people to prepare snacks and meals. This was to help people maintain or improve their life skills with staff support. The dining area was in the main kitchen and there was sufficient comfortable seating to eat formally. There was a bowl of fresh fruit on the table if people wanted to eat it.

No current people who used the service required any special diets although staff were aware of a person who needed supervision about what they ate.

A staff member said, "I have only been here a few days and have completed the induction. I am now on with training and have done the first aid course and now doing safeguarding. The staff have been really helpful and they are very nice." We saw the training course which new staff had to complete which was a mixture of e-learning and classroom based training. There were nine topics staff had to complete as soon as they could and a further thirteen topics within a three to six month time frame. The training provided would ensure new staff were equipped to feel competent to do their work. We asked if the service was going to enrol staff on the care certificate. The registered manager said they intended to complete this training when the new training system had been fully implemented on the computer system. The care certificate is a recognised training system for people new to the care industry.

A staff member said, "We do enough training to do the job. I also complete the health and safety, checklist and make sure care plans are up to date." A new staff member told us, "I think when I have completed the training it will be very useful for me. They are showing me what to do and encouraging me to complete the mandatory training as soon as I can. We can access the e-learning here and at home." The induction in the

first days included showing staff around the home, meeting staff and people who used the service, looking at the key policies and procedures and the rules of working at the service.

The service was transferring their training records onto a new computer system which would automatically notify the service what training a person had done or were due to refresh a topic. There were several new members of staff who were working through the training program. Staff told us they were completing the training. We saw training was provided for topics such as health and safety, fire safety, safeguarding adults, moving and handling, medicines awareness first aid and basic life support. Further training was provided for equality and diversity, person centred care, privacy and dignity, infection control, food hygiene, positive behaviour support and supporting people with challenging behaviour. The training records of the service showed that some staff had completed all the training and training for new staff was being completed. When staff had completed the training they were expected to undertake further training in health and social care such as a diploma and one staff member we spoke with had completed a NVQ3.

A staff member we spoke with said, "We have had regular supervision. It is a one to one and you can discuss your own needs. I have had an appraisal as well." We saw from the records that supervision was regular and gave staff chance to discuss their careers and performance.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw that the service had informed the Care Quality Commission (CQC) of any DoLS authorisations as they are required to do. Staff had been trained in the MCA and DoLS and were aware what a deprivation of liberty was.

Some staff had been trained in the MCA and DoLS or it was arranged for new staff. We saw that all four people who used the service had a DoLS in place for restrictions that were necessary for their health and well-being. The DoLS had been arranged following a mental health assessment and a best interest meeting. A best interest meeting may include the person, family members, staff from the home and any relevant professionals and part of the process is to ensure any restrictions to the person's liberty is the least restrictive. The DoLS were reviewed yearly to ensure they remained relevant.

We saw that where possible people had signed their consent to care and treatment and for other areas such as consent to be photographed, the sharing of details when necessary and to enter their private space. On the day of the inspection people decided what they wanted to do and staff supported them.

This is a small home and people who used the service could choose what their rooms and the home looked like. We visited one person's bedroom and saw that it was very personalised with posters, music and film DVD's. The person was proud of their room and collections. Another person's room was football oriented.

The communal areas were in a reasonable decorative state of décor and we were told there were plans for a

complete upgrade in the near future.

There were sufficient comfortable seating areas in the two lounges and a rear enclosed yard where people smoked and was used in the summer for barbecues.

We saw from the plans of care that people had access to a wide range of health and social care professionals which included psychiatrists, psychotherapists, social workers and occupational therapists. Each person had their own GP. People were supported to attend appointments to ensure their health care needs were met.

Good

Is the service caring?

Our findings

Two people we spoke with said, "The staff are good. I like my afternoon sleep and they don't mind. I like my keyworker although all the staff are very kind" and "The support workers put in extra effort, they go above and beyond. The Staff are kind and like to have a laugh with us and they are all well-mannered." We observed staff and people who used the service. There was a very homely atmosphere and although support was provided when required people were able to use all the facilities when they liked. Staff talked, laughed and joked with people who used the service who responded in a like manner.

Two staff members we spoke with said, "The new staff are all very nice. I like caring for the residents and I like all the residents. I would not mind a relative being looked after here. Everything that gets done here is done properly. The care here is good," and "I like it here. I have had a few jobs but this is by far the best and I will stick at it."

Two people we spoke with said, "They help me be independent. I mop my own bathroom. I clean the sink and toilet. I like doing my own cleaning. I don't need much help" and "They do encourage me to be independent. I do for myself but they will help me if I need it." Plans of care also showed us each person's capabilities and what they could do for themselves. It was the view of one person that they hoped to be able to live independently if they were able to. The service supported people to maintain or improve their life skills to have a more independent life.

A person who used the service said, "I have my own key to my room so it is private and they talk to us privately in our bedrooms if you want to." Each person had their own key and could choose to lock their doors if they wished to ensure they had a private moment when they wished. Staff were taught about privacy and dignity topics. We did not see any breaches to people's privacy which helped maintain their dignity.

Plans of care were person centred. Staff had developed the plans of care to show what people liked and disliked, what they could do for themselves, what support they liked and the way they wanted to be looked after when needed. People's life history was included in the plans to ensure staff were aware of any family connections that could be maintained. A person who used the service said, "I am in contact with my family. I get to see them every now and then."

Part of the assessment process looked at the equality and diversity of people who used the service. This took account of people's ethnicity, gender, age, sexuality and religion. There were no service users who had any needs other than religion and this person told us, "I go to church every week. That is very pleasant. It is very sociable there." We saw that staff accompanied the person and were informed to be non-judgemental and respect the person's views. People also went to social events where they could mix with members of the opposite sex.

There were no current people who required any communication aids and they were given information about the home in a written format, which they could understand. This included a service user guide which

informed people who used the service what facilities and service were provided at the home and the complaints procedure. There was a notice board which showed which staff were on duty, the numbers to call for safeguarding, food and allergy advice and good nutrition for people with diabetes. In the hallway there was a photograph of the members of staff and their names which was a good memory aid for people who used the service. Communication was assessed and any needs recorded in the plans of care. We saw for one person staff were informed to wait for a response and to have patience in ensuring the person understood what was being said. We met all the people who used the service and found they could all communicate their wishes verbally.

All records were stored confidentially in an office and staff were taught about confidentiality and data protection. Staff were also informed about not putting confidential information on social media.

Each Sunday there was a 'house meeting' to decide what people wanted to do the next week or raise any topics they wished. We looked at the records of meetings and items discussed included Christmas celebrations, staff name badges, activities and arranging presents and cards for families. People said that they enjoyed all the activities but thought it would be a good idea to look for free places to visit. We found the service had responded to people's needs and all shopping and cards had been completed. Staff were assisting people to look for free activities in the local area. The registered manager said they were going to make their own name badges.

People told us they were supported to meet their family members and that sometimes they were visited in the home. The registered manager said visitors were made welcome and could visit when they wished.

Good

Is the service responsive?

Our findings

Two people who used the service said, "I have been out for my meal. I like my music and films. I go to the lighthouse project. I go to socialise. I sit and chat. I go out most days. I like to look after my budgie" and "I like to do art work. I get a lot out of it. I like photography and I am hoping to get my own camera. I go out for a meal to have lunch. Watch TV and chill out. I also want to get a push bike. I have had a cycle before." On the days of the inspection we saw people being supported to go to the places they wanted to which included shopping, for a meal, a walk to buy a newspaper and to place a bet at a local betting shop.

People planned their activities weekly and asked daily if they wanted to do something. Activities included life skills, for example cooking, cleaning, shopping and budgeting finances. All the people we spoke with were satisfied with their social lives, activities and interests. One person liked art work, another football and a third watching films and listening to music.

There were photographs in the kitchen of people taking part in activities and we saw people had enjoyed the cooking or football match they had attended.

The plans of care we looked at showed that prior to moving into the care home a pre-admission assessment was undertaken. Staff took a background history of a person's social and medical needs, a record of their medicines, any allergies, daily living abilities and any religious, cultural or social needs. This provided the registered manager and staff with the information required to assess if the service could meet the needs of people being referred to the service prior to them moving in. There was also an assessment from the health authority or social services department a person was funded by to ensure the home could meet their needs.

People who used the service told us, "If I need any help they will support me. I have a care plan and talk about my care with my keyworker" and "My keyworker has been off sick. I have been able to talk to other staff about anything I need." Every month people who used the service met with their keyworker to go through their care and support. This was to keep people's wishes up to date but also because of their illnesses people may forget.

The plans of care contained detailed information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. There were headings for each need such as mental health, eating and drinking, behaviours and sleep patterns. There were good details for staff to deliver the care to meet people's needs. The plans were regularly reviewed to keep staff notified of any changes. A new staff member said, "I have seen the care plans but I will need to read them more before I can learn everything about the residents."

There was a handover at the start of every shift which was recorded by the registered manager daily. The handover informed staff how a person was, any health care professional visits or for any planned activities. Staff also wrote daily notes to pass more detailed information on to their colleagues. There were systems to aid good communication between staff and management.

A person who used the service said, "You can raise a concern if you want but I don't have any." Each person was issued with a copy of the complaints procedure in the admission documents and a copy was retained in their bedrooms. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of other organisations including the local authority and CQC. There had not been any concerns raised to the CQC, local authority or the service. The registered manager said any topics, including if someone raised a concern, would be discussed at the weekly meetings and the records would show how the service had responded.

Two staff had completed the end of life passport at the local hospice. This is a locally recognised course for ensuring people are supported at the end of their life. The course also gives staff information about caring for people's spiritual or religious beliefs and providing bereavement support for families.

We saw that where people were willing to provide information around their end of life wishes this was recorded. In the plans of care people had made their choice about where they wished to spend their last days and where they would wish to be buried or cremated. This ensured people's known wishes were followed at the end of their lives.

Each person had a 'hospital passport'. This could be sent in an emergency and would give other organisations the basic details and care needs of people who used the service. This would help ensure there was continuity of care for each person.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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. The manager registered with the CQC in October 2018.

We asked people who used the service and staff what they thought about the management of the home. People who used the service told us, "This is a much better home than the last one I lived in. I am perfectly happy here. We all get on. You can talk to the manager or any of the staff if you want to. The manager is around a lot," and "It's a good place to live. I am content and happy enough here because we get well looked after. Staff always have a smile on their face and you can talk to any of them."

Staff we spoke with said, "They have handled the changes quite well. I like the new manager who knows what she is doing. The manager is fair and supportive and you can talk to her on a personal level. There is a good staff team" and "I think the manager is supportive."

The service asked people who used the service and their family members how they thought the service was performing in twice yearly surveys. People who used the service answered positively to questions around staff attitude, involvement in care, did they feel they could complain and would staff listen, were they treated with respect, did they choose activities and did they like living at the home? We saw that where one person had forgotten the complaints procedure the person's keyworker met with the person and explained it again. This showed the service responded to people's views.

Family members who responded were equally positive about the similar questions asked. Comments they made included 'Staff attitude is fantastic. We are very happy with the service. Our relative is happy here' and 'Keep up the great work. We very much appreciate all the care our relative receives from the team'. On one of the forms the relatives had asked for a copy of the latest meeting records which we saw had then been sent.

Staff were also able to attend both house and staff meetings. Care and other items were discussed. Staff asked for a new fridge and new bedding which was provided. Activities, training, completing records was also discussed. Staff could have their say at meetings to encourage good practice.

There was a statement of purpose available which informed people of the facilities and services provided at Springvale Resource Centre, including the provider and registered manager details.

We looked at some of the policies and procedures which included medicines administration, infection control, safeguarding, confidentiality, complaints, health and safety and whistle blowing. The policies were available to staff to follow good practice.

The registered manager and other staff completed audits to see how the service was performing. The audits

included accidents and incidents, complaints, lone working, health and safety in the environment, infection control including cleanliness, training, plans of care, risk assessments and activities. The registered manager used the audits to maintain and improve standards at the service.

The service displayed their CQC rating in the home and on their web site as required in the regulations.

The registered manager produced a regular newsletter. A copy was provided to people who used the service and sent to family members to keep them informed of any events. Photographs and stories of activities or achievements were included. Other topics included the introduction of new staff, a summary of the results of the surveys and what they did to improve it and celebrating any birthdays. It also informed people of any plans made such as the upcoming redecoration of the home.