

Leonard Cheshire Disability

Springfield - Care Home Physical Disabilities

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

About the service: Springfield is a development of ten properties located in a residential area in Bromley, Kent. It comprises of a large main building with six flats and four bungalows in the external grounds. The service is a registered care home offering care and support for up to eleven physically disabled adults who want to live as independently as possible. People have varying levels of need and support is available 24 hours. The focus of the service is on encouraging people's independence, well-being and involvement in their community. At the time of our inspection eleven people were using the service.

People's experience of using this service:

- The service applied the values and principles of CQC guidance 'Registering the Right Support' (RRS). People were enabled to make choices about their lives and were supported to be as independent as possible. RRS guidance works to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes including control, choice and independence.
- People spoke positively about the service and said staff were caring and supportive. They told us they felt safe and their needs were very well met.
- Throughout our inspection we observed staff interacted with people, had good relationships and rapport with individuals and staff were kind and caring in their approach.
- The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe.
- People's needs and preferences were assessed and where risks were identified, plans were in place to manage risks safely in the least restrictive way possible.
- There were safe arrangements in place to manage medicines and staff followed appropriate infection control practices to prevent the spread of infections.
- Appropriate recruitment checks took place before staff started work.
- There was sufficient staff available to meet people's needs promptly and to ensure they could go out with support when they wanted to.
- Staff had the skills, knowledge and experience to support people appropriately. Staff were appropriately supported through induction, training and regular supervision.
- People were supported to maintain a healthy balanced diet.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
- People told us staff treated them in a kind, caring and respectful manner.
- People were fully involved in and consulted about their care and support needs.
- People had access to health and social care professionals as required.
- People were supported to access community service and to participate in activities of their choosing that met their needs.
- Staff worked with people to promote their rights and understood the Equality Act 2010 supporting people appropriately addressing any protected characteristics.
- There were systems in place to assess and monitor the quality of the service.
- The service worked in partnership with health and social care professionals and other organisations to plan and deliver an effective service.
- The service took people, their relatives and staff's views into account through surveys and informal feedback to help drive service improvements.

Rating at last inspection: Good (Report was published on 6 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good in all areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

For more details, please see the full report which is on the website at www.cqc.org.uk

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 - Care Home

Physical Disabilities

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: A single inspector carried out this inspection.

Service and service type: The service is a registered care home offering care and support for up to eleven physically disabled adults who want to live as independently as possible. People have varying levels of need and support is available 24 hours if required. People in the home receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The 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.

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 site visit took place on 5 March 2019 and was unannounced.

What we did: Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority who commissions the service to ask for their views. We used this information to help inform our inspection planning.

During the inspection we spoke with the registered manager, team leader and three support workers. We spoke with three people using the service. We reviewed a range of records including three people's care plans and records and staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

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

- People told us they felt safe and well supported by staff. One person said, "The best thing about living here is the environment. I feel very safe, everyone is very friendly and we all have a laugh and get along well." Another person commented, "If I press my buzzer they [staff] come straight away. I feel much safer here than I did where I used to live."
- People continued to be supported and protected from the risk of abuse or harm. There were policies and procedures in place for safeguarding adults from abuse and systems in place to report and act on concerns or allegations.
- The registered manager and staff were aware of their responsibilities to safeguard people and knew how to report abuse to the local authority and CQC. There had been no concerns of abuse since our last inspection of the service.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse. Staff were aware of the provider's whistle blowing policy and told us they would not hesitate to use it to report issues of poor practice, should it be necessary.
- Information was available to people and staff about safeguarding and how to raise any concerns. Information was on display in communal areas and was made available in alternative formats such as large print or easy to read if required.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed, reviewed and managed safely and effectively by staff to avoid harm.
- Risks to people's safety and well-being were assessed and care plans were in place to manage identified risks whilst ensuring people's independence was promoted and respected.
- Risk assessments documented identified risk factors to people and guidance for staff to ensure they acted correctly to manage them safely and support people appropriately. For example, risk assessments included areas such as the use of equipment to promote and enable safe transfers and mobility minimising the risk of falls or physical harm.
- Positive risk taking was supported and encouraged in line with the principles of RRS to help people learn new skills or enjoy experiences such as accessing community services.
- There continued to be robust arrangements in place to deal with foreseeable emergencies and to maintain the safety of the premises.
- People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency. There were robust fire risk and evacuation plans in place and staff had received up to date fire training and knew how to respond in the event of an emergency.

- Maintenance and environmental checks continued to be conducted at appropriate regular intervals to ensure the premises were safe.

Using medicines safely

- Medicines continued to be managed, administered and stored safely.
- There were safe procedures in place to ensure people received their medicines as prescribed by health care professionals. The registered manager showed us the providers new electronic medicines management system which minimised the risk of potential errors.
- Staff received training on the administration of medicines and had their competency assessed to ensure they were skilled and continued with safe best practice.
- Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required.

Staffing and recruitment

- There were enough staff to meet people's needs and the recruitment system continued to work to reduce risk.
- People told us there was always enough staff on duty to meet their needs promptly. One person said, "There is always staff around if I need them. If I ask staff for anything they do it immediately."
- Staff continued to be recruited safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- Staff received training on infection control and were provided with personal protective equipment such as aprons and gloves. Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal and environmental hygiene.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.
- Investigations and actions taken were recorded and lessons learnt were shared with the staffing team.

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 a relative's feedback confirmed this.

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 were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- People using the service had capacity to make decisions for themselves. People told us staff sought their consent before they offered support and respected their decisions and rights. One person said, "Staff always ask for my agreement and consent. They listen to me." Another person commented, "It's just fantastic here as I can do my own thing when I want and how I want."
- The registered manager and staff encouraged and empowered people to make their own decisions ensuring they were supported if required. If someone lacked capacity to make a specific decision, the registered manager would ensure best interest principles were followed and appropriate involvement from professionals was sought.

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

- Assessments of people's needs and preferences were completed before they moved into the home in order to ensure the service's suitability and that their needs and preferences could be met.
- Assessments covered areas such as individuals personal history, preferences, wishes and consent. Care plans documented the involvement from people and their relatives where appropriate and any health and social care professionals involved, to ensure all individual needs were considered and addressed.
- Staff applied learning effectively in line with the law and best practice, which led to good outcomes for people.

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

- People were supported to have a balanced diet to ensure their well-being. Care plans documented people's nutritional needs, support required with meal preparation, known allergies and any nutritional risks such as swallowing difficulties and weight loss or gain.
- People had access to adapted equipment within their apartments enabling greater independence when preparing and cooking meals. For example, worktops and cooking appliances were within reach for people who used wheelchairs.
- Staff regularly consulted with people on what types of food they preferred, any cultural requirements and any support they required to shop for foods.

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

- People's physical and mental health care and support needs were effectively assessed, documented and reviewed by staff and stored within their plans of care to ensure their needs were met.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received so staff were informed of any changes.
- People had comprehensive health care plans and hospital passports in place. This ensured that should people require medical treatment; health care staff would be fully informed of the individual's care needs and wishes during treatment.

Staff support: induction, training, skills and experience

- There continued to be effective processes in place to ensure staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- A new member of staff told us, "I had a two-week induction into the service, shadowed experienced staff and received training before I supported anyone. It's a very relaxed environment here and the staff work really well together. I feel very much supported and get supervision every month."
- Staff were knowledgeable about the people they supported and had the necessary skills to meet their needs appropriately. Staff received training in a range of topics including safeguarding, moving and handling, fire safety and first aid.

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

- People's physical, mental and emotional health and well-being needs were assessed and documented in their plan of care. Staff monitored people's well-being to ensure their needs continued to be met appropriately.
- Staff worked in partnership with health and social care professionals to plan, review, monitor and deliver an effective service.
- Guidance from health care professionals such as dietitians and speech and language therapists were in place to ensure people received the appropriate care and support to meet their needs.

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

- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met. People's homes and the communal environment was designed and made accessible to all.
- One person told us, "I have a new wheelchair coming soon which is good. My bungalow is adapted to my needs and I have so much space. I have a ceiling hoist which is great."
- Care plans contained detailed guidance for staff on the use of specialist equipment which was subject to regular checks and routine servicing.

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.

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

- People told us they were consulted about the care and support options available to them and were fully involved in making decisions about their care and support. Comments included, "I know what I need and staff respect that", "They [staff] are very good at helping when I need it", and, "If there are any changes I want to make I talk to the staff. I'm fully involved."
- People told us staff communicated with them effectively and there were always staff around who could help them if needed.
- Individuals communication needs were assessed and documented within their plan of care. This ensured staff could effectively communicate and engage with people.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example easy to read or pictorial versions. The service user guide contained details of the providers charter and values which included valuing individuality, integrity, excellence, pioneering and drive. It also provided information on the care and support provided, costs, key working and communal areas amongst others.

Ensuring people are well treated and supported; equality and diversity

- Staff had built trusting respectful relationships with people valuing their individual needs and wishes.
- People told us staff treated them well and supported them to meet their individual needs and wishes. One person said, "My keyworker takes me out for lunch at a local pub. I like going shopping with staff. We walk to the shops or pub but if we want to go further afield staff book suitable transport for me."
- People were allocated a keyworker to support them to meet their expressed needs and wishes and to ensure they are happy with the support they receive. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- Staff had received training on equality and diversity to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010. One member of staff told us about the work they had done to address people's diverse needs and human rights. They provided us with examples including cultural themed nights they held at the service whereby people and staff cooked foods from around the world, played cultural music and celebrated cultural events such as Christmas and Diwali.
- People were supported to access and attend community services and activities of their choice including inter-denominational places of worship and social clubs.

Respecting and promoting people's privacy, dignity and independence

- Following the principles of RRS, people told us staff supported and encouraged them to be as

independent as possible. One person said, "I tell staff what I want. I have lots of equipment to help me to stay independent and staff help me with things that I can't do."

- Care plans contained detailed information on what people could do for themselves and areas they felt they needed support with. Positive risk taking was also safely encouraged.
- People were supported to maintain relationships that were important to them. For example, visiting family members and attending social clubs and events.
- People had their own apartment or bungalow located in the grounds and had keys to their front door enabling them privacy and independence. We were invited by people into their homes and saw they were decorated to people's individual preferences. We saw staff respected people's dignity and privacy and knocked on people's doors seeking consent before entering.

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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care and support needs continued to be assessed, personalised and reviewed to meet individual needs and wishes appropriately.
- Person centred care plans, often completed by individuals themselves, contained information regarding their physical, emotional and mental health needs, life histories, choices and wishes and things that are important to them.
- People's communication needs were identified, assessed and recorded in their care plans. Staff understood and acted in accordance with the Accessible Information Standard [AIS]. The AIS sets out a specific, approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- People were supported by staff who knew them well, were knowledgeable about their individual interests and who supported them to plan for things they wanted to do. For example, one member of staff told us about the work staff did to support one person who wanted to attend a music concert. The concert was held in a castle which made access very difficult and suitable overnight accommodation was also required. They told us staff managed to source appropriate accommodation, wheel chair accessible transport and supported the person to attend. They commented, "It was lots of work to arrange but absolutely worth it. Everyone is really well looked after and supported here. We treat everyone with dignity and respect and staff really go out of their way to help people achieve what they want."
- People's care plans documented their health care needs and included guidance for staff on how to best support them. For example, actions to take to support people to manage their long-term health conditions such as diabetes, depression and anxiety. Staff understood people's health needs and were able to describe people's care and support needs in detail including the support they offered to meet their needs. One person told us, "When I need it staff help me to go to the doctors or the hospital. I couldn't do it without their support, they are great."

Improving care quality in response to complaints or concerns

- There continued to be appropriate arrangements in place to respond to people's concerns and complaints. The complaints procedure was available in different formats to meet people's needs including an easy to read format which was made accessible to people, relatives and visitors with an interest in the service.
- People were aware of the complaints procedure and knew how to make a complaint and who to go to. Comments included, "I have absolutely nothing to complain about but if I did the staff would put things right", and, "I would always tell the manager or staff if something was wrong. They are very good and I have faith they would sort any problems out."
- The registered manager told us they had not received any complaints since our last inspection and records we looked at confirmed this. There were responsive systems in place that ensured complaints would

be received and responded to timely and appropriately in line with the provider's policy.

End of life care and support

- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with other health and social care professionals and services including local hospices to provide people with appropriate support when required.
- People were supported to make decisions about their preferences for end of life care where appropriate and these were retained in individuals care plans for reference.

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.□

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There continued to be well established processes and procedures in place to ensure people received the care and support they wanted.
- The registered manager had an open-door policy that enabled people, relatives and staff to raise any issues or concerns or to make suggestions to help drive service improvements. The registered manager understood their duty of candour requirements.
- The registered manager and staff continued to demonstrate a strong commitment to provide person centred meaningful care and support by engaging with and being led by people using the service and their relatives where appropriate.
- People were very positive about the care and support they received and the way in which the service was managed. Comments included, "Everyone is very friendly, we all have a laugh and get along so well", "This place is beautiful, it's A1, I love it too much. If I ask staff for anything they do it immediately", and, "It's fantastic, I love it here. The manager is great and staff are just brilliant."
- Staff told us management support was always available to them when they needed it and they felt the service was well managed. Comments included, "I love it here. It's a very relaxed and chilled environment and staff work really well together. I feel supported and the manager is very approachable", and, "It's a really good service that supports people to achieve whatever they want. The manager is very approachable and we all work so well together."

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

- The service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. Staff knew the provider's aims and values which we saw were upheld when supporting people.
- The registered manager and staff understood their roles and responsibilities and were aware of the procedures and policies they were required to follow to ensure good service delivery and support.
- Minutes of meetings held with people and staff showed people were consulted about how the service was run. For example, people were encourage to hold resident's meetings and to make suggestions about

improvements that could be made to the service and there were many opportunities for this including a comments, suggestions and compliments book located in the entrance hall.

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

- People told us the service and staff regularly asked for their views about the care and support provided to check they remained happy or if changes were required. One person told us, "I meet with my keyworker and we discuss if I'm happy with the support I get or if I want to change anything. I can speak with any staff though if I want to."
- There were formal systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- We saw that the results for last completed customer survey conducted in 2018 were positive. 100 percent of respondents said they felt safe, 100 percent said they knew how to raise concerns and or complaints and 89 percent said that staff supported them when they needed it.
- People and staff knew about the rating and findings from previous CQC inspections. The rating and a full copy of the report was on display within the home.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements.
- There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out on a regular basis in areas such as medicines management, care plans and records, health and safety of equipment and the home environment. Where required action plans were developed to address any issues or concerns raised.
- Daily staff handover meetings were held and provided staff with the opportunity to discuss people's individual daily needs, activities and any issues or concerns. Staff team meetings were held on a monthly basis and provided staff with the opportunity to discuss issues relating to the management of the home.

Working in partnership with others

- The provider, registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, service commissioners, mental health professionals, GPs, physiotherapists, occupational therapists, district nurses and speech and language therapists.
- The registered manager told us of the successful partnership working they had with the community physiotherapy team which enabled one person to walk again after suffering from a stroke which left them using a wheelchair. They said, "We devised an action plan with the person to start exercising and having massage on a daily basis. They started to slowly walk a few yards outside and after some time started walking around the block using a walking stick with staff support. They now go out alone and use public transport, it's a fantastic achievement."
- The registered manager told us the service worked in partnership with many local organisations to ensure the most appropriate services were available to provide appropriate support to individuals if required.