

Mrs Margaret Blair







Springfield House

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	

Overall summary

This unannounced inspection took place on Saturday 17th January 2015 and was conducted by one adult social care inspector.

Springfield House was a family home set in a rural location. This farmhouse had been adapted and extended to provide accommodation for up to three people living with a learning disability. The provider's family also lived in the house.

Each person had their own room and there was a separate lounge area and residents' bathroom and toilet.

The house had an extensive garden. It was in a rural location between Wigton and Silloth with little access to public transport but the provider had assisted transport so that people could go out every day if they wished.

The provider, Mrs Margaret Blair, was also the manager of the home. She ran the home with the assistance of her daughter-in-law. They both lived in the house with other members of their immediate family. One other person assisted them from time to time and they had a volunteer who helped with some of the domestic tasks.

Summary of findings

This service was safe because it had suitable systems in place to ensure that people were protected from harm and abuse. The care team in the home were suitably trained and had information to allow them to report any allegations of abuse.

We judged the house to be safe and secure with suitable adaptations to meet the needs of the three individuals we met on the day of our inspection visit. There had been no accidents or incidents reported for some years.

All the members of the care team had been in post for more than ten years and there was no planned new recruitment. We looked at dependency levels and we judged that the provider and her daughter-in-law were able to provide suitable levels of care.

We checked on medicines. We saw that only two people took medication and that this was kept to a minimum by the local GP. No one was on strong medicine and no one had any form of sedation.

The house was clean and hygienic and there had been no outbreaks of infectious disease. Suitable systems were in place to control infection.

We judged that the dependency levels of the three people in the house were met by the arrangements in place for staffing. The provider and her daughter-in-law lived in the property and were around by day and night. Both of these people and the other person who delivered care were experienced in the care of people with learning disability and they kept their practice up to date by attending regular training.

The provider was aware of her responsibilities under the Mental Capacity Act 2005. No one in the home was deprived of their liberty. The provider was careful about the assessment of new people and did not accommodate anyone who needed help with behavioural issues. The home did not use restraint.

People in the home had regular access to health care. They went out to health appointments and no one had any problems with their health. There was evidence of good measures in place to prevent ill health.

No one in the home had any problems with maintaining a normal weight. People could tell us they enjoyed their food and liked to go out to eat. People were weighed regularly so that the provider could ensure no one was losing weight.

We saw affectionate and caring interactions between the care providers in the home and the three people who lived there. We also saw that other members of the family interacted well with people in the home. The care in the home was very much as it would be in a large family. People were encouraged to be as independent as possible. They were given explanations and information about daily arrangements when we were in the house. Privacy and dignity was maintained by the care approach and people could spend their time in their own personal rooms or spend time with the family.

We looked at individual care files and saw that there were good assessments, risk assessments and care plans in place. The care plans were detailed, focussed on individual needs and strengths and were up to date and appropriate to each person.

One person in the house went out to a day centre and was involved in some active pursuits. The other two people preferred a quieter life but all three people went on regular holidays and days out. They all attended a weekly social club and were supported to visit their family where appropriate.

There had been no complaints or concerns about the care and services provided and no one on the day had any complaints. There were suitable systems in place to manage complaints.

We judged that the service was well led by the provider who had over thirty years of experience in caring for people with a learning disability in a family setting. The systems in place for monitoring all aspects of care and services were simple but effective.

We saw that there were audits of medication and money held on people's behalf. We also saw that care plans were kept up to date. The local authority and the pharmacist who provided medication did some audits for the provider. We also saw that the provider surveyed the people in the home, their relatives and visiting professionals. There were no concerns raised in the surveys but some minor adjustments were made from suggestions made.

The provider had a lot of local knowledge and ran a weekly social club for people with disability in the area.

Summary of findings

She also ensured that people in the service went out to local entertainments and events. We judged that the provider encouraged people to be part of the local community and to have as full a life as possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe because the provider and her team understood their responsibilities in protecting vulnerable adults.

The house was safe and secure, there had been no accidents or incidents and the way the home was staffed had remained stable for more than ten years.

Medicines were managed appropriately and there had been no instances of cross infection.

Good



Is the service effective?

The service was effective because the care team had suitable skills and knowledge relating to caring for people with learning disability.

No one in the home needed to be considered for a Deprivation of Liberty authorisation but the team understood their responsibilities.

The provider would not take any person who had complex needs so restraint and challenging behaviour training were not necessary.

The three people in the home enjoyed the meals provided and no one was malnourished.

Good



Is the service caring?

The service was caring because the three people who lived there were treated as part of the family.

We saw affectionate and sensitive interactions between the care team and people in the home.

People were encouraged to be as independent as possible.

Good



Is the service responsive?

The service was responsive because we had evidence of individualised, person centred care.

Assessment and care planning was of a good standard.

People had suitable outings, activities and entertainments.

There had been no complaints received about the service.

Good



Is the service well-led?

The service was well-led because the provider had cared for people with learning disability in her own home for over thirty years.

The care team consisted of her daughter-in-law and herself. Together they managed all aspects of the care and services.

We had evidence of good community links and simple checks on the quality of the service provided.

Good



Springfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This was unannounced inspection was carried out by one adult social care inspector. The provider had completed a

provider information record that gave us details of the service. We received this in a timely way and the record gave us details of the service. The service had been compliant when it was last visited in September 2013.

We spoke to all three people who lived in the service and to the provider, her one staff member and to members of the provider's family. We observed the way people were cared for and we looked at all three care files. We also looked at simple records relating to the building and we looked at the two records of money kept in the home.

Prior to our visit we had spoken to social workers from the local authority and to staff from the local health commissioning team. No one had any concerns about the service.

Is the service safe?

Our findings

The three people who lived in the service were relaxed in their own environment. We spoke with them about the way care and welfare was provided. We judged from their responses that they felt safe in the home. We observed all three interacting with each other and with the staff team in an open and confident way.

We asked the provider about her arrangements in place for safeguarding the three vulnerable people she cared for. She was able to explain to us how she had managed concerns in the past. She was aware of how to make a safeguarding referral and had good contacts with the local authority. We also saw that there was information about safeguarding available. This meant that anyone on the care team could make a referral if this was necessary. We advised the provider that there was some recent local information and she agreed to access this.

The care provision in this home was managed by the provider, her daughter-in-law and another person who, from time to time, was part of the care team. We had evidence to show that these three members of the team had completed training in safeguarding and updated their practice by using a recognised website about protecting people with learning disabilities.

We looked at records relating to care and we did not see anything of concern in these. We also observed people in their own environment interacting with the provider and her daughter-in-law. We saw that interactions were open, sensitive and responsive.

We arrived around 9 AM and the house was locked and secure. We saw that people were safe in their own bedrooms and that the premises provided people with a secure environment. The provider had suitable emergency plans in place.

There had been no accidents or incidents in the home for many years but we had evidence to show that these would be recorded and reported appropriately. The home needed a more up-to-date accident book and the provider agreed to access one of these.

The care needs of the three people who lived in the home were met by the provider and her daughter-in-law. The home also had a volunteer who did some domestic tasks around the home. We saw that, at times, one other person who was part of the extended family would deliver care. This was usually when the people in the home went out or when they went on their holidays. We judged that these staffing levels were suitable. There had been no staff recruitment or disciplinary issues in this service for more than 10 years.

We checked on the medicines kept in the home. Only two of the three people had any medicine. Medicines given at the home were at a minimum because the local GP had reviewed medicines and reduced these. We saw that these were kept in a locked safe with in a locked cupboard. Medicines were suitably accounted for and the care team were aware of what medication was for. No one in the service had any form of sedative medication.

The house was clean and orderly on the day of our visit and there were suitable domestic arrangements in place for infection control.

Is the service effective?

Our findings

Two of the three people in the home were able to voice their opinions verbally and they told us that they were happy in the house.

The people who lived in the home and the Blair family considered themselves as all part of one family. Members of the family who did not deliver care did however, interact with the three people who lived in the home and had responsibilities for things like transport and maintenance in the house. We looked at the assessed needs and dependency levels of the three people who lived in the home and we judged that these were suitably managed by the two members of the care team.

The care team consisted of three people and they had been delivering care for many years. We saw that there were regular two yearly updates to core training. We were told that the team used the skills and knowledge of community nurses, learning disability nurses and other professionals for specific pieces of training. No one needed any assistance to move but the provider said that if they needed to do any moving and handling they could call on the local occupational therapists for advice and checks on competence.

The service had an external trainer who delivered training updates on a regular basis. The family also ran a transport business and they transported vulnerable people to things like day care. We saw that the people who were involved in this business were also included in the training. We learned that due to this transport business the family had good connections with local care homes and we had evidence to show that members of the care team could access training through this network.

Supervision and appraisal in this home was suited to the size of the service. Supervision was done mainly in a group and there were suitable records kept of these group supervision sessions. Appraisal was informal and appropriate to this family business. We saw that the provider's daughter-in-law kept abreast of up-to-date practice by researching on the Internet, accessing training from a local authority home and by networking with other care homes for people with learning disability in the area.

We observed the three people in the home during the morning we spent with them. People came and went as they wished. People spend time in their own rooms without

supervision. Two of the people in the home had some needs related to the ageing process. They were able to show us that they were content with being in the home's environment. Another person also went into the grounds because this person had a higher level of fitness. No one stopped people moving around their environment and we learned that the three people in the home were not restricted or controlled but chose how they would spend their time. The provider said that they did not consider any of the three people to be deprived of their liberty but that due to their learning disabilities and physical health they preferred the security of the care provided at Springfield house.

The staff team had received training on the Mental Capacity Act 2005 and understood their responsibilities if they did consider that they were restricting a person's liberty. They judged that no one was being restricted in the service but understood that they had a responsibility if this was to happen.

The provider told us that she was often asked about taking more service users but that she did not have current capacity. She also said that she was careful about taking any new person because she was aware that she would not be able to manage very challenging behaviour. We learned that the home would not accept anyone with very complex needs because they did not want to manage any behaviour that challenged. The care team was not trained in restraint and the provider said that they would not consider any care that would involve this.

We saw that people in the home had, in the past, seen the consultant psychiatrist for people with learning disability. They had been "signed off" because there were no issues around their health care. The provider said that the GP would be consulted if there was a need for psychiatry input but that the local health care providers were good at providing health support. We saw appointments for reviews of health in place and that people had trips out to the dentist, optician and chiropodist. The provider had contact with the specialist learning disability nurses and other nurse specialists. We judged that people in the home had good access to health prevention, care and treatment when necessary.

We saw people having breakfast and talking about food. All three people looked to be well nourished and there was no restriction on what they wanted to eat. The care team weighed people regularly and no one was underweight.

Is the service effective?

There were simple plans in place for nutritional planning but no one had any special needs in relation to food. People were given drinks throughout the day and the staff were aware of the need to keep people well hydrated.

People told us that the food was "nice" and they told us about going out to eat. One person who particularly liked fish and chips was taken once a week to a local restaurant. We saw that people regularly ate out and we heard about favourite places to visit. We looked at the food stored in the home and we saw that there was a wide range of food available. We learned that the home provided light

breakfast and lunch and that people had dinner at night. The provider said that one of the challenges was to keep people from being overweight because they enjoyed their food.

Springfield house was a farmhouse in a rural location. The three bedrooms, bathroom and lavatory for people in the home were in an extension to this farmhouse. The design and adaptation was suitable for the people in the home. We saw that people were happy in this ground floor accommodation and they were able to tell us that the arrangements in place were to their liking.

Is the service caring?

Our findings

One of three people told us that everyone in the home was "my family" and another person was heard telling the provider that they loved her. Interactions were very affectionate and there was more of a family relationship in the service than might be found in larger establishments. The three people who lived in the service had their own sitting-room but this was never used because they preferred to spend time in the family room and in the kitchen. There was no division between people who use the service and the family.

We judged whether this service was caring by observing the interactions between the care team and the service users. We also observed the interactions between family members and the service users. We judged that the

interactions were those of any family where some members were more vulnerable than others. The youngest member of the Blair family told us that the three people who live there were "part of the family".

We also saw that confidential files about each person were kept locked away and only accessed by the members of the staff team.

People were treated with dignity and respect. The three people in the home managed most of their personal care and chose their own clothing, times of rising, food and outings. During our visit we heard people being given information and explanations about choices they would make. People wanted to go out because this was their regular Saturday routine. People were given options and choices about where to go. People were encouraged to be as independent as possible and we observed people helping themselves to snacks in the kitchen, spending time in their own rooms and making their own choices.

Is the service responsive?

Our findings

During the day there was also a visitor to the home who enjoyed helping out with the horses that the provider kept. One of the people in the home told us that they enjoyed looking after these and did it with this visitor and with members of the family. The home was set in its own extensive grounds which included gardens, stables and a paddock. One person also looked after some pet rabbits and told us they enjoyed spending a lot of time outside.

Each of the three people in the home had their own individual care file. These files included assessments of need, risk assessments and care plans. The files were detailed and up-to-date. They were written in a person centred way and showed people's strengths as well as needs. The plans included descriptions of each individual's family and social networks and the support needed to help them continue with these relationships. We judged that these files were of a very good standard. We noted that there were photographs and easy read documents in files and that one person had written something in their own file.

We spoke to the provider and her daughter-in-law about the care needs of each individual. They understood the life story, family connections and individual preferences of each person very well. They also understood each person's individual care needs. These two people were the main carers for each of the three people in residence and they cared for them 24 hours a day so they had an intimate knowledge of their needs and preferences and strengths.

We were told that the night before people had been to "the club". This is a regular Friday night social club that the Blair family organise. This is one of the ways that the provider helps people to maintain their social networks. This meant that people in the home had contact with other people with learning disability who lived in the area. We were aware that the provider had a lot of local connections and encouraged the three people in the home to continue to be part of this localised social circle.

One person had regular contact with family members who came to the home and who they were taken out to visit. The care team helped the other two people to have some contact with remaining family members. People considered themselves to be part of the provider's family. Some people had recently suffered some bereavement and the provider had helped people to deal with the changes that growing older may bring within small families.

This home had its own transport and we saw from notes and from speaking to people in the home that "going out" was something that was enjoyed by all three people. People went out to shop for the home or to do their own shopping. They went out for meals and coffee. They attended social events with other people with learning disability but they also attended events and entertainments locally and further afield.

We learned from people in the home that the weekend before our visit they had gone to Carlisle to see a well-known band from the 60s and that they had met the band. We learned that they had enjoyed this and that they would often go to concerts. We were told that they went to Sunday markets, vintage fairs and things like steam gatherings. We learned from people in the service that they enjoyed shopping and just generally going out and about.

All three people in the home had been onto holidays in 2014. They had spent 10 days in Yorkshire and had gone to Blackpool to see the lights and go to shows and entertainments. We saw that at the weekends they went further afield into the Lake District or up into the Scottish Borders. One person in the home went to a day centre on a regular basis because they were keen on a number of different activities. We judged that people had suitable outings and entertainments in this service.

We had not received any concerns or complaints about the service. The provider had not received any complaints but had systems in place for dealing with these. She said that she would speak to individual social workers if there were any complaints so that they could assist with any investigation.

Is the service well-led?

Our findings

The provider approached the delivery of care as if the people she cared for were members of her family. She told us that her aim was to give people a full life and support them to be as active as possible. People ate together, spent time together and went out and on holiday with members of the family. Her leadership of the service was very much like that of a head of any family.

We saw that supervision of her staff team was informal because the arrangements in the service were very much based on a family model. We did however see records of supervision and care delivery which showed that there was also a professional aspect to the management of the service.

We also noted that there were records available that gave evidence of management of the environment and simple systems were in place to ensure that Springfield House ran smoothly. There was a simple quality monitoring process in place with the provider and her daughter-in-law checking with each other that things were running smoothly. We had evidence to show that they regularly asked people in the home about their needs and preferences. We saw that there had been a quality survey where the provider had asked people in the service, their relatives and visiting professionals their opinion. There had been nothing of concern raised in this survey but there had been some minor adjustments made to daily routines and outings because people had told the provider what they did and didn't like.

We were told by the provider that because they had contact with a local authority provider and a private

provider of care services for people with learning disabilities they were able to keep up-to-date with practice. They also had a local trainer who came in to update them on any new innovations in practice.

We saw that there were records of things like medicines and money kept on people's behalf. They audited these themselves but also had access to the local pharmacist who would check on their systems and to social services finance officers who audited people's money. We saw evidence to show that these external audits had been done. We checked on money and medicines and found their management to be in order.

We saw that because the family were also involved in local transport arrangements they were aware of the local social care and health environment. One of the people in the home also attended a day centre and we had evidence to show that they worked collaboratively with this day centre to give this person suitable care and support. We learned from discussions with people who lived in Springfield House that they had a lot of local community networks. The provider and her family knew a lot of people who lived locally and had lots of contacts with people who lived with a learning disability. There was one person with a learning disability who did some voluntary work in the home and we learned that when people went on holiday they went in a group. This group consisted of members of Springfield House's care team, people with learning disability who lived in the community and their relatives. These people knew each other because the provider organised a weekly social club. We judged that there were good community links encouraged by this provider.