Spring House Residential Care Home

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Inspection report

Spring House
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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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 11 and 19 February 2016. Our previous inspection in June 2014, found the service to be meeting the regulations inspected of the Health and Social Care Act (2008).

Spring House is registered to provide accommodation and personal care to a maximum of 25 people, most of whom are older people living with dementia. It is not a nursing home and health care needs are met through community health care professionals. There were 22 older people resident at the beginning of the inspection.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Excellent relationships had been built between people using the service and the staff. Staff provided kind and compassionate care. They were respectful and dedicated to the people in their care. This was led from the top.

People's choices were consistently respected by the staff and they were consenting to the care they received. People's capacity to make decisions was assessed and decisions were made in people's best interest where necessary. However, staff did not have records of the detail of authorisations for reference, so as to ensure people's rights would be upheld in line with those authorisations. This was immediately addressed.

People's health care needs were under regular review and they were supported to maintain their health through contacts with community health care professionals.. However, requests for community nurse advice and guidance had not always been timely. This was now addressed.

People were protected through the arrangements for staff recruitment, training, supervision and support. There were sufficient staff to meet people's needs in a timely manner.

People received the support they needed with their medicines.

People's nutritional needs were met by staff who were trained in how to promote a healthy, well balanced diet. People liked the food and said there was more than enough.

The home environment was pleasant, fresh and well furnished. There were some adaptations to help people living with dementia maintain their independence.

There was a computerised system in use, devised by the registered manager. It was used for the assessment,

planning and recording of people's needs, the care provided and any risks to their health and welfare. The system promoted people's health and wellbeing.

There was a programme of daily activities for people and where possible any individual preferences were met.

People said they could raise any concern or complaint and were confident they would receive a satisfactory response.

People and their family members spoke very highly of the service and benefitted from the open approach of the home's management. The registered manager and staff looked for innovative ways to continually improve the service. They listened to people's views and monitored the service being delivered.

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.

Recruitment procedures protected people.

People were protected from abuse and harm.

The risk management procedures were robust and designed to protect people whilst enabling them to be as independent as possible.

There were sufficient staff available to meet people's care needs.

People were safely supported with their medicines.

Is the service effective?

Good

The service was effective.

People's choices were consistently respected and they were consenting to the care they received. Staff understood and followed the principles of the Mental Capacity Act 2005. However, staff did not have the details for reference where a person's representative had authority to make decisions on their behalf. This was immediately addressed.

Requests for community nurse advice and guidance had not always been sought in a timely way, but this had been addressed.

People's nutritional needs were being met and they enjoyed the food provided.

Staff were well trained, supervised and supported.

Is the service caring?

Outstanding

The service was very caring.

The staff team had developed very caring and supportive relationships with people at Spring House.

People's dignity and privacy were upheld and they were treated with utmost respect.

Is the service responsive?

Good

The service was responsive.

People were actively encouraged to contribute to day to day life in the home and they engaged in a variety of activities and events of interest to them.

People were involved in the planning or their care, which was under regular review.

There were systems in place to receive suggestions and complaints. There had been no complaints at the time of our visit.

Is the service well-led?

Good

The service was well led.

There was a culture of support and compassion. High standards were expected, achieved and led from the top.

The staff were very motivated and fully supportive of the home's management arrangements.

There were systems in place to identify and respond to risk.

The quality of the service was under regular review toward continuing improvement.

Spring House Residential Care Home

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.

The inspection took place on 11 and 19 February 2016. One adult social care inspector completed the inspection.

Before our inspection, we reviewed information we held about the home, which included incident notifications they had sent us and a Provider Information Return (PIR). A notification is information about important events which the service is required to tell us about by law. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

A number of people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We spoke with five people using the service who were able to comment directly on their experience, and 10 people's family. We looked at the care plans, records of care, medicine records and risk assessments for three people. We spoke with four staff members and the registered manager. We looked at records connected with how the home was run, including training and recruitment records, records of a staff meeting and quality monitoring surveys. We received information from two community health care professionals.

Good

Is the service safe?

Our findings

Safety was considered a priority at Spring House. The registered provider said in the PIR, 'Our first agenda item at meetings has always been, "Do you feel safe".' They said they asked each person in turn how they felt and if they felt safe living at Spring House. Attention to safety was observed, for example, one care worker was assisting a person to stand. They recognised that the person was weak and struggling to do this and so they fetched another care worker to help them.

There were sufficient staff to meet people's individual needs. Staff were available to assist people, respond to their needs quickly and ensure their safety. People using the service and their family members had no concerns about staffing numbers. One person said that the call bell response time was "generally fairly good".

The registered manager said staffing numbers depended on people's needs at the time. A dependency tool was in use to determine how high those needs were. Currently the staffing arrangement was for four care workers in the morning and three in the afternoon until tea time. There was then four until 10pm and two throughout the night. In addition, the senior care worker with the role of day manager was available, plus cleaning and kitchen staff.

The staffing rota was written by a senior staff member known as the day manager. Any staffing shortfalls were met by phoning local staff.

Staff were recruited following checks on their suitability to work with vulnerable people. For example, each person had completed an application form and been interviewed. References were sought and a DBS check was completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager said their robust recruitment practice ensured they had the correct staff to work at Spring House.

People were protected from abuse and harm. Staff had received training in how to protect people from abuse. They said they were aware of a safeguarding policy and where it was kept. The policy included the registered manager's home number, the number for the CQC and the local authority safeguarding team. Staff knew how to respond to any concerns, including how to take concerns to the local authority or CQC if they felt this was necessary. One said, "I would contact the manager and then CQC". Each staff member had been given a card which contained the contact telephone number for the local authority safeguarding adult's team.

Risks to individuals were assessed and monitored. For example, risks resulting from insufficient diet, burns and scolds, people's vulnerability to pressure damage and any risks related to leaving the premises. The computerised monitoring system flagged up where action needed to be taken, for example, if a person's weight had changed significantly. This information was available to the registered manager so they could ensure action was taken. The registered manager said there was currently no system in place to monitor falls, but having collaborated with the manager of another home, a system was now identified for doing this.

Servicing and maintenance records showed that the premises and equipment was kept in a safe state. For example, legionella testing and fire safety. The PIR included that there were support contracts in place for checking and testing electrical systems and equipment, water heating, a sewerage system, chair lift and fire alarm system.
A maintenance staff member was employed to maintain the building as a safe and pleasant place for people to live and work.

People received their prescribed medicines as required. Medicines were received, stored and administered in a safe way. There was an audit of medicine use, which meant that each medicine could be tracked from its prescription to when it was taken by the person, or returned to the pharmacy. Medicine use was recorded. A computerised system was on trial at the home to aid the safe administration of medicines. This was supplementary to hand written records. The PIR included that there had been eight medicine errors in the previous 12 months. The registered manager said the new system was to make medicine management more error proof.

People were protected by the arrangements in place should there be an emergency situation. Each staff member was trained in first aid. Contact details for health care professionals and utilities specialists, such as electricians, were displayed for staff use. A 'storm box' was kept which contained torches with additional batteries. The registered manager had appropriate transport and arrangements in place to collect and bring staff to the home in the event of bad weather restricting road access.

Good

Is the service effective?

Our findings

People were supported to attend health care appointments and there were arrangements in place for eye, dental, hearing and foot care, in accordance with people's needs. There was also a designated GP who attended people at the home, providing continuity of their care. However, community nurses said there had been a few instances where they were called later than they should have been toward preventing pressure damage; this was now addressed. The registered manager felt that the experience of senior staff was sufficient to make judgements about when a community nurse was required.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who 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's capacity to make decisions had been assessed, recorded and were under regular review. Some appropriate best interest decisions had been made. People's relatives (and others) can only give consent where they have the legal authority to do so, for example through a valid Lasting Power of Attorney (LPA) or appointment as a Court of Protection 'deputy'. The registered manager had not realised they needed to have the detail of any authorisation as reference for staff to follow. They said they would address this straight away. There was evidence that best interest decisions were made where this was appropriate, for example when a person wished to move back to their home.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS).

Some people were not free to leave and most were subject to continuous supervision and control, for their safety and welfare. Authorisation to restrict the person's liberty is required under the MCA and those authorisations had been submitted for these people where they did not have capacity to consent.

Staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People lived in a homely environment, which was clean, pleasant and well furnished. There were two lounge areas with easy access to enclosed gardens from which people could engage with village activity. People's rooms were very individual to them and people said how they were pleased they had brought their own furniture and items of importance with them. There was some pictorial signage on people's doors and some adaptation specifically to meet the needs of the 20 people using the service who were living with dementia. For example, pictures of the daily menu to aid with their decision making.

Staff responsibilities were structured so that each staff member knew what was expected of them and where their responsibilities lay. Care workers met to discuss people's needs at every shift change. This informed

them what had happened previously to each person and what was needed to promote their welfare. Information was also available on the computerised information system, which provided detail of each person's care and needs that day.

New staff received an induction to their work. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Initially they shadowed experienced care workers. Some were completing the Care Certificate, a nationally introduced system for the induction of staff who had not worked previously in a care role.

A staff member said the home was "very hot" on training. Each staff member had an individual training matrix in place, the intention being that training would always be tailored to the individual staff member. Training was provided in different ways, such as face to face, via Social Care TV or DVD. The training staff had received included, basic emergency aid, raising concerns and whistleblowing, food hygiene and person centred care. Staff said they had received a lot of training and this was kept up to date. One said, "I would like more training in dementia but otherwise training is OK". 22 staff were recorded as having received training in dementia care over the previous 12 months.

There was a strong commitment to helping staff progress in their work through taking qualifications in care. The senior care worker, called the day manager, was completing her level five in leadership and management. Two care workers were undertaking level four, five level three (two with management) and two level two.

People and their family members were very happy with the standard of care provided by care workers, one describing it as "exceptional". They said staff were competent and skilled in the way they provided care. Families gave examples of their relative always being "tidy, looking content and with their hair done." People's contentment at the home was mentioned several times.

Records showed, and staff confirmed, that there were regular face to face meetings as part of the supervision of their work. Staff scored a questionnaire prior to the meetings so they were involved in the meeting content. For example, they were asked if they were happy in their role, how well did the home look after people and what did they think about the quality of their training?

People received food and fluids which met their nutritional needs. The chef said they had recently completed additional training in diet and nutrition. They consulted people using the service about their likes and dislikes through resident and relatives meetings. Staff would also ask people if the menu for the day met their preferences.

The menus were varied and included a daily vegetarian option. Staff said if a person woke at night they were always offered a drink or a snack. People said they were happy with the food they received. Their opinions included, "Very nice"; "It varies between good and very good" and "It is good and there is plenty of it."

It was the home's policy to monitor what a person ate or drank if the person could not feed themselves or if there were concerns about their dietary intake. Specialist diets, such as softened foods, were available where needed.

Outstanding ☆

Is the service caring?

Our findings

People told us that all the staff and the registered manager showed them exceptional compassion and empathy and that staff gave them time and listened to them. For example, one person told us, "There is a lot of love in the home. The (registered manager) has created a wonderful atmosphere where residents are treated like family" and "The staff are exceptionally nice."

People's family spoke of how the culture at Spring House was embedded, and led from the top by the registered manager. One said how young staff took their model from what they saw around them; "A culture of support and compassion". For example, a jug of milk was overturned by a person using the service. The family said, "(The registered manager) got down on his knees and mopped up the spilt milk instantly and sympathetically. He simply tackled the problem with such good will." The family said that their family member, who had caused the spill, was "put under no pressure" or made to feel in the slightest uncomfortable about the event.

Care plans included guidance for staff on how to approach people with care and compassion and these were regularly reviewed, to ensure staff understood when people may need more support and attention. Written information, in a staff handbook called 'Essential Standards' ensured staff understood the importance of making meaningful relationships with people. Examples included that staff should: 'take time to sit and talk', 'always be polite' and 'always acknowledge people when walking by'. Staff met this standard because they had great compassion for the people in their care and it was the culture of the home.

There was a relaxed and caring atmosphere. People were comfortable and happy around staff and there was laughter between them as they chatted. Staff encouraged people to express their views and listened with interest and patience to their responses. Those people who were in discomfort were attended to with kindness. Comments from people's family members included, "(Staff) will never walk past somebody without checking momentarily if all is well. It is a very compassionate attitude"; "They do a pretty good job caring" and "They have a joke with her; they have time to speak with her."

Staff gave the impression that they had plenty of time and spoke with people who were sitting so they were on eye level with them. Staff also talked with people about the goals they had set for themselves and how they had progressed towards them. Staff told us how one person, when in previous accommodation, chose to spend all their time in their room. Now at Spring House they were engaging in activities at the home and had regular visits to social events within the local community.

Staff understood the importance of people's loved ones remaining in their life and said this helped people thrive. People's family said how welcoming the staff were at Spring House. They were always offered tea or coffee, could visit at any time and were encouraged to remain important in the person's life. Every person had the opportunity to engage with family through face to face internet time and one person used this to speak with their family, who lived abroad.

Families who were able had frequent contact with the home. We saw one person's family dancing with them

during some musical entertainment. Staff were on hand to encourage people to get the most out of the music session and everyone was clearly enjoying the music and dancing; many people were laughing and smiling. Children visiting during the event said how happy their grandparent looked when they visited and how they liked to visit.

One person's family said the care workers were "wonderful" when their family member had been ill, adding, "They looked after both of us (the resident and their family member) so well".

Staff skilfully reassured people. They showed that each person they were with was most important and that they were focused on them entirely at that time. We saw one example, where a care worker made a person feel safe and put a smile on their face. Staff said they treated people like their own family, that they reassured people and "build relationships with people".

Staff said that caring was a very important aspect of their work. One said they took people out in their spare time, "because I love it and would do anything for them". They gave the example of taking one person to the cinema and to a local supermarket. Another gave the example of one person who does not know where she is. The care worker said, "I give her a cuddle". We saw a staff member comforting a person who smiled in response.

One person required regular hospital medical tests, which they found worrying and upsetting to the point where they refused to attend. To support the person a staff member, needing a similar test, always booked the test at the same time so that person was not alone. This was to support and comfort the person during the experience. It showed that staff were prepared to go the 'extra mile' for people in their care.

People were treated with respect and dignity. All interactions between staff and people showed an understanding of their needs, for example, gently encouraging them to receive care or express their views. Staff offered choices and kept the person fully informed when providing care, such as assisting them to move. One person, being moved in a hoist, was frightened; the care workers took their time, explained what they were doing, and put the person at ease. A care worker, leading an activities session, was bright and happy. She enthused the people who were watching, most of whom then joined in the exercises or tapped their feet in time to the music.

People's privacy was upheld. Staff were careful to gently and quietly encourage people, for example, to visit the lavatory. They ensured they did not discuss personal issues in front of others. All care was delivered in private.

There was attention to people's dress and presentation, ensuring they were able to present in a dignified way, acceptable to them. A person's family said care workers always engaged their family member in the choice of their clothes, which was important as "clothing choices had always mattered to them". Before admission the person was said to have rejected help with their personal care and had neglected their care. The family said this was no longer a problem because care workers "gently persuade her to receive her care, doing her hair and nails nicely", which is how she would want to present.

People were supported to express their views and be actively involved in decisions about their care and welfare. People's views were continually sought by staff as part of everyday life at Spring House. In addition, there were resident and relative meetings, monthly reviews of care, to which family were invited, and quality monitoring surveys. People's family members were being invited to view people's care records through a password protected computer application. A policy called 'Confidentiality and Information Sharing' described the circumstances under which this access was permissible so people's privacy was not

compromised.

Spring House staff were proud they were able to offer people end of life care. Where this occurred a personal care plan, called the 'Intensive Care Plan' was initiated. This was to ensure the contact and care the person received was increased to meet their increased needs. Staff described the increased care they provided to people, for example, to maintain their comfort. This included having medicines readily available to relieve any pain or distress.

Good

Is the service responsive?

Our findings

People's individual needs were well known to staff and responded to promptly and with consideration for their wellbeing. One person said, "Staff do everything I need. They're very good about helping".

One person's family said they there was a noticeable difference in their relatives' demeanour and improvement since being at Spring House. The person was said not to be very sociable and had previously shown behaviours which had been a challenge at a previous service. The staff at Spring House were able to distract the person until the behaviour cleared. The family said, "At Spring House she seems more content and involved in what's going on". They added that the person's routine had improved and they believed this was because there was a lot of one to one interaction with staff.

One person was said by their family to wander without obvious purpose. They said this was never any problem at Spring House and that staff took the person out for social occasions, if this was what they wanted.

One person's family said their relative looked at photographs with care workers so they could discuss events which mattered to them. One person was enjoying the company of their pet.

Staff helped to ensure people received the care they needed at times to suit them. Each person received an assessment of their needs prior to their admission. That information was then used to produce a care plan. Care plans are a tool used to inform and direct staff about people's health and social care needs. The care plans included relevant details of the person's life, which might be relevant to understanding their care needs. Examples included, where they went to school, who their school friends were and about relationships of importance to them. People, or their family members on their behalf, were encouraged to review their care plan monthly. This was confirmed by one person telling us, "The care plan is talked about every month".

There was a computerised care planning and recording system in use. Each care worker had an IPad from which any information they needed about the person was readily available. When any aspect of care was provided the care worker was able to record this immediately. This meant people's care was very closely monitored, day and night. For example, if a person refused care for any reason this was evident from the record, which included the reason why. This meant planned care should not be missed without this being 'flagged' on the system as needing to be addressed or reviewed.

People who wished to be involved in daily living activities, such as laying the table, or sorting laundry, were seen being encouraged and supported to do so. Where people had a particular interest, arrangements were made to maintain this. For example, one person liked reading. They said the library came once a month and they were taken to change the books available to them. Some people liked to walk in the village. Some mentioned "quite a few trips" in the better weather. These had included going to the sea side and having fish and chips.

There was a programme of group activities and entertainment, which we observed on both days we visited. This included a daily 'rise and shine' seated exercise class, interactive reading, memory games, arts, crafts and skittles. Activities were considered an important part of the way each day was structured. For example, people gathered in the morning for the rise and shine exercise session.

A complaints procedure was available for people using the service and their family members. It included different options to resolve any complaint. These were: talk to the person yourself, ask the manager to act or make a written complaint. There was an option for additional help, from outside agencies, with a complaint. The contact details for the Care Quality Commission and the local authority safeguarding adult's team were provided for this purpose.

Good

Is the service well-led?

Our findings

The home's philosophy of care was stated in the literature as: 'To provide the type of caring service we would want for our own parents'. Some staff had worked at the home for many years and one said they applied for the work following their own family spending their final years at Spring House. People's comments confirmed this philosophy of care was being delivered one person saying, "This is as good as it gets. They could improve nothing."

People using the service and their family members praised the way Spring House was run. There were several comments of "Excellent" and "Outstanding". Other comments included, "It is an undoubted quality I would single out for praise" and "I can't speak too highly since day one". One person said of Spring House, "It is like a family group". Another said the registered manager had told them, "We can never be an equivalent of people's own home but we aim to be their second home".

The registered manager had devised a computerised system toward smooth and efficient running of the service. The system included all aspects of how the service was run, from staff reporting on duty, updates on any recent changes to people's needs, care planning and monitoring risks to people's welfare. Staff recorded every activity of care immediately it was provided. The registered manager was able to closely monitor the service, whether at the home or not. Access was password protected and set at different levels according to staff's need to know.

The registered manager had devised a 'Friends and Family app' so they could access their relatives care plan from a distance. This was used only where people had consented and each consent expired after a set period of time. People's family told us how the application gave them confidence because they knew what was happening without having to call the home. All who were using the service were very happy with the arrangement. Some had chosen not to use this service. The registered manager was aware, and had ensured, that information was available on a 'need to know' basis.

The registered manager recorded, "Care is provided by the care staff. If you have good staff the home will be able to provide good care. I believe we have outstanding staff". They said their workforce was "motivated, committed, reliable, and consistent and driven" because of their good working conditions. For example, working a maximum of 37 hours' work per week, with a maximum of eight hour day shifts. Sickness levels at the home were very low, and we were told no agency worker had been needed in 25 years. The registered provider was clear that, where any staff member did not meet the high standards expected, they were not suitable to continue working at the home. One person's family said, "It's the staff that makes the place, from the manager to (staff) on the floor."

Staff said the home was well led. One said, "The home runs like clockwork because everything is covered correctly". Another said, "The home is unique; homely warm and welcoming". The minimum expectations of staff were clearly on record for their reference. This included aspects of people's, and staff's, wellbeing.

Aspects of the service were checked and monitored, with a list of those checks provided for staff to follow.

These were called 'Custom Tasks'. This included an audit of first aid boxes, a daily bed check, servicing of hoists, cleaning tasks and auditing of medicines. Each task included a description of how that task was to be achieved, for example, soaking all shower heads in disinfectant to maintain their cleanliness.

People's opinion of the home had been sought through survey for several years. This provided a long term overview of the progress the service made and was an opportunity to identify any improvement required. Staff said they were well supported, there was an open culture and any suggestion or issue would meet a positive response. The registered manager was keen to engage in "collaborative working" with other homes. To this end they were looking at sharing training arrangements. This showed every opportunity to improve the service was considered and acted upon.