

Springfields Supported Services Limited

Springfields Supported Services

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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of Springfields Supported Services on 9 January 2018. This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This was the first inspection of the service since they registered with the Care Quality Commission (CQC). Four people were living at the supported living site who needed support with personal care.

The service had 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is managed.

Records had not been kept of the findings and the areas that had been covered during audits. This was important to make sure that any identified actions can be monitored to ensure this had been implemented and to keep people safe at all times.

Risks had been identified. Information and processes were in place on how to lessen risks to ensure people received safe care. Staff were aware of how to identify abuse and knew who to report abuse to, both within and outside the organisation. Medicines were managed safely and people had been receiving their prescribed medicines. Staff told us they had time to provide person centred care and had enough staff to support people. There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control and knew how to ensure risks of infection were minimised when supporting people. Pre-employment checks had been carried out to make sure staff were suitable to care for people safely.

Staff had received training required to perform their roles effectively. People were cared for by staff who felt supported. Staff had received regular supervisions and told us that they were supported in their role. Staff knew the principles of the Mental Capacity Act 2005 (MCA). People's care and support needs were assessed regularly for effective outcomes. The service worked with health professionals if there were concerns about people's health.

People had a positive relationship with staff. People told us that staff were caring and their privacy and dignity were respected by staff. People were involved with making decisions about their care.

Care plans were person centred and detailed people's preferences, interests, communication ability and support needs. People knew how to make complaints and staff were aware of how to manage complaints.

Staff told us the service was well-led. People and staff were positive about the registered manager. People's

feedback was sought through regular review meetings and surveys had been recently sent to relatives for feedback of the service.

Further information is in the detailed findings below.

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.

Risk assessments had been completed and information put in place to lessen identified risks to ensure people were safe at all times.

Staffing levels were appropriate.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

A full pre-employment check had been carried to ensure staff were of good character and suitable to work with people.

Medicines were managed safely.

There were systems in place to reduce the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed to achieve effective outcomes.

Staff had the knowledge, training and skills to care for people effectively.

Staff felt supported in their role.

The registered manager and staff were aware of the principles of the MCA. Staff asked for people's consent before carrying out tasks.

People had access to a range of healthcare services.

Is the service caring?

Good ●

The service was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved in decisions about the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and included information on how to support people.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints and people were confident about raising concerns if required.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Records were not kept of when audits were carried out to ensure there was a culture of continuous improvement.

Staff told us the service was well-led and were positive about the management.

Staff meetings were held regularly.

Springfields Supported Services

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 was carried out by one inspector on 9 January 2018 and was announced. We gave the provider notice as we wanted to ensure that someone would be available to support us with the inspection.

Before the inspection we reviewed relevant information that we had about the provider. We also received a provider information return (PIR) from the service. 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. We made contact with social and health professionals that the service worked with to obtain feedback about the service.

During the inspection we visited the providers head office and the supported living site. We reviewed documents and records that related to people's care and the management of the service. We reviewed four people's care plans, which included risk assessments and five staff files, which included pre-employment checks. We looked at other documents held at the service such as medicines management, training and quality assurance records. We spoke to the registered manager, a care staff member and one person who received care from the service.

After the inspection we spoke to one person and two staff by telephone.

Is the service safe?

Our findings

People told us they were safe. A person told us, "Yeah, am safe." Another person told us, "It is alright here, I feel safe."

Assessments were carried out with people to identify risks. Risk assessments provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. There were risk assessments relating to people's health conditions such as epilepsy and diabetes and going outside in the community and on finance management. Risks had been identified and assessments included the risk and strategies to lessen the risks. For people at risk of going missing, there was a description profile in place that included people's height, weight and distinguishing features. This meant that risks to people's safety was minimised and people received safe care.

Risk assessments had been completed for people that may demonstrate behaviour that may challenge the service and this included de-escalation techniques that could be used to calm a person down. A staff member told us, "When [person] is very very challenging. I reassure [person]. I calm [person] by asking if [person] wants to listen to music as [person] likes this." For one person, risks included that they may sit on roads and if this was the case, then staff to offer the person a piece of fruit and pat their back whilst communicating with them. There was a behaviour monitoring chart that recorded when people demonstrated behaviour that may challenge and what staff did to calm the person. The registered manager told us that these charts were used to analyse the person's behaviour by a behaviour specialist. We were shown evidence of a person's behaviour report completed by a psychiatrist and this showed since the person starting receiving support from the service, their behaviour had improved. Comment from the report included, "I understand that our behaviour specialist has already assessed [person] and given staff some advice on how to manage [person] behaviour. This is proving effective and staff are happy overall with his progress."

The service was committed to learning from incidents or mistakes to ensure that there was continuous improvement and people using the service remained safe. Incidents were recorded appropriately and these showed the provider took appropriate action following incidents. The details of the incidents were recorded along with the actions taken. We found that there had been a number of incidents relating to one person. The registered manager told us that action had been taken to learn from these types of incidents to minimise the risk of re-occurrence. The registered manager and staff were aware about what to do if accidents or incidents occur.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. Whistleblowing occurs when a staff member raises concerns internally or to external authorities, about a workplace danger or illegality that affects others such as abuse. One staff member told us, "This can be physical, financial, emotional. It can be physical if there are certain marks especially if an individual is unable to communicate and cannot tell us. If this happened, I would report to my line manager and social

worker." Records showed that staff had been trained in safeguarding people and a safeguarding policy was available to staff.

Pre-employment checks had been carried out to ensure staff that were recruited were suitable to provide care and support to people safely. The registered manager told us that staff did not start working at the service until all pre-employment checks had been completed. Staff confirmed this. We checked five staff records. Relevant pre-employment checks such as criminal record checks, medical background checks, references and proof of the person's identity had been carried out as part of the recruitment process.

There were sufficient staff available to support people. A person told us, "Yeah, there is always someone here." Another person told us, "Yes, there is enough staff." A staff member told us, "Yes, we have enough staff." Staff told us that they were not rushed in their duties and had time to provide person centred care and support people when needed. Our observations confirmed this. The staff rota confirmed planned staffing levels were maintained throughout the day and night.

People were supported with their medicines safely and according to the provider's policy and procedures. A person told us, "They do help me with medication properly." Medicines were stored securely. We looked at Medicine Administration Records (MAR) for four people and found that these had been completed appropriately. Each person had a personal profile in the MAR folder which included details of the medicines they took and any noted allergies. Where 'as required' (PRN) medicines had been prescribed, these had been administered when needed. PRN medicines are prescribed to people and given when required and can include pain killers. Staff had been trained in medicine management. Records showed that one staff member had been competency assessed and this was done by the training provider. The remaining staff had received training on medicines from a different training provider and had not received a competency assessment. The registered manager told us that she will ensure all staff are competency assessed in medicine management to ensure that they administered medicines safely. Staff confirmed that they were confident with managing medicines. A staff member told us, "I know what to do with medication."

Staff told us that people were mobile and could evacuate in the event of an emergency. Staff were trained in fire safety procedures and were able to tell us what to do in an emergency such as evacuating people, moving them to the assembly point and ensuring everyone was there and calling the emergency services. There were fire safety procedures available and smoke alarms were installed throughout the service. For people that may pose a fire risk, risk assessments had been completed that included information on how to minimise risks. Checks were made regularly in people's room to ensure the risk of fire was minimal.

Systems were in place to reduce the risk and spread of infection. Staff had been trained on infection control. People told us that their rooms were clean and staff wore appropriate clothing when supporting them. A cleaning schedule was in place to ensure the supported living site was cleaned throughout the day and night. We observed that the supported living site was very clean.

Is the service effective?

Our findings

People told us staff were skilled, knowledgeable and able to provide care and support. A person told us, "They are good staff." A social professional told us, "The staff and the home in general has been very supportive in providing the care and support needed for the particular client placed at their establishment."

Staff had received training required to perform their role effectively. A staff member told us, "It is good training here. As soon as I came, they enrolled me into training." Records showed new staff that had started employment had received an induction. The induction involved looking at care plans, shadowing experienced members of staff, meeting the staff team and people. Records showed that new staff members received introductory training that was required for them to perform their roles effectively and in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. The training included infection control, health and safety, moving and handling, communication, nutrition, basic life support and safeguarding people. Specific training had been provided in the areas of mental health, positive behaviour support, learning disability and epilepsy.

Staff were supported in their role. Records showed that staff received regular supervision. Supervision included discussions about staff responsibilities, integrated working, learning and development and performance. Appraisals had been carried out for staff who had been working at the service for more than a year. Staff told us that they were supported in their role. A staff member told us, "I am very supported. If there is any training I want, they do it for me."

Pre-assessments had been completed prior to people using the service. These enabled the service to identify people's daily living activities and the support they required, and allowed the service to determine if they could support people effectively. Using this information, care plans were developed. People's needs and choices were assessed through regular key worker meetings. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. The review meetings with the key worker included important details on people's current circumstances. Assessments of people's needs and the subsequent development of personalised care plans gave guidance to staff about people's specific care needs and how best to support them. These were key requirements in ensuring people received care and support in accordance with their identified needs and wishes. This meant that people's needs and choices were being assessed to achieve effective outcomes.

The staff team worked together within and across organisations to deliver effective care and support. There was a daily log sheet which recorded information about people's daily routines such as their behaviours and daily activities and staff meetings were held regularly. Staff also completed communication book and staff handovers to communicate during shift changeover and this involved the tasks completed and if any outstanding actions were required such as checks on medicines, finances and cleaning duties. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if certain tasks needed completing. This ensured people received continuity of care.

People's GP details and any community professionals involved in their care were recorded in their care plans. There was a health action plan that showed people had visited GPs, dentists and psychiatrists to ensure they were in the best of health. In addition to the health action plan, there was a 'My Health Matters' book that provided information on pain management, people's lifestyle, nutrition and how to ensure people stayed well. Staff had awareness of when people did not feel well and what to do if they were unwell. This meant that people were supported to ensure they were in the best of health.

The registered manager told us that the service was in the process of obtaining new technology in the form of electronic care plans. This would ensure information is recorded accurately and would also prompt them when information had not been completed. The registered manager told us that this would improve record keeping, save time and allow the service to provide high quality care.

We checked if the provider followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager and staff were able to tell us the principles of the MCA and the best interest decision process. A staff member told us, "This is when somebody is not able to consent and lacks capacity in certain areas. If that is the case, I will let my manager know. She will then do an assessment." Records showed that the service was working with the local authority to make an application with the court of protection to restrict people's liberty lawfully. Staff asked people for consent before assisting them. A staff member told us, "I always make sure I do things with their permission." Another staff member told us, "I always ask before I do anything. I do not want to upset them." A person told us, "They do ask for permission before doing anything."

People were able to buy their own food and space was made available for each person to store food. For people who had diabetes, records showed a balanced and healthy diet was encouraged with reduced sugar. A record showed a person who had diabetes liked having fizzy drinks and staff ensured that the person was only given fizzy drinks with low sugar content. We observed a person requested to order a takeaway and the registered manager encouraged the person to have a healthy meal explaining the benefits of this and the person subsequently agreed. We saw positive comments from a health professional about a particular person that included, "Staff have been encouraging [person] to have more salads and healthier meals in general, and [person] seems to enjoy them." A staff member told us, "Since people came here, I have seen their diet improved. We do encourage healthy eating."

A person told us, "I do cook, staff help me." Records showed that staff should encourage people to have a balanced meal and listed the support people may require with meals. For example, one record showed a person could cook meals but would need help with preparation. We observed that the kitchen area contained a number of fruit and vegetable items. Plastic knives and forks were available for people who were at risk of injuring themselves with sharp instruments. The registered manager told us that they used plastic knives for some people so that they can prepare their meals without injuring themselves and make them less dependent on staff in this area. For people at risk of choking, a care plan was in place to ensure people were supported safely when eating such as ensuring when a person was eating that they swallowed before having more food and that the food was pureed.

People had their own rooms and access to the communal lounge, where they could participate in activities with other people or spend time with staff and people. We observed that people's rooms were decorated

with their personal belongings. There were window restrictors in place to ensure people were safe when inside the house. Cleaning substances had been securely stored.

Is the service caring?

Our findings

People told us staff were caring. One person told us, "Yeah, I like my friends." We asked the person who their friends were and they said everyone, which included staff. Another person told us, "They [staff] are friendly." A staff member told us, "The people here, we look after them like our own family."

People received care from staff who were familiar with their care and support needs. They confirmed they had the same staff supporting them when required. This helped with consistency and enabled people to have a positive relationship with care staff. A staff member told us, "I learn about their personality and behaviours. I find out what makes them happy." A person told us, "I have a good relationship with them [staff]."

Where possible, people had been included in making decisions about how best to support them. There was a decisions section on people's care plan that included who to involve when making decisions about people. Care plans, where possible had been signed by people to evidence they agreed with the contents of the care and support they received from the service. Records showed that people should be encouraged to be independent and prompted to carry out tasks with the support of staff. Staff told us that people were encouraged to be independent especially on areas where they needed support.

Staff ensured people's privacy and dignity were respected. Staff told us that when providing support with personal care, it was done in private and that they would always knock on people's doors before entering. We did not observe any particular care being provided that would have impacted on a person's dignity. A staff member told us, "I make sure I knock on their door before going inside. I have to ask for their permission." Another staff member told us, "When I go to give personal care, I make sure the door is closed." People had their own rooms and we observed people going to their rooms for privacy and staff knocked on doors before entering.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. A staff member told us, "When I ask for confidential information, I make sure I go to a private area." Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. People's records were filed securely in the office and supported living site, which showed that the registered manager recognised the importance of people's personal details being protected and to preserve confidentiality.

People were protected from discrimination. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People's religious beliefs were recorded on their care plan and records showed the service had made attempts for people to go to church. People confirmed that they were treated equally and had no concerns about the way staff approached them.

People's ability to communicate was recorded in their care plans and there was information on how to

communicate with people. A person told us, "Staff communicate with me well." Care plans also provided examples of how people communicated. For example, one care plan included that a person would scratch their left shoulder to sign that they wanted to use the toilet and give a thumbs up when they have finished using the toilet. Another care plan stated that, before staff spoke to a person, they should say their name first to grab their attention, maintain eye contact and speak slowly. The people we spoke to had no concerns about how staff communicated with them. We observed that staff interacted well with people.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences, interests, health and support needs, which enabled them to provide a personalised service. People told us that staff were responsive. A social care professional told us, "There has been a very positive change noted in this particular client as a result of this on-going support by Springfield."

The registered manager told us that people's general well-being and health had improved since they moved into the supported living service. The registered manager gave us an example of when a person first moved into the supported living site and did not eat well prior to moving in. The service then devised a plan to support the person to eat. This involved finding out what the person enjoyed eating. As a result the person's weight had increased. This meant that the service responded to people's circumstances to ensure they were in the best of health.

Each person had an individual care plan, which contained information about the support they needed from staff. One staff member told us, "The care plans are very helpful." There was a personal profile, which included people's date of birth, religion, language they spoke, next of kin and details of health and social professionals. Care plans detailed the support people would require to ensure they received person centred care. There was an 'All about me' section that included people's likes, dislikes, important people in their lives and ways to support people. In one person's care plan, information included that the person liked to lay down in the bath and enjoyed splashing water on themselves. There was also information on how to make sure the person was safe such as supervising when the person washed their face otherwise they would continuously wash their face with soap. Another care plan included not to wash person's face with soap as their skin may become irritable and when supporting the person, staff to place hand on their elbow and not to pull on person's hands. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

There were signed agreements between people and the service on the provider's policy with regard to smoking, damage to property and abuse. This was to ensure that people were safe.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people who receive care have information made available to them that they can access and understand. The information tells them how to keep themselves safe and how to report any issues of concern or raise a complaint. People had access to information that was accessible. Records showed that information was accessible through easy read format and through pictures on areas such as medicines, health appointments and how to make complaints. Staff we spoke with did not know what AIS was in full but told us they looked at people's care plans on how to communicate with people and how to make information accessible.

People were provided with activities that they enjoyed and this was included in their care plans. There was a weekly activities programme in place for each person. This included going swimming, bowling, day centres and arts and crafts. Where people may be at risk with some activities such as swimming, there were control

measures in place such as to inform the life guard to monitor the person at risk and a staff member to swim with the person. People and staff confirmed that people did regular activities that they enjoyed. A staff member told us, "The people here we engage them with activities." Another staff member told us, "We take them to swimming and day centres. We go shopping." We saw a comment from a health professional that included, "[Person] also goes out a lot with staff, shopping, walking locally, feeding the ducks, going to the day centre in Tottenham, swimming, etc." There were photos that showed people visited football stadiums, parks and going for dance sessions. The registered manager told us, "It is very important for me that people are doing things here. This helps them be active and improves their well-being."

Records showed that no formal complaints had been received by the service. People told us they had no concerns but knew how to make complaints and were confident these would be addressed. A person told us, "No, I have no concerns here." There was a complaints policy in place. The registered manager and staff were aware of how to manage complaints.

Is the service well-led?

Our findings

The registered manager told us that they did visual audits regarding care plans, medicines and staff performance. However, the findings and the areas that had been covered for the audits had not been recorded. Recording audits is important to make sure that any identified actions could be monitored and if any actions had been implemented, to ensure there was a culture of continuous improvement. Observations about staff performance had not been recorded and communicated with staff. This was important to ensure staff were aware of areas they were doing well in and if there were areas where improvements could be made such as training needs. Keeping records of these findings and the action taken ensures high quality care was always being delivered to people and can also be used to tie in with supervisions and appraisals to set objectives and review performance throughout the year. After the inspection, the registered manager sent us evidence of audit and spot check templates that would be used to record findings of audits and spot checks.

Quality monitoring systems were in place. The service requested feedback from relatives in the form of a survey. The survey focused on activities, the supported living site environment and staff approach. The results of the recent feedback were positive. A comment from a survey included, "I am happy with the service and support plan."

People were positive about the service. One person told us, "She is my best friend." We asked the person who their best friend was and the person pointed at the registered manager. Another person told us, "She [registered manager] is a good manager." A social care professional told us, "As a professional, I am happy with the support Springfield has continued to provide towards this particular client that I have experience of."

Staff told us that they enjoyed working for the service. One staff member told us, "I am enjoying it here." Another staff member told us, "Definitely, I do enjoy working here. I enjoy the clients [people], they are easy to work with and the staff are excellent."

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. We observed the relationship between staff and the registered manager to be professional and respectful. One staff member told us, "She [registered manager] is very supportive. She is a good manager. She looks after everyone. She is keen and passionate about work. Another staff member told us, "She [registered manager] is like a mum to me, she makes me feel relaxed."

We have not received notifications or safeguarding concerns about the service as incidents had not taken place. A notification is information about important events which the provider is required to tell us about by law. The registered manager was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and

allowed them to discuss any issues. Minutes showed staff held discussions on activities, training, shopping and healthy eating. A staff member told us, "We do have staff meetings. If there is any problem with service users, we can discuss together on ways to help them." This meant that staff were able to discuss any ideas or areas of improvements as a team to ensure people always received high quality support and care.